



Impact Evaluation of the Niger Participatory & Responsive Governance Project: Final Report ¹

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Acronyms

AP - Action Plan

CBO – Community-Based Organization

CPI – Counterpart International

CSO – Civil Society Organizations

CVC or CMC – Comité de Veille Citoyenne or Citizen Monitoring Committee

DREP/S – Regional Representative for Primary/Secondary Education

EA – Equal Access

GoN – Government of Niger

LDG – Listening Discussion Group

M&E – Monitoring and Evaluation

MES – Ministry of Secondary Education

MDF – Master Dialogue Facilitators

MSD – Multi-Stakeholder Dialogue

NGO – Non-Governmental Organization

PDC – Community Development Plans

PG Reform – Public Goods Reform

PIA – Plan d'Investissement Annuel

PRG-PA - Participatory, Responsive, Governance - Principal Activity Program

RFA – Request for Application

SIAP – Service Improvement Action Plan

Executive Summary

Across most development indicators, Niger ranks close to the bottom of global rankings. In the 2018 United Nation's Human Development Index, Niger dropped to last, behind Central African Republic and South Sudan. At root of the country's perennial development crisis is a set of unfavorable structural conditions. It is landlocked, arid, susceptible to erratic weather patterns, and heavily reliant on a single export—uranium—making it vulnerable to commodity price shocks. These structural problems contribute to and are compounded by significant governance challenges. One of the biggest is the absence of an effective state—one that can provide citizens with basic public services that are necessary for inclusive development. In its place, the state is dominated by a small group of business, military and administrative elites who compete over the private distribution of scarce public resources. A second major challenge is the militarization, or securitization, of the state, in which military and security institutions represent the face of the government for many Nigerien citizens and divert resources from public administration. These governance challenges have given rise to a 'crise de confiance' or 'crisis of confidence' between citizens and the state. Low levels of state legitimacy threaten to continue to erode citizen support for democracy and risk strengthening the hand of the military or extremist organizations.

To help mitigate these governance challenges in Niger and bolster stability in one of the world's most fragile states, USAID has invested in the Participatory and Responsive Governance (PRG) Project. The overarching goal of the PRG project is to strengthen the collective responsiveness of the Nigerien government to its citizens' priority public needs. The project aims to strengthen collective responsiveness through three channels: 1) political party campaigns; 2) collective engagement and coordination of multiple stakeholders (government, non-government, donors) to undertake reforms that address citizen priorities; and 3) capacity-building of local think-tanks, media, NGOs, and civil society to promote participatory governance.

To better understand how the PRG has affected governance in Niger, a team of researchers from AidData at the College of William & Mary has worked with the implementing partner, Counterpart International (CPI), to undertake a rigorous impact evaluation of the program. The impact evaluation focuses on the second major component of the PRG—the holding of multi-stakeholder dialogues to bring together community leaders, municipal and regional councilors, private sector actors, professionals and citizens to confer upon, design and initiate Service Improvement Action Plans (SIAPs) as a tool for citizens and government to improve public service provision. The expectation is the multi-stakeholder dialogues will catalyze development and government responsiveness both in terms of process and outcomes. The dialogues are intended to serve as focal points, or coordination mechanisms, for a diverse set of actors to come together to bring multiple perspectives to bear on the challenge of community development, as well as marshaling the resources and forging the strategic partnerships necessary to ensure the development plan is implemented. Moreover, the dialogues are intended to increase citizen awareness about their rights to access public services and the channels through which they can communicate with and hold accountable the government. Multi-stakeholder dialogues have a long history in Niger and have proven an important pillar of Nigerien democracy dating back to the transition to multiparty competition in 1992, which occurred at a National Conference involving stakeholders from diverse sectors of society (politics, labor, education, religion, etc.).

Does bringing community stakeholders together to discuss local development challenges and adopting plans of action to address citizen priorities improve governance? To test this, we worked with CPI to randomize the implementation of the PRG program in 24 communes out of a pool of 48 eligible communes. We refer to the 24 communes randomly selected for these activities as the "treatment"

group, and the remaining 24 communes as the “control” group. CPI and its implementing partners conducted 48 MSDs across the treatment communes. Each commune held one MSD focused on education and another on health. On average, each dialogue convened 35 attendees, representing a diverse set of stakeholders, including municipal, traditional, and religious leaders, marginalized groups, private sector participants, the media, CSO representatives, and CBOs. Each MSD resulted in the creation of action plans to improve the quality of service delivery in the commune. The plans were to be implemented by a select group of government authorities, CSOs, and elected members, and overseen by citizen monitoring committees (CVCs).

This report provides the preliminary results of the short-term impact of the multi-stakeholder dialogues on elite coordination and citizens’ perceptions of the legitimacy and responsiveness of local and national government. To draw inferences on the impact of the MSDs on governance, we fielded baseline and endline surveys among a random selection of community leaders and local officials ($N=92$ at endline) and households ($N=1,296$ at endline).

These surveys enabled us to glean insights into the impact of the PRG on the following elite-level dynamics: coordination and strategic ties between community elites; the representativeness of development processes; and the human resources local and regional governments devote to local service delivery. At the citizen level, we focus on the following impacts: citizens’ perceived legitimacy of local and national government; citizens’ perceptions of how democratic and responsive the Nigerien government is; and citizen political participation and engagement with the government to voice concerns over public services.

We find no evidence that the multi-stakeholder dialogues improved governance in Niger. At the elite-level, we find that the dialogues did not strengthen elite coordination nor served as a focal point for more intensive and cooperative elite interactions to tackle important development challenges. If anything, in the treatment communes we observe a sizable and marginally significant decrease in elite coordination. This points to fewer interactions between community actors in those communes that held multi-stakeholder dialogues. Moreover, despite the diversity of stakeholders invited to the dialogues, we see no evidence that they increased the representativeness of the development process (as measured by the breadth of interactions elites report). Likewise, at the citizen level, we find no evidence that the MSDs improved citizens’ perceptions of the legitimacy, responsiveness and democratic processes of the Nigerien government (at the local or national level). The MSDs did not catalyze citizen participation or engagement either.

It is important to note that the results are precisely estimated “null effects”—effectively demonstrating that there were no impacts on nearly all of the outcomes of interest. We used several approaches to maximize the statistical power from our sample, including aggregating related variables into composite indices and using randomization inference. However, even when looking individually at each of variables that comprise the broader indexes, we see virtually no effects (even absent any corrections for multiple hypothesis testing).

Why did the multi-stakeholder dialogues fail to achieve the desired results? We identify several potential reasons.

First, the effect of the PRG MSDs may have been dampened by the prevalence of other dialogues that were held concurrently. Even in control communes, close to 50% of education and health officials report having participated in a dialogue in the past year—which is on par with officials from treatment communes. (In treatment communes, 54% report participating in MSDs in previous year versus 46% in control

communes; this difference is not statistically significant.) Thus, if these convenings strengthen elite coordination and act as a focal point for cooperation and action, other dialogues may have induced similar effects.

Even despite the presence of dialogues in control communes, we may see differential effects of the PRG program because of its content and design. Two distinguishing features of the PRG MSDs on these dimensions were (1) they specifically targeted education and health sector concerns, and (2) facilitated the adoption of Service Improvement Action Plans to encourage follow through in engaging with the government to address citizen priorities. Indeed, we see evidence that the dialogues worked on these dimensions. Among the leaders we surveyed, those from treatment communes were significantly more likely to report attending meetings where these topics were discussed relative to control communes (44% vs. 29% for education topics, 52% vs 19% for health). Moreover, we observe higher rates of awareness of citizen monitoring groups (CVCs) in treatment communes (54%) than in control (26%), indicative of PRG's emphasis on these groups as a mechanism for monitoring and supporting the Action Plans.

These treatment checks suggest that the PRG MSDs had the intended effect of mobilizing commune officials to craft an action plan to address health and education issues in the commune, and to form citizen monitoring groups as an accountability mechanism to ensure the government responds to citizen priorities. Why didn't these positive changes translate into improvements in governance, especially in terms of deepening and broadening elite coordination around development? One possibility is that shifts in elite cooperation require more time to develop, and over time the dialogues and continued presence of the monitoring group may induce more substantial changes. Another possibility is that citizen monitoring groups are not sufficient to change the behavior of commune leaders. With no enforcement mechanism to ensure the action plan is implemented, and constrained by the chronically slow trickle of funds from the central government to sub-national governments, commune leaders lack the incentives to invest in sustained and wide-ranging collective action with other health and education officials to implement the action plans. In turn, this inertia, combined with the indefinite postponement of local elections since 2016, makes it unlikely commune mayors and elected councils will change governing practices or shift scarce resources to address education and health concerns in light of the other pressing concerns (e.g., security, maintaining clientelist ties, economic extraction). Consistent with this, it is striking that the teacher redeployment plan that resulted from the regional dialogues, which were held after the MSDs, drew more teachers *away* from treatment than control communes. If the MSDs resulted in collective communal capacity and greater demand for adopting and implementing health and educational reforms, we would expect the treatment communes, especially the rural ones, to be the key beneficiaries of the redeployment program. But they were not.

This points to another missing dimension in the expected chain of governance change—greater bottom-up demand for addressing citizen priorities. The MSDs did not catalyze citizen engagement or strengthen the relationship between citizens and local government, which may have served to act as another source of accountability to buttress the monitoring groups. If anything, we actually see evidence of marginally significant declines in citizen political participation associated with the PRG treatment. More broadly, citizens were generally unaware that the MSDs took place. By design, the MSDs were targeted meetings of community representatives and stakeholders rather than forums open to the public. To increase public awareness of the results of the MSDs and increase the potential for public action to ensure the SIAPs were implemented, CPI partnered with Equal Access International to implement a radio program series. Nonetheless, fewer than 20% of the respondents in the household survey were aware that a multi-stakeholder dialogue was held in their commune in the past year. There was no statistically significant difference in awareness in treatment (19.4%) vs. control communes (17.5%).

Implications

The findings from this impact evaluation raise several important implications.

- One explanation of the null effects is that more time is required for the PRG MSDs to induce behavior change. Perhaps with the continued presence of the citizen monitoring groups, eventually elite coordination and cooperation to address citizen priorities will materialize. This is possible. A longer-term follow-up survey with education and health officials would help to test this mechanism. But if the momentum of the dialogues, the formation of the action plans and the convening of the citizen monitoring groups did not catalyze more inclusive and active elite connections around health and education, it seems unlikely—as discussed above—that the mere continued existence of the monitoring groups (with no enforcement power) will improve governance.
- Multi-stakeholder dialogues are a popular programmatic tool (as evidenced by the level of elite engagement in such forums, even in control communes). While these can be useful for information sharing and auditing service delivery problems (e.g., the shortage of teachers and health care workers in rural areas), these elite-level one-off forums are ineffective platforms for engaging the broader public, even when accompanied by a media campaign. And they should not be considered a tool of popular participation or bottom-up governance. Nor are they effective at inducing top-down change—in terms of spurring elected officials to engage more with their constituents or to coordinate more with each other. If MSDs merely serve as a vehicle for information sharing and auditing service delivery, this raises the question of whether these forums are the most efficient platform for such activities. More cost-effective alternatives may exist, potentially including printed information or, in some contexts, even an online dashboard, either of which could provide detailed information at the sub-commune level on enrollment of girls in school, teachers and health workers per capita, quality of teaching, and rates of assisted childbirth (along with technical support and training for commune stakeholders on how to use these materials).
- We recommend developing **scorecards based on the citizen action** plans from the MSDs, to be used in planning CVC projects during Phase 2 of the project. This will ensure that the second phase builds on the first, even in the case that participants in Phase 2 did not participate in Phase 1. Most importantly, the scorecards can serve as a mechanism for holding local leaders accountable to implementing the specific recommendations citizens made during the MSDs. In other words, the scorecards can be used to both inform newly engaged participants on the main findings and targets of the dialogues, as well as keep the diverse stakeholders and citizens focused on these goals as they carry out their activities over the near and medium term

Impact Evaluation Overview

This report outlines the findings of the endline data collection as part of the impact evaluation of USAID's Participatory and Responsive Governance (PRG) program being conducted in Niger. The impact evaluation is being implemented by Ariel BenYishay (College of William and Mary), Lisa Mueller (Macalester College), Phillip Roessler (College of William and Mary), and Katherine Nolan (College of William and Mary). The National Opinion Research Center (NORC) was contracted by USAID to conduct this baseline data collection in partnership with AidData. NORC in turn contracted the baseline and endline fieldwork to Kantar Public. Kantar was responsible for conducting the in-country surveys and managing the field team. The survey work began on September 11th and finished on October 13th, 2018. The final datasets were delivered to the research team on December 4th, 2018.

