

The role of citizen-based monitoring practices in improving public service delivery in Africa: A review

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Abstract: This study reviews Citizen-Based Monitoring (CBM) as a participatory accountability mechanism through which communities monitor, evaluate, and influence government performance in Africa. It examines how CBM enhances public service delivery across key sectors. Guided by the PRISMA-ScR framework and a Population–Concept–Context approach, the scoping review systematically searched eight academic databases (Scopus, Web of Science, PubMed, Embase, Africa-Wide, CINAHL, PsycINFO, AJOL) and grey literature sources covering 2000–2025. Eligible studies reported empirical CBM initiatives directly involving citizens in monitoring public services or policies. CBM is most advanced in the health sector, particularly HIV, tuberculosis, and malaria programs, while applications in education, water, sanitation, and local governance are emerging. Common mechanisms include community scorecards, social audits, citizen report cards, and digital tools such as SMS and mobile platforms. CBM enhances accountability, responsiveness, and citizen trust when supported by strong institutional ownership and civil society–government collaboration. To sustain impact, CBM must be institutionalized within formal governance systems, supported by stable financing, inclusive design, and mechanisms that close feedback loops to ensure citizen evidence informs policy and service delivery decisions.

Keywords: *Accountability, Africa, Citizen-based monitoring, Community-led monitoring, Governance, Participatory monitoring, Public service delivery.*

1. Background and Introduction

Public service delivery in Africa continues to face persistent challenges, including limited state capacity, uneven resource distribution, weak accountability mechanisms, and deep socio-economic inequalities. These systemic constraints often result in inefficiencies, service gaps, and citizen dissatisfaction with government performance. In this context, innovative participatory approaches such as Citizen-Based Monitoring (CBM), also referred to as Community-Led Monitoring (CLM), have gained traction as mechanisms for improving accountability, transparency, and responsiveness in public service delivery. CBM enables citizens to generate evidence based on lived experiences of accessing services, thereby positioning communities not only as beneficiaries but also as active participants in monitoring and governance.

The relevance of CBM to public service delivery is increasingly evident in the health sector, where initiatives have focused on HIV, tuberculosis, malaria, and broader health systems strengthening. Lauer et al. [1] demonstrate how community-led monitoring in Malawi and South Africa embedded program learning and shifted the dynamics of citizen engagement with service providers. Similarly, Makoni et al. [2] emphasize how community-led monitoring in Zimbabwe foregrounds citizen voices in health system reforms, while Tshuma et al. [3] highlight its transformative impact in South Africa by creating feedback loops that drive accountability. Toolkits and technical guides from the Global Fund [4], UNAIDS [5], ITPC [6] and FHI 360 [7] further illustrate how CBM has become institutionalized in

the health sector, supported by frameworks that help communities generate, validate, and use data to demand improvements in service delivery.

Beyond health, CBM practices have also been applied in education, water, sanitation, and environmental governance sectors closely tied to citizen well-being. For example, Herschan et al. [8] demonstrate how citizen science expanded the reach of sanitary inspections, while Asingizwe et al. [9] applied a community-driven framework to malaria prevention in Rwanda, demonstrating how participatory monitoring can be integrated with national strategies. In Zimbabwe, Chingombe et al. [10] employed participatory GIS data collection for flood risk management, highlighting CBM's relevance in disaster preparedness. Likewise, Goldin et al. [11] document groundwater monitoring in South Africa's Hout Catchment, illustrating CBM's potential for sustainable water management, and Hulbert [12] reviews the wider range of citizen science tools available for ecological research. These examples highlight CBM's adaptability across multiple sectors of public service delivery, beyond health, where community voices and local knowledge are essential for tailoring interventions to local realities.

Despite these advances, the effectiveness of CBM in improving service delivery remains uneven. Evidence suggests that CBM can enhance accountability, responsiveness, and citizen trust when it is accompanied by strong institutional ownership, policy support, and CSO-government partnerships [13, 14]. However, barriers such as donor dependency, weak feedback loops, declining volunteerism, limited sustainability, political resistance, and digital exclusion undermine long-term impact [6, 15]. Experimental evidence from Uganda demonstrated that community-based scorecards significantly improved health outcomes and accountability [16], though replication across other African settings has been inconsistent. Insights from India further indicate that CBM's success as an accountability tool depends on how well it is institutionalized within governance structures rather than implemented as a stand-alone initiative [17].

Given its growing application across Africa, CBM is increasingly being promoted in global governance discourse as a pathway to improved service delivery and social accountability. The International AIDS Society (IAS) [18] and the Global Fund [4] now actively encourage governments and civil society to integrate CBM into funding proposals and national program frameworks, reflecting its institutionalization at the policy level. Yet, despite this growing recognition, the evidence base in Africa remains fragmented across academic studies, program evaluations, NGO reports, and international donor documentation. This fragmentation limits our ability to synthesize lessons on how CBM contributes to public service delivery, what tools and approaches are most effective, and under which conditions CBM is most sustainable.