The overarching goal of the PRG project is to strengthen the collective responsiveness of the Nigerien government and its citizens to priority public needs in order to help mitigate what Nigeriens call a '*crise de confiance*' or 'crisis of confidence' between citizens and the state and ultimately bolster stability and governance in one of the world's most fragile states.² The project aims to strengthen collective responsiveness through three channels: 1) political party campaigns; 2) collective engagement and coordination of multiple stakeholders (government, non-government, donors) to undertake reforms that address citizen priorities; and 3) capacity-building of local think-tanks, media, NGOs, and civil society to promote participatory governance.

This impact evaluation focused on evaluating USAID's Participatory, Responsive, Governance - Principal Activity Program (PRG-PA). Post-electoral activities focused on targeted citizen priorities under Phase 1 will provide initial contributions to results under IR 2.2: *Equitable access to public sector services increased in target areas* while continuing to contribute to the participatory processes under IR 2.2, including civic engagement in governance.

Our impact evaluation focused on the post-electoral activities and IR 2.2. Our objectives for the impact evaluation follow those stipulated in the Monitoring and Evaluation Plan provided in the PRG Program Description (PD) (p. 28), which states in part that:

“Given the innovative nature of this proposed project, the project design team recognizes the value of also developing an external impact evaluation to test the fundamental hypotheses and theory of change embedded in the project design, and to determine whether changes in outcome measures are directly attributable to the project. This aligns with the USAID Evaluation Policy, which requires new and innovative or pilot projects to be subject to impact evaluation and thus the counterfactual analysis needed to determine causality. We also recognize the particular importance of being able to show attributable results in USAID governance programming, and see evaluation

² The PRG is designed to be a principal contributor to the achievement of Development Objective 2 under the Niger Operational Framework: *Citizen Confidence in the state increased among target populations*.

of this project as an opportunity to try to prove intervention efficacy. Lastly, an impact evaluation of aspects of the PRG principal activity in its Phase 1 would allow for findings to be applied to improved project design and implementation in the anticipated Phase 2 scale-up. In this way, the impact evaluation will also play an important formative assessment role for the project.”

PRG-PA Project Overview

USAID selected Counterpart International (CPI) to implement the five-year PRG-PA. CPI’s plan included a multi-stage program with three different sets of activities. The overall goal of the program is to strengthen electoral accountability and the responsiveness of the Niger government to priority public needs. This evaluation focused on evaluating the second of these activities, which involved a diverse set of activities to create “informed multi-stakeholder contribution to specific elements of reform implementation for targeted citizen priorities”³. These stakeholders include civil society organizations (CSOs), traditional and religious leaders, government and political parties, the media, and private sectors. The MSDs were to target the health and education sectors.

Under this main outcome area, CPI’s Activity 2.1 focused on mapping government systems to “inform collective action initiatives, including a media mapping exercise of security information”. This activity included recruiting a Power Mapping consultant trained by CPI. The power mapping was completed in March 2018 and based on the results, CPI identified national, regional and district level key actors and 200 individual champions who could enable the MSDs and help with program implementation. Under this activity, CPI also conducted a study through an international consultant on “How Nigerien citizens have access to security related information”.

In the second activity (2.2), CPI hired a consultant to create guidance materials for the local organizations that would conduct the MSDs (MSD sub-grantees). This included developing a module and guide on facilitation techniques for the MSDs. CPI also contracted an illustrator to produce additional tools that were used as program management tools and for monitoring and evaluation. Specialized training and mentoring were targeted towards 18 MDF and PRGF-PA personnel to strengthen their capacity to examine “the social, cultural, and political factors that catalyze or hinder collective action.”⁴ Ten MDFs were given additional training to strengthen their capacities to lead the MSDs. After the trainings were complete, the CSOs selected 24 local MDFs to lead the MSDs.

The third sub-activity under outcome 2 entailed planning and running the MSDs. These dialogues sought to support “diverse collections of actors as they identified shared goals, leveraged resources, and built strategic partnerships at communal, regional, and national levels in support of citizen priorities.”⁵ Prior to

³ Counterpart International, “FY18 Annual Report: Participatory Responsive Governance Principal Activity (PRG-PA)”, Nov 30, 2018.” Pg. 8.

⁴ Counterpart International, “FY18 Annual Report: Participatory Responsive Governance Principal Activity (PRG-PA)”, Nov 30, 2018.” Pg. 14

⁵ Counterpart International, “FY18 Annual Report: Participatory Responsive Governance Principal Activity (PRG-PA)”, Nov 30, 2018.” Pg. 15

the dialogues, PRG-PA grantees ran health and education pre-assessments that focused on “teacher and health agent redeployment, the number of schools, classrooms, and health centers, gaps in the system, and other information”.⁶ This survey was intended to help MSD grantees identify key issues in each area prior to the dialogues.

The PRG-PA grantees conducted 46 commune-level MSDs, with 10 in Diffa, 18 in Zinder, 14 in Agadez, and 4 in Niamey. There was an average of 35 attendees per dialogue, with 852 participants in total attending the education dialogues and 774 attendees at the health dialogues. Attendees included municipal, traditional, and religious leaders, marginalized groups, private sector participants, the media, CSO representatives, and CBOs. 36 MSDs were covered by PRG-PA radio partners, Equal Access, while seven other MSDs were covered by local radio stations, national radio stations, and TV channels. A 25 minute documentary on the MSDs was also developed and broadcast on June 14, 2018.

The MSDs resulted in action plans that were created by attendees. The plans were to be implemented by a selected group of government authorities, CSOs, and elected members, and overseen by citizen monitoring committees (CVCs). 24 CVCs also integrated the recommendations that resulted from the MSD into their own workplans.

In addition, PRG-PA held seven regional dialogues. These dialogues attracted 312 participants (an average of 44 attendees per dialogue). Similar to the commune MSDs, the results were synthesized into Regional Action Plans. 46 regional Technical Units (including the Regional CVCs) were created to oversee these plans and report on the results.

The CSOs and CVCs held 70 monitoring sessions for the Action Plans to measure their success and make any necessary revisions. Service Improvement Action Plans (SIAPs) were also put in place to monitor the MSD results. For Action Plan implementation results, see Counterpart International’s FY18 Annual Report located in the appendix.

Section 2.3 of outcome 2 also included holding a host of other dialogues with key groups and stakeholders. These dialogues include dialogues on school mapping at the national level, a teacher attendance and human resource management (also at the national level), an Education feedback workshop in Dosso, a strategy of regrouping nomadic schools in Agadez, and a training on participatory budgeting, development planning, accountability, and resource mobilization in Diffa and Zinder regions. During this last training, CPI “ensured that local authorities understood the value of and need to address citizen priorities during the Community Development Plans (PDC) development and revision process, as well as the importance of ensuring citizen feedback.”⁷ PRG-PA also encouraged local authorities to hold town hall meetings for their area.

CPI also participated in the development and revision of the PDCs. During this process, PRG-PA signed an MoU with the eight target communities (Garagoumsa, Alakoss, and Tarka in Zinder; Ingall, Tabelot and

⁶ Counterpart International, “FY18 Annual Report: Participatory Responsive Governance Principal Activity (PRG-PA)”, Nov 30, 2018.” Pg. 15

⁷ Counterpart International, “FY18 Annual Report: Participatory Responsive Governance Principal Activity (PRG-PA)”, Nov 30, 2018.” Pg. 24.

Timia in Agadez; and Maine Soroa and Chetimari In Diffa region) and organized a three day training session with 56 stakeholders including mayors, CVC and CDC members, council members, and technical staff to strengthen their capacity during the revision process. PRG-PA also standardized the tools and roles and responsibilities used during the review process. In July and August of 2018, PRG-PA worked with local partners to organize an awareness session in eight different communes to revise the Annual Investment Plan (PIA). They sought stakeholder buy-in by including local authorities, CVCs, and other stakeholders in the PDC and PIA revision and development.

In order to publicize PRG-PA's work, activity 2.4 included supporting media productions. CPI partnered with Equal Access to cover PRG-PA's work and increase support and interest. They produced 23 radio magazines focused on health and education broadcast via 20 radio partners in five different languages. PRG-PA also conducted journalist training for 23 radio facilitators and those facilitators hosted 54 roundtables in the four regions. The media strategy also included sending SMS messages and making 637 calls using the Interactive Voice Response (IVR) system, but the use of this system has been challenging. Finally, the activity included Listening Discussion Groups (LDGs) where 12 to 30 members were trained to use social media to encourage local feedback. These members met approximately 60 times in 2018 and both disseminated information and collected 250 testimonials on WhatsApp.

Activity 2.5 promoted policy collaboration between government actors. PRG-PA worked with CSOs that had security advocacy agendas and CSOs that focused on advocacy campaigns based on health and education citizen priorities. PRG-PA focused on building these CSOs capacity to customize messages, tools, tactics, and identify a target audience.

Under activity 2.6, PRG-PA hosted meetings to help improve collaboration in health, education and security. The meetings targeted donors, development organizations, and implementers. Under this activity, PRG-PA also signed on to a new monitoring and evaluation guide for the 2017-2018 Health Development Plan (PDS), which has a focus on community participation. PRG-PA collaborated with the Regional Health Directorate of Agadez, Zinder, and Diffa along with other actors to establish 32 Health Committees that consisted of CSO, CBO, health workers, other associations, and council members in the treatment areas.

Activity 2.7 entailed redistribution of teachers and health workers across the country—including the treatment and control groups in this evaluation. We discuss this activity and its implications for our evaluation in further detail in the section below.

Under activity 2.8, CPI finalized and issued an RFP for Social Partnership grants and selected four grantees across Diffa, Niamey, Zinder, and Agadez. The grants are targeted towards building the relationship between CSOs and citizens and supporting their interactions with governments. Selected sub-grantees held workshops during FY18 to identify key topics.

The last activity under outcome 2 is 2.9 which focused on providing tools and trainings to NGO leaders and institutions. PRG-PA is specifically providing resources to help these organizations monitor the GoN provision of key services. They have designed an open source IT tool that will allow interaction between

citizens and authorities to help with this monitoring process. PRG-PA also supported the creation of Citizen Monitoring Committees for citizens to discuss and express their ideas and opinions.

For more information on the intricacies of the PRG-PA program, see Counterpart International's FY18 annual performance report located in the appendix.

Activity 2.7: Teacher and health worker redistribution

Activity 2.7 provided “technical assistance to public sector actors to support collective action, including the facilitation of the development of GON’s security communication plan”⁸. The main outcome of this activity was a teacher redistribution strategy that resulted from regional dialogues led by DREP/DRES in Agadez, Zinder, and Diffa. These three day dialogues were attended by a variety of education stakeholders and led to the governors of all three regions signing the Regional Teacher Deployment Strategy (RTDS). During these workshops, participants also developed a regional Action Plan to help implement the new RTDS and ensure a smooth teacher redeployment. PRG-PA assisted MEP and three teacher unions in December 2017 to reach an agreement over sending 1,789 teachers from Niamey to rural schools who were in need of primary school teachers. The negotiation over this redistribution lasted until January 12, 2018 when all parties signed an agreement that defined the rules and regulations surrounding the reassignment. According to a CPI analysis, 1176 teachers (89%) went to their new posts while 248 (11%) did not. The official decrees from the government can be found in the appendix.

This redistribution presented difficulties for the evaluation, as it involved non-random distribution of treatment impacts across our treatment and control groups. As such, we attempted to carefully monitor the distribution of teachers. **Table 1** shows the initial redeployment assignment by MEP of primary school teachers across our treatment and control group. There is considerable variation both across regions and within regions across communes, but there appeared to be greater redeployment out of our treatment communes than our control communes (in general, there appeared to be redeployment out of the PRG communes to other regions). **Table 2** further shows redeployments by government agency.

It is possible that the planned redeployments may have produced confounding effects, effectively offsetting improvements due to the MSDs and other PRG activities. In order to try and identify the effect of this redistribution, questions were added to both the leader and household endline survey. These questions included asking respondents if they noticed any changes in the number of teachers or health workers in the communes and if there had been any noticeable changes in the quality of health care and education. These questions attempted to identify if the teacher redistribution had been noticed across treatment and control communes and if it was viewed as a positive or negative change in those areas. **Figure 1** shows the responses to these questions. In fact, we find that education officials in treatment communes *more* frequently responded that the number of both primary and secondary school teachers in their communes had increased in the past year than did officials in control communes. Reconciling the MEP plans with these survey reports remains outstanding, but the survey

⁸ Counterpart International, “FY18 Annual Report: Participatory Responsive Governance Principal Activity (PRG-PA)”, Nov 30, 2018.” Pg. 31

reports make it far less likely that teacher redeployments out of the treatment communes are masking important treatment effects due to PRG-PA.

Health worker redistribution

Similar legislation that was used to redistribute teachers was also considered for health workers. The proposed health worker redistribution push never came to fruition, however, in part due to a shortage of qualified workers. The number of health workers redistributed in 2018 was the similar to the number redistributed in 2017. Given that the health workers did not undergo a similar redistribution to teachers, the researchers aimed to utilize the difference to further understand how teacher redistribution affected treatment and control communes.

Theory of Change

One of the core objectives of the PRG-PA is to improve collective (government and citizen) responsiveness to priority public needs by increasing the capacity of Nigeriens to undertake and sustain collective action that holds their representatives accountable. Few institutions are purported to be as critical for responsive government as political accountability, in which citizens possess the capabilities and capacity to hold the government answerable for its policies.⁹ Extensive research suggests a strong, positive association between broad-based political accountability and the effective provision of public services;¹⁰ even limited accountability in authoritarian regimes is found to improve human development.¹¹

There are two key limitations of existing literature on this subject, however. First, most rely on observational data (cross-national datasets that analyze associations between indicators of accountability and provision of public services) to draw inferences about the effect of political institutions on government responsiveness. The problem with such an approach is isolating precisely how much institutions of accountability matter for the provision of public services. It could be that this association arises due to reverse causality: the provision of public services (which themselves could be supplied for exogenous reasons—for example the threat of external war) leads to political accountability.¹² Or it could be the case that the association between accountability and public services is spurious; both are a function of a third unobserved variable. Thus, accountability does not have as powerful an effect on responsive government as we would expect.

⁹ Besley, Timothy. 2006. *Principled Agents?: The Political Economy of Good government*. Oxford: Oxford University Press.

¹⁰ Bueno de Mesquita, B., et al. 2003. *The Logic of Political Survival*. Cambridge, MA, MIT Press. Adsera, A., et al. (2003). "Are you Being Served? Political Accountability and Quality of Government." *Journal of Law, Economics, and organization* 19(2): 445-490.

¹¹ Miller, M. K. 2015. "Electoral Authoritarianism and Human Development." *Comparative Political Studies* 48 (12).

¹² Fukuyama, Francis. 2011. *The Origins of Political Order: From Prehuman Times to the French Revolution*. New York Farrar, Straus and Giroux.

A second limitation is existing cross-national studies tend to focus primarily on the role of structural or historical factors in accounting for the emergence of the accountability-responsiveness nexus—such as the structure of the economy (the degree to which it is dependent on natural resources), forms of colonialism, history of state centralization or societal fractionalization, a culture of meritocracy, or geography. While it is critical to understand the long-run processes underpinning institutional variation, these studies are less valuable for understanding what policy interventions in the short-term are effective at bringing about more accountable and responsive governments.

This impact evaluation aims to help fill this gap in the literature. It rigorously tests the effect of a participatory governance program on improving political accountability and government responsiveness to citizen priorities. One of the central components of the program is a series of multi-stakeholder dialogues that bring together community leaders, municipal and regional councilors, private sector actors, professionals and citizens to confer upon, design and initiate Regional Development Plans (PDRs) and Communal Development Plans (PCDs). The expectation is the multi-stakeholder dialogues will catalyze development and government responsiveness both in terms of process and outcomes: the dialogues are intended to serve as focal points, or coordination mechanisms, for a diverse set of actors to come together to bring multiple perspectives to bear on the challenge of community development as well as marshaling the resources and forging the strategic partnerships necessary to ensure the development plan is implemented.

Beyond its effects on coordination and resource mobilization, multi-stakeholder dialogues are theorized to have important governance benefits, which are seen as critical for sustainable development.¹³ In eliciting the participation and contributions of a diverse set of actors the dialogues enable an inclusive decision-making process, which is seen as a key source of legitimacy.¹⁴ Moreover, the formalization of collective decision-making procedures and a plan of action facilitates common knowledge amongst participants and the constituencies they represent, which not only improves transparency but also accountability as the stakeholders are seen to commit to implement the plan. Though there are no sanctioning mechanisms built into the PRG, there is a strong media component to the program that will publicize the dialogues and the commitments coming out of them, which are intended to increase awareness and raise the costs for the stakeholders if they fail to follow through.

Multi-stakeholder dialogues have strong potential to impact relations between Nigerien leaders and citizens because of the historical context in which they will take place. Dialogue is a major pillar of Nigerien democracy dating back to the transition to multiparty competition in 1992, which occurred at a National Conference involving stakeholders from diverse sectors of society (politics, labor, education, religion, etc.). Subsequently, the National Commission for Social Dialogue (CNDS) and the National Council for Political Dialogue (CNDP) were founded in 2000 and 2003 with the express purpose of facilitating debate and compromise between political parties and civil society organizations of different partisan leanings.

¹³ Bäckstrand, Karin. "Multi-stakeholder Partnerships for Sustainable Development: Rethinking Legitimacy, Accountability and Effectiveness." *European Environment* 16.5 (2006): 290-306. Hemmati, Minu. 2002. *Multi-stakeholder Processes for Governance and Sustainability: Beyond Deadlock and Conflict*. New York: Routledge.

¹⁴ Hemmati, Minu. 2002. *Multi-stakeholder Processes for Governance and Sustainability: Beyond Deadlock and Conflict*. New York: Routledge.

However, these institutions have not fulfilled their mission: As of 2017, the space for open dialogue is shrinking amid government crackdowns on the press and civil society; political parties are increasingly polarized into pro-government and opposition camps. Given this historical background and contemporary situation, multi-stakeholder dialogues in the PRG-PA framework have two main advantages as experimental treatments: First, they are familiar and salient institutions in Nigerien society, which enhances external validity (i.e. the applicability of findings outside the experiment). Second, they address several flaws in the CNDS and CNDP. Namely, they are local instead of top-down and they include an innovative media component, reducing concerns that the treatments will merely replicate mistakes of the past.

Taken together, the use of multi-stakeholder dialogues is expected to improve local government responsiveness through multiple channels—improving the capabilities of community elites to craft and implement a development plan that addresses citizen public priorities while ensuring this plan of action is seen as legitimate and that it actually gets implemented.

Most existing social science research on the efficacy of multi-stakeholder dialogues tends to focus on international governance and rely primarily on qualitative evidence.¹⁵ As far we can tell, there have been no experimental studies on the effect of multi-stakeholder dialogues on local development. Thus this impact evaluation has the potential to make a broader contribution to development strategies in low-income countries.

Impact Evaluation Design and Implementation

This IE focuses on the second project outcome of the PRG: improved collective responsiveness through increased multi-stakeholder contributions to public goods provision. In particular, the IE assesses the degree to which increased multi-stakeholder coordination and collective action leads to change in perceived government legitimacy and the coverage and quality of public goods that meet citizen priority needs. We refer to the subset of PRG-PA activities covered by our evaluation as public goods reform (PG reform).

The IE employs a randomized design that entailed randomly selecting 24 communes out of 48 initially designated as eligible to receive the PG reform program. This randomized design allows us to causally estimate the effect of the project intervention using survey waves.

We pre-registered our Pre-Analysis Plan in the EGAP registry (Design 20170503AA, available at <https://egap.org/registration/2496>), thereby committing ourselves to pre-specified hypotheses, outcome measures, analytical framework, and design choices surrounding indexing, multiple hypothesis testing, and other features.

¹⁵ See for example, Bäckstrand, Karin. "Democratizing Global Environmental Governance? Stakeholder Democracy after the World Summit on Sustainable Development." *European Journal of International Relations* 12.4 (2006): 467-498.

Below, we discuss the randomization design, sampling design and power, and data collection efforts.

We include the complete Household Survey Questionnaire and Commune-level Questionnaire administered at endline and baseline in the appendix.

Randomization Design

The goal of the randomized design of the evaluation is to ensure that the treatment and comparison groups of communes are otherwise similar in the characteristics targeted by the PRG program. In non-randomized settings, differences between treated areas and comparison groups may bias estimates of the program's effects. The randomization therefore aims to form groupings of communes whose average characteristics are as similar as possible prior to program implementation.

AidData completed the randomization of communes in September 2016. The sample frame for the randomization included only communes that were selected by CPI based on criteria that reflected the security conditions and existing organizational connections by CPI's sub-awardees. CPI identified 48 communes that fit these criteria. Importantly, CPI has project funding and capacity to administer the PG reform activities in 24 of these 48 eligible communes. Given this constraint, in order to distribute the activities' benefits fairly among these 48 communes and to better evaluate their impacts, AidData randomly selected the 24 "treatment" communes.

Out of the communes provided by CPI, AidData stratified the randomization based on three factors: region, urban/rural status, and whether or not they were targeted for CPI's initial PRG-PA Activity 1 (to make elections more responsive to priority public needs). This created 10 sets of communes, each of which shared identical values for these factors (i.e. belonged to the same region, were similarly urban/rural, and slated for Activity 1/not). The numbers of communes within each set varied: some sets contained as few as three communes, while others contained as many as nine. The aim was to select approximately half of the communes within each set to be in the treatment group (in cases where the number of communes within each set was odd, the number of communes to be selected for treatment was randomly rounded up/down).¹⁶ This procedure ensured that equal number of Activity I communes were randomly selected into the PG reform treatment and control groups, and that approximately half of each region's urban communes and approximately half of each region's rural communes were assigned to be treated.

The final randomized assignment was conducted using the STATA statistical software on September 16, 2016. Figure 2 maps the treatment and control commune assignments.

¹⁶ It is important to note that there need not be exactly equal numbers of communes in the treatment group and control groups within each set. What is important is that the assignment of a commune to the group is random.

Sampling Design

Household survey sample design

The household survey target sample consisted of 1,200 households selected using stratified random sampling. At baseline, we used simulations to confirm that our sample design will allow us to detect treatment effects of 0.1 standard deviations with 95.4% confidence (and 0.2 deviations with >99% confidence).¹⁷ Within each of the 48 communes in our randomization frame, we randomly sampled 3 enumeration areas (Villages), within which either 8 or 9 households were to be sampled.