This scoping review addresses these gaps by systematically mapping the evidence on CBM practices in improving public service delivery across Africa. Specifically, it examines how CBM has been conceptualized and operationalized, the tools and methods used, the outcomes reported, and the enablers and barriers shaping its effectiveness. By applying the PRISMA-ScR framework and a Population–Concept–Context (PCC) approach, the review provides a continent-wide synthesis that identifies sectoral trends, equity considerations, and evidence gaps. The remainder of this paper is structured as follows: the *Methods* section outlines the scoping review design and procedures; the *Findings* section presents descriptive and thematic results; the *Discussion* situates these results within broader debates on participatory governance and service delivery; and the *Conclusion* highlights key policy implications and areas for future research.

2. Methods

This scoping review was designed to explore the nature and scope of CBM practices in Africa, with a specific focus on their role in improving public service delivery. Two guiding review questions were formulated at the outset.

- *How have CBM approaches been applied in Africa to improve public service delivery?*
- *How have CBM initiatives in Africa been evaluated in terms of their processes and impacts?*

The methodological framework underpinning the review was based on the five-stage approach to scoping reviews outlined by Arksey and O'malley [19] and subsequently refined by Levac et al. [20]. This framework is widely recognized for enabling systematic mapping of broad and heterogeneous bodies of literature, making it particularly suitable for the study of CBM practices, which cut across multiple disciplines, sectors, and publication types.

The stages involved in the review process included: identifying the research question, identifying relevant studies, study selection, charting the data, and collating, summarizing, and reporting the results. Each stage was undertaken iteratively, with the research team refining definitions and inclusion criteria as familiarity with the evidence base developed. The application of this structured framework provided methodological rigor and ensured transparency in the identification and synthesis of relevant studies.

In line with best practices, the review protocol was prospectively registered with the Joanna Briggs Institute (JBI) database of systematic reviews to promote accountability and reduce the risk of bias [21]. Reporting of the study follows the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) guidance [22]. A completed PRISMA-ScR checklist is provided in Supplementary File 1, ensuring adherence to established standards of scoping review conduct and reporting.

Figure 1 illustrates the methodological framework applied in the review, outlining the five stages of the Arksey and O'Malley approach as adapted for the present study (adapted from Arksey and O'malley [19] and Levac et al. [20]).