Ultimately, the baseline survey ended up with 1,258 household surveys due to strategic over-sampling. For the endline, the target was a sample of 1,281 households. The increase in household surveys was due to a reduction in the number of leader surveys owing to difficulties during the baseline finding and collecting quality data from the target leader respondents. The survey team shifted from three leader surveys per commune to two with the targets being a health and education professional. The remaining 48 surveys were shifted to the household survey. We also added additional surveys to each commune where it was dangerous to survey in the surrounding villages and the team remained in the commune center. The reduction in travel time made it feasible to add more surveys to those areas. At the conclusion of the endline survey, the team completed 1,342 household surveys due to oversampling.

Two of our sample communes were too dangerous to enter at all. Instead, we sampled six additional villages from two existing communes (one treatment and one control). Within each of the 46 remaining communes in our randomization frame, the team aimed to return to the originally sampled enumeration areas from the baseline (the 3 villages sampled from every commune). In a subset of communes where rural areas were deemed as unsafe by a security expert, the enumerators surveyed in the commune center and did not visit the villages. For full details on the survey numbers in each location, please see the **Niger_SurveyLocation_Endline_LocationList_Final.xls** document in the appendix.

From each of our sample villages, the team randomly sampled 8 or 9 households. Budget limitations prevented us from returning to exactly the same households as surveyed at baseline; instead, we rolled over the household sample within each village. This also has the added benefit of reducing social desirability bias or biases arising from repeated surveying.

The household surveys at endline continued to focus on government responsiveness and citizen priorities. Questions were added about the unexpected teacher redeployment initiative that grew out of the multi-stakeholder dialogue treatment. Questions were also added about the multi-stakeholder dialogues and other CPI treatments.

An SMS section was also added to the endline survey to help measure priority alignment between citizens and leaders. One way to measure whether or not respondents feel like their priorities are being taken into account is to see if they would send an SMS to their local politicians and government officials.

¹⁷ BenYishay, A., Mueller, L, Roessler, P. (2017). Impact Evaluation of the Niger Participatory & Responsive Governance Project: Baseline Report. Williamsburg, VA: AidData at William & Mary.

Given low literacy rates and low phone ownership rates across the baseline sample, not all respondents would be able to send an SMS themselves. It could be more likely that a concerned Nigerien citizen would use SMS—either on their own or, if they are illiterate or don't own a phone, by asking a friend or relative to lend them a phone or send an SMS on their behalf. The research design challenge, then, is figuring out how to trace text messages back to people who do not personally use or own the phone that sent the messages

In order to measure this, the endline survey asked about literacy and phone ownership and respondents were provided a phone number based on this information and whether they are in a treatment or control commune. The new SMS section in the household survey separately tracked responses based on respondents' literacy, phone ownership, and treatment status. These numbers were connected to 8 different phones. The AidData field coordinator monitored these phones for up to 3 months after the end of the endline survey. He recorded the messages that came in on each cell phone in a spreadsheet. Some survey respondents chose to call the phone number and many of the calls were in the local language not spoken by the AidData field coordinator. These were recorded as calls but the content was not available.

Commune Level Official Sample Design

CPI outlined in their work plan the goal of building accountability and government capacity. Dialogues are designed to advance that goal by inviting commune-level officials to share their perspectives on health, education, and security in the context of the postponed 2017 local elections. To measure the impact of these interventions, enumerators interviewed commune-level officials at baseline and at endline in the following areas: leadership and strategic management, information about the citizens and programs of the commune, political opinions, level of communication with citizens, and external relations and communications.

The baseline leader survey target was 144 surveys across the 48 communes (3 interviews per commune) but only 118 surveys were completed due to availability and logistical challenges. The field team sought to interview a commune mayor, an administrator in the health or education field, and a traditional or religious leader. The interview targeted to towards the commune mayor could also be directed towards the highest-level official in the commune that is available to complete the survey. The mayor could bring in officials that work for him/her to complete more of the specific statistical questions

Given the difficulties in reaching the baseline leader survey target of 144 surveys, the survey team collected two leader surveys per commune instead of three, for a target of 96 surveys. Due to security concerns in two communes discussed above, only 92 leader surveys were collected. (As discussed in the household survey sampling section, we allotted the unadministered 48 survey slots to the pool of endline household surveys).

The endline survey was updated to focus on the commune's health and education sectors, specifically

service provision within those sectors, as these were the focus sectors for the MSDs. The survey also included more specific questions about teacher and health worker re-deployment, etc. As a result, the endline leader surveys were strictly targeted to knowledgeable health and education officials instead of a commune mayor, an administrator for either health or education, and a traditional or religious leader.

Some non-hypotheses questions consisting of information that was unlikely to have changed in the last 1.5 years were dropped from the survey. Questions were added to the survey that asked about multi-stakeholder dialogues and other treatments from CPI.

Data Collection

As part of the evaluation partnership, NORC managed the data collection and hired Kantar, a regional firm, to conduct the work in Niger. Enumerators were recruited and hired by Kantar's local partners in Niger. Recruited enumerators were hired from the various project regions and were fluent in the local dialects used for the survey.

Each team was composed of five enumerators and one supervisor. At the end of the survey, the field work ended with approximately 35 enumerators and nine supervisors. In addition to the main field team, nine individuals were trained to conduct quality control checks throughout the field period.

Enumerator training took place in Niamey from September 11th - 15th, 2018 and included a discussion of the survey instruments, group discussions of sections of the questionnaire, role playing in English and Hausa, and practice administering the scripted survey on the tablets. At the conclusion of the training, the survey team held a pilot exercise on September 14th, 2018 across several locations in Niamey. After the completion of the pilot, challenges were identified, any problems with the survey were fixed, and enumerator mistakes were addressed with the team. All issues concerning comprehension, administration and methods observed during the pilot were addressed during the debriefing sections. During the pilot, the team also practiced the random walk pattern used to select households. For more details on the training see "*PRG Project_Field_Report_29_01_2019.docx*" located in the appendix.

Villages and Commune Selection

Aidata provided the selected village and commune list to the survey team. The communes and villages were the same locations surveyed at baseline. This list was analysed by an outside security consultant. In the event that a originally selected baseline village was identified as unsafe by the consultant, a randomly selected replacement village was provided. For those areas that were identified as unsafe at baseline and endline, the same replacement villages were offered. Randomly selected replacement villages were submitted to the security consultant until one was identified as safe to survey. In some communes, the only safe location was the commune center. In that case, all surveys for that commune were conducted in the commune center. For those communes where there were no safe locations, the surveys for that commune were added to other safe communes in the region. For a final survey location list, please see "*VillageRandomization-Final 2017-01-14-Endline_securitycheck.xlsx*" in the appendix folder.

Sample distribution and Deployment Plan

The study had two components – the household survey with individual respondents and the leader survey with a health official and education official. Enumerators were responsible for administering the household surveys while the team supervisors completed the leader surveys. The target for each commune was 27-30 household interviews in 48 communes across 4 regions in Niger. In total, the survey firm achieved 1,345 interviews. After quality control checks, the survey firm delivered a cleaned data set of 1,342 valid interviews.

The leader survey target was 96 surveys. Due to security concerns, only 92 surveys were achieved across the 46 communes. The leader survey was done from October 24th, 2018 to November 14th, 2018.

Selection and replacement protocols for household members

The survey firm utilized the same random walk pattern they used at baseline for identifying households and respondents. The team limited the selection of households to one household per structure. For every selected household, only one eligible respondent was interviewed per household. If the randomly selected respondent was not available during the period when enumerators were in that area, the respondent was replaced with a second randomly selected respondent in the same household. If the respondent was not available the first time the enumerator visited the household but had not travelled, the household was visited twice in an attempt to survey that individual. If they could still not be located, the household was replaced in its entirety.

Quality control and Data Processing

Quality checks in the field

A number of quality control checks were done during and after the completion of the survey. This included checks done in the field by the quality control field team and validation and consistency checks done by the data team after the survey was completed. For a more detailed description of the various quality checks, please see the *“PRG Project_Field Report 29_01_2019.docx”* in the appendix. The summary quality control report for the household survey on cases of interviews with issues and decisions that were made to keep or exclude the data cases in question is attached as an appendix. In total, the survey firm checked 1329 interviews and only one was deleted because it did not comply with the methodology.

Data Processing

Before finalizing the data, the survey firm ran several checks on the data to ensure data quality. The survey firm reported that generally the questions seemed to have been well understood both by the interviewers and respondents, and the answers were properly captured by the enumerators. The logic between each question was checked several times before and after the fieldwork was completed. For more information on the checks performed on the data, see Kantar’s field report in the appendix.

Field challenges

Bandit attack

An incident occurred on the road to Dirkou where the enumerator was attacked by armed bandits. Fortunately he was not hurt but his property was stolen.

Challenges with tablets synchronization

The synchronization of tablets caused problems during the survey. The reasons for this are:

- The internet is weak in Niger and almost non-existent in some localities and the use of the survey application on the tablets requires a good internet connection.
- Many of the tablets had different versions on them. This caused an issue when the team attempted to sync the tablets but were unable to complete this task.

Analytical Approach

The evaluation team set out to test ten hypotheses at the leader and household levels, as specified in the pre-analysis plan:

Leader-level hypotheses:

1. Multi-stakeholder dialogues will improve coordination and strategic ties between community elites.
2. Multi-stakeholder dialogues will strengthen the representativeness of development processes.
3. Multi-stakeholder dialogues will increase the resources local and regional governments devote to local service delivery.

Household-level hypotheses:

4. Multi-stakeholder dialogues will increase the perceived legitimacy of the government among citizens of the commune.
5. Multi-stakeholder dialogues will strengthen citizen perceptions that the government is responsive to their needs and demands.
6. Multi-stakeholder dialogues will increase citizen perceptions that their government is democratic.
7. Multi-stakeholder dialogues will reduce citizen perceptions that the local government is corrupt.
8. Multi-stakeholder dialogues will increase citizen political participation.
9. Multi-stakeholder dialogues will increase the likelihood that citizens sign a petition to ensure the government invests in public priorities.
10. Multi-stakeholder dialogues will increase the likelihood that citizens send an SMS to the commune government to insist that leaders address citizen priorities.

There are two hypotheses that the survey team did not ultimately test: H7 (perceptions of corruption) was not testable due to low response rates, as few household respondents were willing to answer related survey questions, even when asked sensitively by an independent team; and H9 (willingness to

sign a petition) was not testable because asking respondents to sign a petition would have exceeded the survey budget.

Analysis methods

We developed our analytical approach as part of the overall evaluation design. To maximize statistical power and eliminate potential bias due to multiple hypothesis testing, we aggregate sets of variables into composite indices that correspond to each hypothesis (following Anderson 2008’s method to maximize efficiency). These indices are normalized by the variance of the underlying variables, and thus are denominated in standard deviation units. In most social sciences, a “large” effect is often considered one that is greater than 0.2 SD units, while a modest sized effect is one that is larger than 0.1 SD units.

We compare treatment outcomes across groups using ordinary least squares regressions:

$$\tilde{y}_{cst} = \alpha + \beta_1 T_{cs} + \beta_2 \tilde{y}_{cs0} + D_r + \epsilon_{cst}$$

where \tilde{y}_{icrt} is the normalized index for commune c in stratum s in round t . Following [Bruhn and McKenzie \(2009\)](#), we include strata dummies, and baseline outcomes as controls (where the latter are available).

In order to maximize the statistical power in our sample, we utilize randomization inference (RI) based on Gerber and Green (2015). In our analysis, we provide RI-based p-values that assess the likelihood that the effects we observe are due to the random grouping of treatment and control groups rather than a true causal effect from treatment. In practice, we do not find substantive differences in our results based on either standard normal distribution-based p-values and RI-based p-values.

Findings

Impacts on Commune Officials

In this section, we analyze the impact of the PRG on commune leaders. At the outset, we expected that the multi-stakeholder dialogues would induce the following changes: improve coordination and strategic ties between community elites; strengthen the representativeness of development processes; and increase the resources local and regional governments devote to local service delivery. Leveraging the endline survey with 92 knowledgeable health and education officials across the 46 communes, we analyze the impact of the intervention on each of our hypotheses.

Before turning to analyze the hypotheses, we report the results of several treatment checks to ascertain the degree to which the PRG and the corresponding multi-stakeholder dialogues differentially reached and impacted educational and health officials in treatment communes. In expectation, we should see officials in treated communes to more likely report attending multi-stakeholder dialogues in the past year and to know other elites who have attended such dialogues. Table 1 reports the results of these

treatment checks. Overall, we see half of the officials report having attended a multi-stakeholder dialogue in the past year--which is a fairly high level of engagement in such forums. The rate is slightly higher in treatment communes (54%) than in control communes (46%), although these are not statistically different.¹⁸ The prevalence of such forums even among control communes may dampen the effect of the PRG program in treatment communes.

However, there are two distinguishing features of the PRG program. First, it specifically targeted education and health sector concerns. We observe higher rates of attendance at meetings where either of these topics were discussed in treatment communes relative to control communes (44% vs. 29% for education topics, 52% vs 19% for health). Second, the PRG program explicitly focused on bringing leaders and citizens together to catalyze government responsiveness to citizen priorities and to adopt Service Improvement Action Plans that would be monitored by specific groups. In Table 2, we compare officials' awareness of such groups. We observe higher rates of awareness of citizen monitoring groups (CVCs) in treatment communes (54%) than in control (26%), indicative of PRG's emphasis on these groups as a mechanism for monitoring and supporting the Action Plans. There is also considerable correlation between officials' attendance of MSDs and their awareness of the CVCs.

Thus, despite the existence of other such dialogues, we would expect the PRG activities to facilitate stronger coordination and a more representative development process around health and education in treatment communes.

Hypothesis 1

To measure hypothesis 1 focusing on coordination and strategic ties between community officials, we constructed an index including:

- 1.1. perceptions of the quality of the mayor at carrying out his duties;
- 1.2. the number of important community actors a respondent expects to attend a meeting in their commune to discuss health and education development issues;
- 1.3. the number of other actors they consulted with on health and education issues in their community; the frequency of their interactions with these other actors; the interaction between the number of actors they consult and frequency; how recently they consulted with these other actors; and the interaction between the number of actors they consulted and how recently they did so.

Table 3 reports summary statistics for the variables underlying this index, while Table 3 reports the regression results using randomization inference of the PRG program on commune leaders' coordination. We see no evidence of increased coordination, and actually observe a sizable decrease in this index. In order to unpack the source of this decrease, we examine regression results of each of the individual components of the index (see Appendix). The results on each component are negative

¹⁸ In control communes, respondents report having attended town halls (the modal response) and dialogues organized by UNICEF, World Vision and various other actors. In treatment communes, the modal response is also town halls. But some 16 percent mention attending dialogues organized by an NGO and 12 percent mention attending dialogues organized by "Counterpath," both of which could line up with the forums CPI organized.

(though none is statistically significant on its own). This points to fewer interactions between community actors in those communes that held multi-stakeholder dialogues.

Hypothesis 2

Hypothesis 2 focuses on whether the multi-stakeholder dialogues strengthened the representativeness of the development process, especially by providing citizens the opportunity to engage with community leaders. To measure representativeness, we include the following dimensions:

- 2.1. how frequently the mayor, customary authority or commune council interface with commune residents;
- 2.2. the frequency that commune residents communicated with community leaders and vice versa;
- 2.3. the number of other actors the leaders felt they needed to engage with or coordinate with to ensure development projects are adopted and implemented; the frequency of their interactions with these other actors; the interaction between the number of actors they consulted and the frequency; how recently they consulted with these other actors; and the interaction between the number of actors they consulted and how recently they did so.

Table 4 reports summary statistics for these variables, while Table 12 shows impacts on the index. Overall, we see no evidence of greater representativeness of the development process in communes with multi-stakeholder dialogues. The difference between treatment and control communes is small, negative, and not statistically distinguishable from zero.

Hypothesis 3

Hypothesis 3 examines the impact of multi-stakeholder dialogues on the resources local and regional governments devote to local service delivery. We were unable to obtain reliable estimates on budgetary expenses on education and health. Instead, we focus on human resources and the reliability of officials or administrators to follow through on their promises to contribute to community-level development projects. We do see a significant increase in the reported reliability of other administrators between baseline and endline but, as illustrated in Table 3, there is no difference in the control and treatment communes (the difference is positive but very small and not statistically distinguishable from zero).

Summary

Multi-stakeholder dialogues had no statistically significant impact on leader-level outcomes (including elite coordination, representativeness of development processes, and the amount of resources that local and regional governments devote to local service delivery). There are several ways to interpret these findings. First, as described in the treatment checks, multi-stakeholder dialogues are a relatively common fora for elite engagement. Thus, relative to these other discussions, the PRG MSDs may not have had exceptional influence. If the PRG was catalyzing broader and sustained elite coordination, we should see this reflected in the perceptions and behaviors of leaders, whether they attended or not, over the past year. Yet, we see no evidence that respondents perceived stronger ties between leaders in their commune on education and health issues.

Regarding greater representativeness, the MSDs were designed to include municipal, traditional, and religious leaders, but also marginalized groups, private sector participants, the media, CSO

representatives, and CBOs. By all indications were attended by these diversity of stakeholders. Thus, it is somewhat surprising that we do not see this translating into greater representativeness of the development process (Hypothesis 2). One possibility is that sustained interaction, as opposed to a one-off dialogue, is necessary to make development processes more representative. The CVCs that formed after the MSDs are promising in this regard; it would be interesting to evaluate their impact on longer-term trends in representativeness. Likewise, the reason why MSDs had no apparent effect on local service delivery could be that local and regional governments have little voice and influence over the allocation of resources. Government decentralization, which was a provision in Niger's 1992 Constitution of the Third Republic, has since then unfolded in fits and starts, occasionally stalling for long periods. The latest major hurdle in the decentralization process was the indefinite postponement of the 2016 local elections, for vague reasons. This, along with a chronically slow trickle of funds from the central government to sub-national governments, leaves leaders at the regional, commune, and municipal levels with a limited mandate and limited means to implement changes their constituents demand.

Impacts on Citizens: Household Survey Analysis

In this section, we analyze the impact of the PRG on citizens and their perceptions of government. The ultimate goal of the PRG is to address the 'crisis of confidence' between citizens and the state that hinders development. In particular, the MSDs are expected to help repair this mistrust and lack of confidence by increasing citizens' awareness of their rights to access public services and provide citizens and community leaders with a platform to communicate and hold government accountable. We test five hypotheses that speak to these broader themes.

Before addressing these hypotheses, we also report the results of several treatment checks to gauge the degree to which citizens in treatment communes had greater awareness of or engagement with the multi-stakeholder dialogues and their proceedings. As is to be expected, compared to commune leaders, we see substantially lower levels of citizen participation in multi-stakeholder dialogues, as shown in Table 4. In the past year, around 18 percent of respondents report being aware that a multi-stakeholder dialogue had been held in their commune in the past year--and only 7% of our sample report having attended a dialogue themselves. Consistent with the reports from commune leaders of various types of MSDs occurring in both control and treatment communes, we see no evidence that in treatment communes citizens were more likely to be more aware of dialogues; were more likely to hear media reports about dialogues; or were more likely to discuss dialogue deliberations. We actually observe statistically lower rates of respondents' attending or knowing someone who attended a dialogue in treatment (8%) than in control communes (10%).

Despite not inducing a surge in awareness or participation of MSDs, it is possible that the PRG program strengthened perceived state legitimacy and responsiveness because of the nature of the program as outlined above. We test five hypotheses in this regard.

Hypothesis 4

Hypothesis 4 focuses on the broad question of whether the dialogues increased the perceived legitimacy of the government among citizens of the commune. We create an index of the following dimensions:

- 4.1. the belief that citizens must pay their taxes to the government in order for their country to develop, as well as the belief that the courts, police and tax authorities have compulsory authority;
- 4.2. concerns that the press, political parties, and the executive may violate democratic norms or undermine democracy;
- 4.3. and trust in key state and community organs and bodies (the president, national assembly, election commission, tax authority, local government council, ruling party, opposition political parties, police, army, courts, traditional leaders, religious leaders, and state governor).

As reported in Table 14, we see no evidence that the PRG increased perceived legitimacy among citizens. Our estimates indicate a positive, albeit small and quite noisy difference between treatment and control groups, one that belies considerable variation across its components. We observe a large improvement in concerns about democratic norms (4.2), along with concomitant and largely offsetting declines in the other dimensions.

Hypothesis 5

Hypothesis 5 gets at the core goal of the PRG: to strengthen citizen perceptions that the government is responsive to their needs and demands. To test hypothesis 5, we create an index of perceived government responsiveness that includes the following dimensions:

- 5.1. whether citizens believe leaders of political parties in Niger are more concerned with serving the interests of the people than with advancing their own political ambitions;
- 5.2. whether citizens believe national assembly members and local government councilors “listen to what people like you have to say”;
- 5.3. a battery of questions about whether respondents feel the local government has been responsive to addressing citizens' needs and demands for economic development, public services, such as healthcare and education, and security;
- 5.4. how well the local government is handling maintaining local roads and local market places.

Table 14 illustrates that there is no significant effect of the PRG program on this index of government responsiveness. To be clear, this is not a case where our sample size is too small or data too noisy to detect meaningful effects. The point estimate of the difference is very small, and none of the effects on the component variables is large or statistically significant, indicating relatively little change in this sphere.

Hypothesis 6

Hypothesis 6 tests whether the PRG and its attempts to open channels of dialogue between community leaders and the people increases citizens' perceptions of the democratic quality of their government. The index includes the following measures:

- 6.1. how free the respondents feel they are to say what they think; join any political organization; choose who to vote for;
- 6.2. overall perception of how democratic Niger is;
- 6.3. how satisfied they are with democracy in Niger;
- 6.4. and their perceptions of the integrity of elections in the Niger.

Table 14 shows that the treatment coefficient is negative, implying that those in treatment communes have a more critical view of how democratic Niger is, though the effect is small and not statistically significant. Approximately half of our sample of respondents did not respond to questions under 6.4; excluding this portion of the index actually leads to a larger negative effect, although it is still too noisy to distinguish from zero.

Hypothesis 8

Hypothesis 8 probes the impact of the PRG and MSDs on citizen political participation. If the multi-stakeholder dialogues are creating channels of communication between citizens and authorities in the commune, we would expect real or perceived increases in the frequencies and intensity of such exchanges. We measure citizen political participation quite expansively. It includes:

- 8.1. the frequency of contact of government and local authorities to discuss important problems;
- 8.2. the mode residents of the commune reach out to government, health and education officials (e.g., text message, individual meeting, etc);
- 8.3. the type of information residents communicate to government, health and education officials;
- 8.4. whether respondents have taken any of the following actions in response to dissatisfaction with government performance in health and education services (e.g., joined others in your community to request action from government; contacted the media; contacted a government official; refused to pay taxes)

As reported in Table 14, we actually see evidence of declines in citizen political participation associated with PRG treatment. Each of the index areas entail small negative effects that are not statistically different from zero; when combined into an aggregate index and once we control for baseline conditions, we find a large effect equivalent to 0.5 standard deviations, statistically significant at the 10% level.