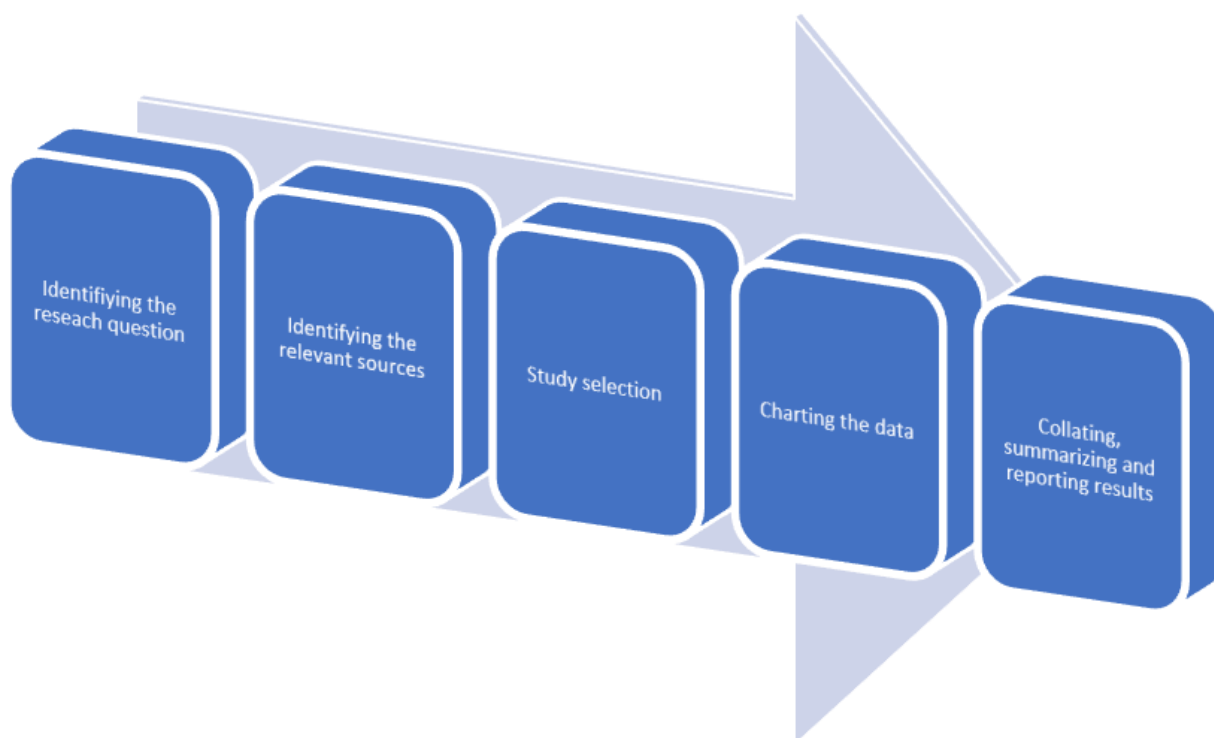


Figure 1.
The five-stage methodological framework guiding the scoping review.
Source: Arksey and O'malley [19] and Levac et al. [20].

2.1. Search Strategy

The search strategy was developed in consultation with a research librarian to maximize both sensitivity and specificity in identifying relevant studies. A comprehensive search was conducted across eight major electronic databases: Scopus, Web of Science, PubMed, Embase, Africa-Wide Information, CINAHL, PsycINFO, and the African Journals Online (AJOL). The searches covered the period from January 2000 to March 2025, reflecting the increasing prominence of CBM and related accountability practices in governance and development discourse during the past two decades.

Search terms were designed to capture both the conceptual framing of citizen monitoring and the specific public service domains where such practices are most frequently applied. Core terms included “*citizen-based monitoring*”, “*community-led monitoring*”, “*social accountability*”, and “*citizen science*”. These were combined using Boolean operators with service-delivery-related terms such as “*health*”, “*education*”, “*water*”, “*sanitation*”, “*local governance*”, and “*public service delivery*”. The full search syntax adapted for each database is provided in Supplementary File 2.

To complement peer-reviewed literature, grey literature sources were also systematically reviewed. These included government policy documents, donor reports from organizations such as the Global Fund, World Bank, and UNDP, as well as publications by civil society organizations engaged in accountability and service-delivery initiatives. Reference lists of included studies were hand-searched to capture additional relevant publications. Furthermore, key experts and practitioners in the field of citizen-led accountability were contacted through established academic networks, professional listservs, and social accountability forums to identify unpublished reports, working papers, and ongoing projects.

2.2. Study Selection

The study selection process was guided by a systematic and transparent approach to ensure both methodological rigor and replicability. The inclusion and exclusion of studies followed a two-stage process: an initial screening of titles and abstracts, followed by a full-text review. This dual-layered process was necessary to manage the breadth of available literature while focusing the analysis on studies that directly addressed the core research questions of this investigation. The screening procedures adhered to internationally recognized protocols for systematic and scoping reviews, drawing on elements of the PRISMA 2020 Statement and the Joanna Briggs Institute (JBI) methodology for evidence synthesis.

At the initial stage, all records retrieved from academic databases and grey literature sources were imported into a reference management system, where duplicates were automatically removed. Titles and abstracts were then screened to assess alignment with the study’s scope. At this stage, the main inclusion criteria centered on: (1) publication date (limited to studies published between 2010 and 2025 to capture contemporary debates); (2) geographical relevance (with a primary focus on Sub-Saharan Africa and secondary inclusion of global perspectives where theoretical or methodological contributions were significant); (3) thematic relevance (studies explicitly engaging with programme evaluation, citizen-based monitoring, digital evaluation practices, or public sector governance); and (4) methodological transparency (studies that outlined their research design and analytical framework). Exclusion criteria included conference abstracts without full papers, purely opinion-based commentaries lacking empirical grounding, and studies outside the scope of governance and evaluation.

2.3. Article Screening

All search records retrieved from databases and grey literature sources were imported into Covidence for systematic management, including automatic de-duplication. The screening process was conducted in two distinct phases to ensure rigor and transparency. In the first phase, titles and abstracts were independently screened by two reviewers against the inclusion and exclusion criteria. This step was designed to filter out clearly irrelevant studies while retaining potentially eligible articles for full-text review.

In the second phase, full-text articles of all shortlisted studies were retrieved and assessed independently by two reviewers. Each reviewer applied the predefined inclusion criteria to determine the relevance of the study to the review questions. Any discrepancies or disagreements between the two reviewers were discussed and, when necessary, resolved by consultation with a third reviewer. This process minimized bias and ensured that final study selection was based on consensus.

The overall flow of records through the selection process, including the numbers of articles identified, screened, excluded, and retained for inclusion, is presented in Figure 2, a PRISMA-ScR flow diagram. This figure provides a visual summary of the review's transparency and methodological robustness.