Hypothesis 10

Finally, Hypothesis 10 goes beyond self-reported measures of political participation to analyze whether the PRG helped to spur greater citizen engagement, especially around citizen priorities. To test this, at the end of the survey we provided a citizen priorities hotline through which citizens could contact their Commune representatives and convey their views on what they see as key priorities for the government to address. Here is the prompt read to respondents:

“Thank you very much for taking the time to share your views with us. Your views on what you see as key priorities for the government to address are highly valuable. If you are interested in engaging with the government about key citizen to this number. All of these messages will then be collated by us and given directly to Commune representatives and a Niger based governance NGO. We will remove all names,

phone numbers and any other identifying information before sharing these comments with the commune personnel. Your comment will be anonymous but will be read by commune representatives and a Niger based governance NGO.”

The expectation is that if the MSDs were catalyzing greater citizen engagement through the dialogues, Service Improvement Action Plans and improved responsiveness of commune leaders, then we should observe citizens in treatment communes becoming more likely to communicate their concerns via SMS or a phone call.

Overall, outreach via SMS and phone calls was relatively low. The rate of SMS was 2.5 per 100 people and rate of phone calls was 5.7 per 100 people. The higher rate of phone calls versus SMS perhaps reflects the low levels of literacy among the survey respondents. (As a reminder, 70 percent of the respondents can't read at all). It is also possible that some respondents communicated their concerns multiple times; thus the rate of engagement may have been even lower than these figures. There is no statistical difference in the overall rate of outreach between control and treatment respondents (7.4% for treatment participants and 9.2% percent for control participants). However, among literate participants, those in the treatment communes were significantly less likely to contact the hotline (9.2% contact rate among treatment participants versus 15.8% among control participants.) No differences were observed among illiterate participants or among phone owners and non-phone owners. Table 15 reports rates of contact of the hotline across all participants and by different subgroups in treatment and control conditions.

Our outcome measures across all of our hypothesis are broad-ranging and cover many different topics. This is partially because we pre-specified these outcomes at the project and evaluation's outset, at which point the specific sectors to be targeted by the MSDs were not yet identified. It is thus also worthwhile assessing some of the questions we did not pre-specify in our hypotheses but that may more directly relate to citizens' perceptions of government responsiveness to their education or health needs. Table 16 reviews some of the treatment effects on respondents' assessments of government responsiveness. We do not find any treatment effects on the share of respondents who (a) consider education or health to be among the most important problems for government to address, (b) believe the government is doing a good job addressing each of these problems, or (c) believe the local government specifically is doing a good job of maintaining schools. Taken together, these results suggest that our largely null findings on household perceptions are not a function of our wide set of outcomes but rather reflect true nulls.

Summary

We find no compelling evidence that MSDs improved major household outcomes of interest (including perceived legitimacy of the government, perceived government responsiveness, perceived level of democracy, citizen participation, or the likelihood that citizens would send an SMS asking the government to address their priorities). A plausible explanation for these findings is that among a sea of various community dialogues, the PRG MSDs did not stand out and induce changes in perceived legitimacy or greater citizen engagement. It also suggests that perhaps the aims of the MSDs--reshaping citizens' views on the legitimacy and responsiveness of the government--were too ambitious. But even

on more modest indicators, such as the degree to which citizens believe the government is meeting citizens needs and demands--the expressed goal of the MSDs--we see no effect. Nor, as reported, do we see any evidence of significant effects on key components of the indexes we use to test the hypotheses. The MSDs just are not moving citizens one way or the other in terms of their political participation, level of engagement, perceptions of government responsiveness, and overall perceived legitimacy.

It is important to note that the outcomes of the RCT are “true” null effects (estimated using rigorous experimental methods and conventional standards of statistical significance), as opposed to artifacts of the research design. Therefore, these findings are valuable for policy implementers going forward. Multi-stakeholder dialogues, although they might seem intuitively effective and are often more practical than alternative development interventions, are evidently not the best investment of scarce money and effort (at least in the Nigerien context where the evaluation took place). By diverting resources away from ineffective uses, policymakers can free up resources for effective uses, which can be revealed through further impact evaluation. In this way, the null results of the present evaluation can help optimize development outcomes and produce the best return on programming funds.

Implications

The findings from this impact evaluation raise several important implications.

One explanation of the null effects is that more time is required for the PRG MSDs to induce behavior change. Perhaps with the continued presence of the citizen monitoring groups, eventually elite coordination and cooperation to address citizen priorities will materialize. This is possible. A longer-term follow-up survey with education and health officials would help to test this mechanism. But if the momentum of the dialogues, the formation of the action plans and the convening of the citizen monitoring groups did not catalyze more inclusive and active elite connections around health and education, it seems unlikely—as discussed above—that the mere continued existence of the monitoring groups (with no enforcement power) will improve governance.

Multi-stakeholder dialogues are a popular programmatic tool (as evidenced by the level of elite engagement in such forums, even in control communes). While these can be useful for information sharing and auditing service delivery problems (e.g., the shortage of teachers and health care workers in rural areas), these elite-level one-off forums are ineffective platforms for engaging the broader public, even when accompanied by a media campaign. And they should not be considered a tool of popular participation or bottom-up governance. Nor are they effective at inducing top-down change—in terms of spurring elected officials to engage more with their constituents or to coordinate more with each other. If MSDs merely serve as a vehicle for information sharing and auditing service delivery, this raises the question of whether these forums are the most efficient platform for such activities. More cost-effective alternatives may exist, potentially including printed information or, in some contexts, even an online dashboard, either of which could provide detailed information at the sub-commune level on enrollment of girls in school, teachers and health workers per capita, quality of teaching, and rates of assisted childbirth (along with technical support and training for commune stakeholders on how to use these materials).

Recommendation

Given the results and implications for MSDs, we offer a key recommendation for making these dialogues effective in further programming:

We recommend developing **scorecards based on the citizen action** plans from the MSDs, to be used in planning CVC projects during Phase 2 of the project. This will ensure that the second phase builds on the first, even in the case that participants in Phase 2 did not participate in Phase 1. Most importantly, the scorecards can serve as a mechanism for holding local leaders accountable to implementing the specific recommendations citizens made during the MSDs. In other words, the scorecards can be used to both inform newly engaged participants on the main findings and targets of the dialogues, as well as keep the diverse stakeholders and citizens focused on these goals as they carry out their activities over the near and medium term.

Timeline

Task	Fall 16	Winter 16-17	Spring 17	Summer 17	Fall 17	Winter 17-18	Spring 18	Summer 18	Fall 18	Winter 18-19	Deliverables
Impact Evaluation Plan Finalized											Finalized Evaluation Plan
Pre-analysis plan finalized and registered											Finalized household survey firm
Baseline survey											Baseline surveys (household, leader survey)
Baseline report											Baseline report
CPI Activity 2.1											Government systems mapping
CPI Activity 2.2											Build cadre of MDFs
CPI Activity 2.3 (MSDs), Activity 2.7											Multi-stakeholder dialogues; Technical assistance to public sector
CPI Activity 2.3: Other dialogues											Other dialogues, trainings, and workshops
CPI Activity 2.4, Activity 2.5, Activity 2.6											Media production support; Advocacy campaign building; Government working groups
CPI Activity 2.8. Activity 2.9											Grants for social partnerships, government and NGO leader training
Endline survey											Endline surveys
Endline report											Endline report

Tables and Figures

Table 1: Redeployment of Ministry of Primary Education Teachers Affecting PRG-PA Communes

Region	Treatment	Number of Communes	Redeployment (in)	Redeployment (out)	Total
Agadez	1	7	0	-139	-139
Diffa	1	6	49	-164	-115
Niamey	1	2	0	-608	-608
Zinder	1	9	128	-213	-85
Treatment Average		6	44.25	-281	-236.75
Treatment Total		24	177	-1124	-947
Agadez	0	6	84	-53	31
Diffa	0	5	109	-37	72
Niamey	0	3	0	-690	-690
Zinder	0	10	285	0	285
Control Average		6	119.5	-195	-75.5
Control Total		24	478	-780	-302
Overall Total		48	655	-1904	-1249

**Numbers provided by Counterpart International via the Education Ministries on April 9th, 2018

Table 2: Total Teachers Redeployed to Each Region by Ministry

Ministries					Total per entity
	Zinder	Agadez	Diffa	Niamey	
Ministry of Primary Education	84	3	14	-	101
Ministry of Secondary Education	36	13	14	-	63
Director of Primary Education	-	156	-	-	156
Total	120	172	28	-	320

***Data provided by Counterpart International on May 7th, 2018. Original data obtained from the Ministry of Secondary Education and the DREP of Agadez.

Figure 1: Has the number of public elementary school teachers/teaching assistants/volunteers increased, remained the same, or decreased over the last 12 months?

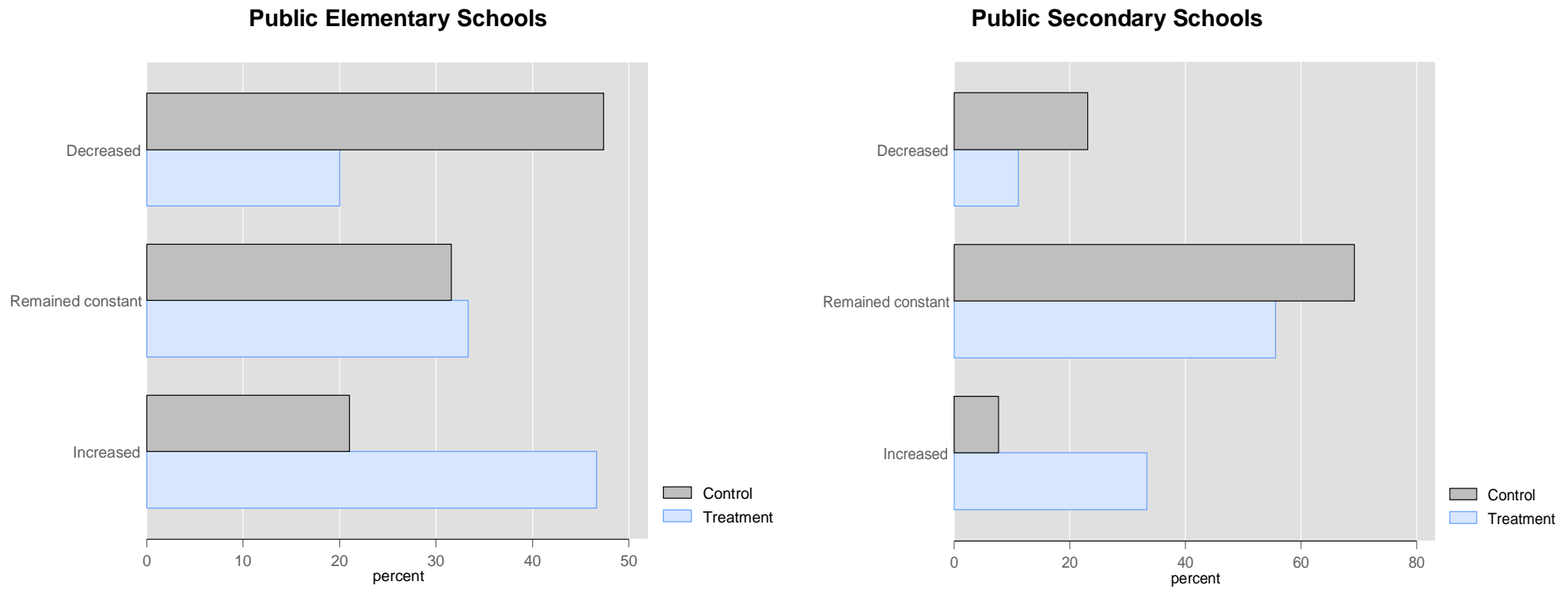


Figure 2: Randomized Assignment of Treatment and Control Communes

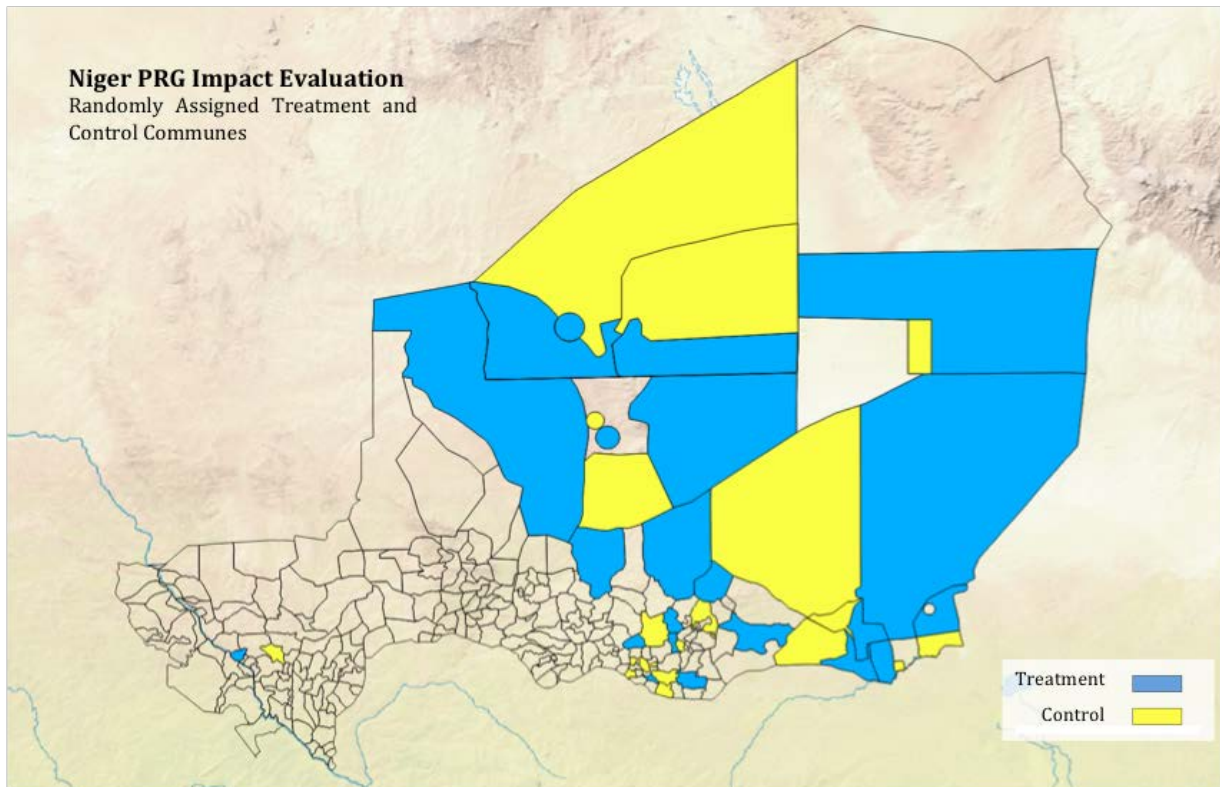


Table 3: Hypothesis 1 Outcomes Summary Statistics

Variable	Scale	Control Group		Treatment Group	
		Mean	SD	Mean	SD
How good is your mayor at carrying out his duties?	[1-4]	3.06	0.45	3.11	0.40
Expected attendance of 5 key actors at development meeting	[0 - 5]	4.43	0.88	3.86	1.01
Count of sector-specific development actors with whom engage/ coordinate	[0-5]	3.18	1.56	2.68	1.37
Average frequency of engagement with these actors	[1-4]	2.71	0.36	2.69	0.38
Combined count & frequency	[0 - 20]	8.38	4.03	7.19	3.73
How recently did last engage with these actors	[0 - 700]	618.68	54.12	629.28	36.97
Combined count & recency	[0 - 3200]	1957.69	895.60	1811.98	895.64

Table 4: Hypothesis 2 Outcomes Summary Statistics

Variable	Scale	Control Group		Treatment Group	
		Mean	SD	Mean	SD
How frequently does the <i>mayor</i> interface with residents?	[1-4]	2.07	0.72	2.13	0.61
... <i>customary authority</i> ...	[1-4]	1.59	0.52	1.85	0.51
... <i>commune council</i> ...	[1-4]	2.21	0.96	2.13	0.74
How often do residents communicate with you?	[1-4]	3.37	0.43	3.38	0.55
How often do you communicate with residents?	[1-4]	3.08	0.79	3.42	0.52
Count of up to 5 most important actors for development policy / programs	[1-5]	2.68	1.66	2.37	1.55
Average frequency of interaction with these actors	[1-4]	3.72	0.31	3.65	0.36
Combined count & recency	[1-20]	9.83	5.95	8.72	5.92
How recently did last engage with these actors	[0 - 700]	615.24	51.93	638.47	22.67
Combined count & recency	[0 - 3200]	1617.07	1000.19	1598.14	1018.58

Table 5: Hypothesis 3 Outcomes Summary Statistics

Variable	Scale	Control Group		Treatment Group	
		Mean	SD	Mean	SD
In your opinion, how reliable are other officials or administrators in your commune to following through on their promises to contribute to community-level development projects?	[1-4]	3.30	0.39	3.26	0.54

Table 6: Hypothesis 4 Outcomes Summary Statistics

Variable	Scale	Mean	SD	Mean	SD
Legitimacy of taxes	[1-5]	2.62	1.18	2.71	1.12
Legitimacy of courts	[1-5]	3.52	1.09	3.42	1.08
Legitimacy of police	[1-5]	3.64	1.07	3.60	1.07
Legitimacy of tax authorities	[1-5]	3.53	1.10	3.45	1.10
Does news media abuse its freedoms by printing or saying things it knows are not true?	[1-5]	2.69	0.83	2.85	0.83
Does competition between political parties lead to violent conflict?	[1-5]	2.50	0.82	2.75	0.85
Does the President ignore the courts and laws of this country?	[1-5]	2.55	0.92	2.74	0.93
Are opposition parties or their supporters silenced by the government?	[1-5]	2.43	0.95	2.65	0.93
Does the President ignore the National Assembly and just do what he wants?	[1-5]	2.62	0.95	2.74	0.93
Trust in ...					
President	[0-3]	2.21	0.84	2.14	0.82
National Assembly	[0-3]	2.13	0.81	2.10	0.79
INEC	[0-3]	2.15	0.83	2.16	0.79
National Tax Authority	[0-3]	2.21	0.81	2.15	0.76
Local Government Council	[0-3]	2.24	0.80	2.13	0.78
Ruling Party (PNDS)	[0-3]	2.17	0.80	2.15	0.73
Opposition Parties	[0-3]	2.01	0.82	2.01	0.76
The Police	[0-3]	2.63	0.68	2.63	0.64
The Army	[0-3]	2.81	0.50	2.74	0.55
Courts of Law	[0-3]	2.47	0.75	2.46	0.74
Traditional Leaders	[0-3]	2.62	0.67	2.58	0.70
Religious Leaders	[0-3]	2.77	0.54	2.77	0.55
Your State Governor	[0-3]	2.39	0.78	2.38	0.77

Table 7: Hypothesis 5 Outcomes Summary Statistics

Variable	Scale	Control Group		Treatment Group	
		Mean	SD	Mean	SD
Do political leaders serve the people	[1-5]	2.27	1.31	2.36	1.33
Members of National Assembly listen to the people	[1-5]	1.69	0.65	1.75	0.66
Local Government Councillors listen to the people	[1-5]	1.78	0.66	1.74	0.64
How responsive is local government for ...					
... economic needs?	[1-4]	2.41	0.87	2.45	0.86
... public services, such as healthcare and education?	[1-4]	2.46	0.87	2.55	0.86
... security services?	[1-4]	2.71	0.95	2.69	0.89
How well has local government done at ...					
... maintaining local roads	[1-4]	1.95	0.94	1.89	0.92
... maintaining schools	[1-4]	2.13	0.98	2.11	0.94

Table 8: Hypothesis 6 Outcomes Summary Statistics

Variable	Scale	Control Group		Treatment Group	
		Mean	SD	Mean	SD
In this country, how free are you to say what you think?	[1-4]	3.07	1.08	2.94	1.13
... to join any political organization?	[1-4]	3.51	0.94	3.34	1.00
... to choose who to vote for?	[1-4]	3.67	0.77	3.48	0.90
How much of a democracy is Niger today?	[1-4]	2.62	0.92	2.57	0.95
Overall, how satisfied are you with the way democracy works in Niger?	[1-4]	2.30	1.07	2.38	1.04
How well do elections ...					
... ensure National Assembly members reflect views of the voters	[1-4]	1.61	0.72	1.52	0.67
... enable voters to remove leaders	[1-4]	1.77	0.78	1.57	0.67

Table 9: Hypothesis 8 Summary Statistics

Variable	Scale	Control Group		Treatment Group	
		Mean	SD	Mean	SD
During the past year, how often have you contacted any of the following persons about some important problem or to give them your views?					
Local gov councillor	[0-3]	2.05	0.69	1.98	0.69
Member of National Assembly	[0-3]	2.00	0.67	2.01	0.69
Official of gov agency	[0-3]	1.99	0.72	2.01	0.71
Political party official	[0-3]	2.13	0.68	1.92	0.66
Traditional leader	[0-3]	2.31	0.65	2.23	0.66
Religious leader	[0-3]	2.40	0.64	2.27	0.63
Do residents communicate with gov officials via ...					
Text message	[0, 1]	0.02	0.13	0.02	0.13
Phone call	[0, 1]	0.19	0.39	0.19	0.39
Email	[0, 1]	0.01	0.08	0.00	0.05
Letter	[0, 1]	0.02	0.14	0.02	0.15
Petition	[0, 1]	0.02	0.14	0.02	0.12
Individual meeting	[0, 1]	0.15	0.35	0.12	0.32
Small group meeting	[0, 1]	0.25	0.43	0.21	0.41
Community meeting	[0, 1]	0.24	0.43	0.19	0.39
Radio	[0, 1]	0.03	0.16	0.05	0.22
TV programs or commercials	[0, 1]	0.01	0.09	0.01	0.11
Do residents communicate with <i>health</i> officials via ...					
Text message	[0, 1]	0.02	0.14	0.01	0.10
Phone call	[0, 1]	0.15	0.35	0.17	0.38
Email	[0, 1]	0.00	0.04	0.00	0.06
Letter	[0, 1]	0.02	0.15	0.01	0.09
Petition	[0, 1]	0.03	0.17	0.01	0.11
Individual meeting	[0, 1]	0.20	0.40	0.16	0.37
Small group meeting	[0, 1]	0.23	0.42	0.20	0.40
Community meeting	[0, 1]	0.18	0.38	0.19	0.39
Radio	[0, 1]	0.02	0.14	0.05	0.22
TV programs or commercials	[0, 1]	0.02	0.15	0.02	0.12
Do residents communicate with <i>education</i> officials via ...					
Text message	[0, 1]	0.02	0.14	0.01	0.08
Phone call	[0, 1]	0.14	0.35	0.16	0.37
Email	[0, 1]	0.00	0.06	0.00	0.06
Letter	[0, 1]	0.02	0.14	0.02	0.12
Petition	[0, 1]	0.02	0.15	0.01	0.11
Individual meeting	[0, 1]	0.16	0.36	0.12	0.32
Small group meeting	[0, 1]	0.26	0.44	0.27	0.44
Community meeting	[0, 1]	0.22	0.42	0.22	0.41
Radio	[0, 1]	0.02	0.15	0.05	0.22
TV programs or commercials	[0, 1]	0.01	0.11	0.01	0.10

Table 10: Commune Official Exposure to MSDs

Panel A

Question	MSD1			MSD3_6			MSD3_7		
	Did respondent attend any multi-stakeholder meetings in past year?			... attend any such meetings at which <i>education</i> issues were discussed?			... attend any such meetings at which <i>health</i> issues were discussed?		
	Control	Treatment	Total	Control	Treatment	Total	Control	Treatment	Total
Yes	45.65	54.35	50.00	28.57	44.00	36.96	19.05	52.00	36.96
No	50.00	45.65	47.83	71.43	56.00	63.04	80.95	48.00	63.04
Don't know / refused to answer	4.35	0.00	2.17						

Panel B

Question	PD9e_1			PD9e_2			PD9e_3			PD9e_4			PD9e_5		
	Attendance at MSD by actor with whom respondent most engages on development issues			... whom respondent 2nd most engages whom respondent 3rd most engages whom respondent 4th most engages whom respondent 5th most engages ...		
	C	T	Total	C	T	Total	C	T	Total	C	T	Total	C	T	Total
Yes	65.22	67.39	66.30	91.67	83.87	88.06	82.14	85.71	83.67	81.82	88.24	84.62	83.33	72.73	79.31
No	28.26	26.09	27.17	2.78	12.90	7.46	10.71	14.29	12.24	13.64	5.88	10.26	16.67	18.18	17.24
Don't know / refused to answer	6.52	6.52	6.52	5.56	3.23	4.48	7.14	-	4.08	4.55	5.88	5.13	-	9.09	3.45

Table 11: Commune Official Exposure to Committees

Question	CP14 Have you heard of the Cadres de Concertation (CDC) group in your commune?			CP15A Have you heard of the Comite de Veille Ciroyenee (CVC)?			HTH18 Have you heard of the Comité de Santé/Health Committee/ Comité de Gestion Santé (COSAN/COGES)?			CP1H_1 Have any Union of Health Professionals chapters formed in the last 12 months			CP1H_2 Have any Health Management Committees formed in the last 12 months		
	C	T	Total	C	T	Total	C	T	Total	C	T	Total	C	T	Total
	Yes	39.1	32.6	35.9	26.1	54.4	40.2	95.0	96.0	95.6	40.0	48.0	44.4	75.0	72.0
No	58.7	60.9	59.8	69.6	41.3	55.4	5.0	-	2.2	60.0	52.0	55.6	25.0	28.0	26.7
Don't know / refused to answer	2.2	6.5	4.4	4.3	4.4	4.4	-	4.0	2.2						

Question	CP1E_1 Have any Parent Associations formed in the last 12 months			CP1E_2 Have any School Management Committees formed in the last 12 months			CP1E_3 Have any Union of Education Professionals chapters formed in the last 12 months			CP1E_4 Have any Union of Nigerien Schools chapters formed in the last 12 months		
	C	T	Total	C	T	Total	C	T	Total	C	T	Total
	Yes	73.1	85.7	78.7	76.9	85.7	80.9	15.4	28.6	21.3	38.5	38.1
No	26.9	14.3	21.3	23.1	14.3	19.2	84.6	71.4	78.7	61.5	61.9	61.7
Don't know / refused to answer												

Table 12: Outcomes from Commune Official Survey

Hypothesis	H1		H2		H3	
	(1)	(2)	(3)	(4)	(5)	(6)
Treatment	-0.825 (0.0120) [0.0260]	-1.107 (0.0180) [0.0310]	-0.128 (0.677) [0.727]	-0.194 (0.496) [0.681]	0.0403 (0.897) [0.896]	0.0420 (0.898) [0.890]
Baseline outcome		-0.516 (0.0559)		-0.299 (0.189)		0.180 (0.312)
Observations	42	31	42	36	45	44

P-values from randomization inference in brackets; p-values from least squares regressions with commune-level clustering in parentheses. All data at commune level, aggregated from official sample. All estimates include fixed effects for randomization strata.

Table 13: Citizens' Awareness and Attendance at MSDs

	Q60: Were you aware that a multi-stakeholder dialogue was held in your commune?	Q61A: Did you hear about the multi-stakeholder dialogue through a media source?	Q62: Did people in your community discuss the outcomes of the MSD with each other	Q63A: Did you or someone you know attend the MSD?	Q63B: Who?: I attended myself	Q63B: Who?: Member of my family
	(1)	(2)	(3)	(4)	(5)	(6)
Control	0.175	0.557	0.741	0.578	0.354	0.333
Treatment	0.194	0.491	0.720	0.433	0.422	0.244
P-value T = C	0.586	0.407	0.783	0.0231	0.575	0.376
Observations	1085	198	181	187	93	93

Table 14: Outcomes from Household Survey

Hypothesis	H4				H5	H6		H8				
	Full	4.1	4.2	4.3	Full	Full	6.1 - 6.3	Full	8.1	8.2	8.3	8.4
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Treatment	0.158 (0.599) [0.627]	-0.245 (0.330) [0.344]	0.585 (0.0568) [0.0470]	-0.199 (0.517) [0.504]	0.00673 (0.981) [0.981]	-0.0722 (0.823) [0.838]	-0.276 (0.419) [0.421]	-0.581 (0.0515) [0.0900]	-0.0769 (0.385) [0.425]	-0.0846 (0.291) [0.367]	-0.110 (0.159) [0.221]	-0.0200 (0.837) [0.870]
Baseline outcomes	0.0355 (0.910)	0.724 (0.108)	-0.221 (0.581)	-1.563 (0.000170)	0.793 (0.00592)	0.612 (0.0440)	0.151 (0.761)	-0.105 (0.785)				
Observations	46	46	46	46	46	46	46	46	46	46	46	46

P-values from randomization inference in brackets; p-values from least squares regressions with commune-level clustering in parentheses.

All data at commune level, aggregated from household sample.

All estimates include fixed effects for randomization strata.

Table 15: Outcomes from Citizen Engagement via Hotline

Engagement via Citizen Priorities Mobile Hotline	Control		Treatment		T-C Diff.	P-Value
	N	Mean	N	Mean		
All Participants	630	0.092	712	0.074	-0.018	0.245
Literate Participants	177	0.158	217	0.092	-0.066	0.007
Illiterate Participants	453	0.066	495	0.067	0.000	0.639
Phone Owner Participants	475	0.051	355	0.038	-0.013	0.380
Non-Phone Owner Participants	271	0.148	234	0.150	0.002	0.951

Note: This table reports the results of participants' engagement with Commune representatives via a mobile phone hotline we provided at the end of the study. To analyze sub-group effects, we provided a different hotline number to participants depending on whether they were literate/illiterate and phone owners/non-phone owners. The mean results report the sum of SMS and calls divided by total participants. P-values are reported from a two-tailed t-test with unequal variance. We do not have precise data on which participants contacted the hotline. In this analysis, we assume no participant contacted the hotline more than once and either via SMS or via a phone call.

Table 16: Exploratory Analysis of Perceptions of Education and Health Issues

	(1)	(2)	(3)	(4)	(5)	(6)
	In your opinion, what is the most important problem facing this country that government should address?		Thinking of this problem, in your opinion, how well or badly would you say the current government is handling this problem?		How well or badly would you say your local government is handling maintaining schools?	Local government maintaining schools = "Very Badly"
	= Education	= Health	Problem = Education	Problem = Health		
Treatment	0.0114 (0.482) [0.513]	-0.00104 (0.955) [0.959]	0.00508 (0.976) [0.974]	0.209 (0.286) [0.269]	0.0977 (0.600) [0.579]	-0.0414 (0.471) [0.476]
Observations	46	46	42	46	46	46

P-values from randomization inference in brackets; p-values from least squares regressions with commune-level clustering in parentheses.

All data at commune level, aggregated from household sample.

All estimates include fixed effects for randomization strata.

Table 17: Hypothesis 1 Treatment Effects by Outcome

Variable	Observations	Treatment effect	p-value
How good is your mayor at carrying out his duties?	41	0.0421	(0.767)
Expected attendance of 5 key actors at development meeting	39	-0.338	(0.345)
Count of sector-specific development actors with whom engage/ coordinate	45	-0.489	(0.283)
Average frequency of engagement with these actors	43	-0.0328	(0.804)
Combined count & frequency	43	-1.697	(0.209)
How recently did last engage with these actors	40	-0.119	(0.991)
Combined count & recency	40	-315.4	(0.249)

Table 18: Hypothesis 2 Treatment Effects by Outcome

Variable	Observations	Treatment effect	p-value
How frequently does the <i>mayor</i> interface with residents?	44	0.0815	(0.708)
... <i>customary authority</i> ...	44	0.257	(0.127)
... <i>commune council</i> ...	43	-0.296	(0.211)
How often do residents communicate with you?	43	-0.0252	(0.885)
How often do you communicate with residents?	44	0.178	(0.360)
Count of up to 5 most important actors for development policy / programs	45	-0.344	(0.485)
Average frequency of interaction with these actors	40	-0.00149	(0.990)
Combined count & recency	40	-0.463	(0.838)
How recently did last engage with these actors	38	13.67	(0.451)
Combined count & recency	38	-36.35	(0.930)

Table 19: Hypothesis 4 Treatment Effects by Outcome

Variable	Observations	Treatment effect	p-value
Legitimacy of taxes	1157	0.0193	(0.858)
Legitimacy of courts	1197	-0.107	(0.247)
Legitimacy of police	1225	-0.0702	(0.289)
Legitimacy of tax authorities	1225	-0.0983	(0.287)
Does news media abuse its freedoms by printing or saying things it knows are not true?	873	0.128	(0.106)
Does competition between political parties lead to violent conflict?	990	0.202*	(0.013)
Does the President ignore the courts and laws of this country?	810	0.147	(0.068)
Are opposition parties or their supporters silenced by the government?	837	0.157	(0.086)
Does the President ignore the National Assembly and just do what he wants?	798	0.106	(0.246)
Trust in ...			
President	954	-0.0417	(0.549)
National Assembly	834	-0.00590	(0.934)
INEC	824	0.0271	(0.714)
National Tax Authority	888	-0.0575	(0.465)
Local Government Council	863	-0.0750	(0.224)
Ruling Party (PNDS)	744	-0.0428	(0.540)
Opposition Parties	790	-0.0250	(0.765)
The Police	1126	-0.00508	(0.925)
The Army	1173	-0.0574	(0.248)
Courts of Law	1057	-0.0327	(0.656)
Traditional Leaders	1164	-0.0103	(0.838)
Religious Leaders	1206	0.0213	(0.502)
Your State Governor	995	0.0272	(0.676)

Table 20: Hypothesis 5 Treatment Effects by Outcome

Variable	Observations	Treatment effect	p-value
Do political leaders serve the people	1200	-0.00969	(0.924)
Members of National Assembly listen to the people	493	0.0694	(0.309)
Local Government Councillors listen to the people	580	-0.00791	(0.898)
How responsive is local government for ...			
... economic needs?	1088	0.0562	(0.443)
... public services, such as healthcare and education?	1122	0.142	(0.084)
... security services?	1116	0.0320	(0.663)
How well has local government done at ...			
... maintaining local roads	1262	0.0246	(0.764)
... maintaining schools	1230	0.0420	(0.680)

Table 21: Hypothesis 6 Treatment Effects by Outcome

Variable	Observations	Treatment effect	p-value
In this country, how free are you to say what you think?	1252	-0.102	(0.321)
... to join any political organization?	1220	-0.125	(0.241)
... to choose who to vote for?	1235	-0.147	(0.100)
How much of a democracy is Niger today?	1108	-0.0445	(0.600)
Overall, how satisfied are you with the way democracy works in Niger?	1120	0.0819	(0.483)
How well do elections ...			
... ensure National Assembly members reflect views of the voters	613	-0.0112	(0.883)
... enable voters to remove leaders	620	-0.109	(0.251)