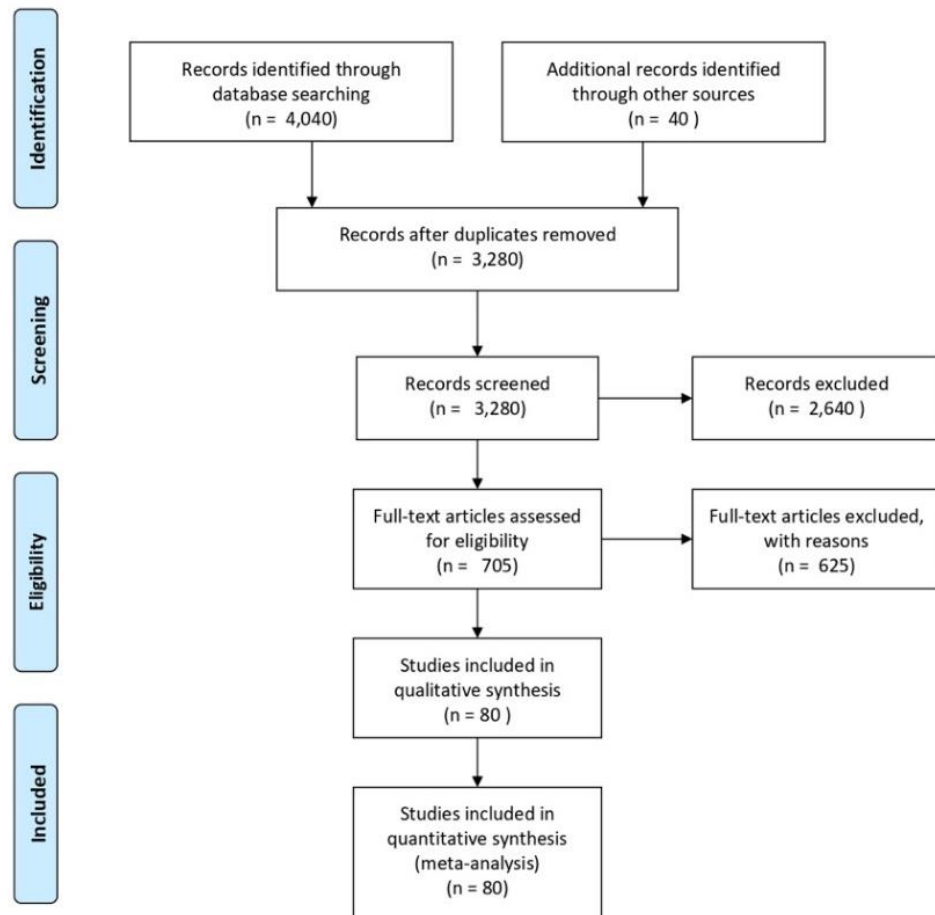


Figure 2.
PRISMA-ScR flow diagram of the study selection process.

2.4. Data Extraction

A structured data extraction template was developed in Excel to ensure consistency and completeness in capturing information from all included studies (see Supplementary File 3). The template was iteratively refined by the research team during pilot testing on a small subset of studies before being applied to the full dataset. Data were extracted on the following domains: (1) bibliographic details (author, year, country of study, and type of publication); (2) study characteristics (research design, service sector focus, scale of intervention, and duration); (3) research aims and objectives; (4) characteristics of participants (types of citizens or communities engaged, demographic or social group

representation); (5) methods and processes of CBM (tools used, recruitment strategies, monitoring mechanisms, and whether approaches were contributory, collaborative, co-created, or citizen-led); and (6) forms of stakeholder engagement (interactions with government agencies, service providers, donors, and civil society).

In addition, where available, we extracted information on how CBM initiatives were evaluated, including the aims of evaluations, methods applied (e.g., surveys, interviews, participatory assessments, randomized field trials), and reported results. Particular attention was given to documenting outcomes related to accountability, service delivery improvements, and citizen empowerment, as these reflect the core aims of CBM. Data extraction was performed by one reviewer, who systematically recorded findings into the template. To ensure reliability and minimize bias, the extracted data were regularly reviewed and validated through consultation with the broader research team. Any uncertainties or discrepancies were discussed collectively until agreement was reached, ensuring rigor in the compilation of evidence.

3. Results

3.1. Overview of Included Studies

A total of 80 sources were included in this review, spanning randomized and quasi-experimental trials, mixed-methods and qualitative evaluations, systematic reviews, and policy/practice toolkits. Figure 3 illustrates key study characteristics: (A) proportion of articles reporting on CBM projects, evaluations, or both; (B) frequency of publications over time, highlighting growth after 2015; (C) distribution across African regions; and (D) service domains, with health dominating but notable contributions from education, environment, and water governance. Publication activity peaked between 2020–2024, reflecting both the institutionalization of CLM within national HIV/TB/malaria programs and its rapid adaptation during COVID-19 disruptions.

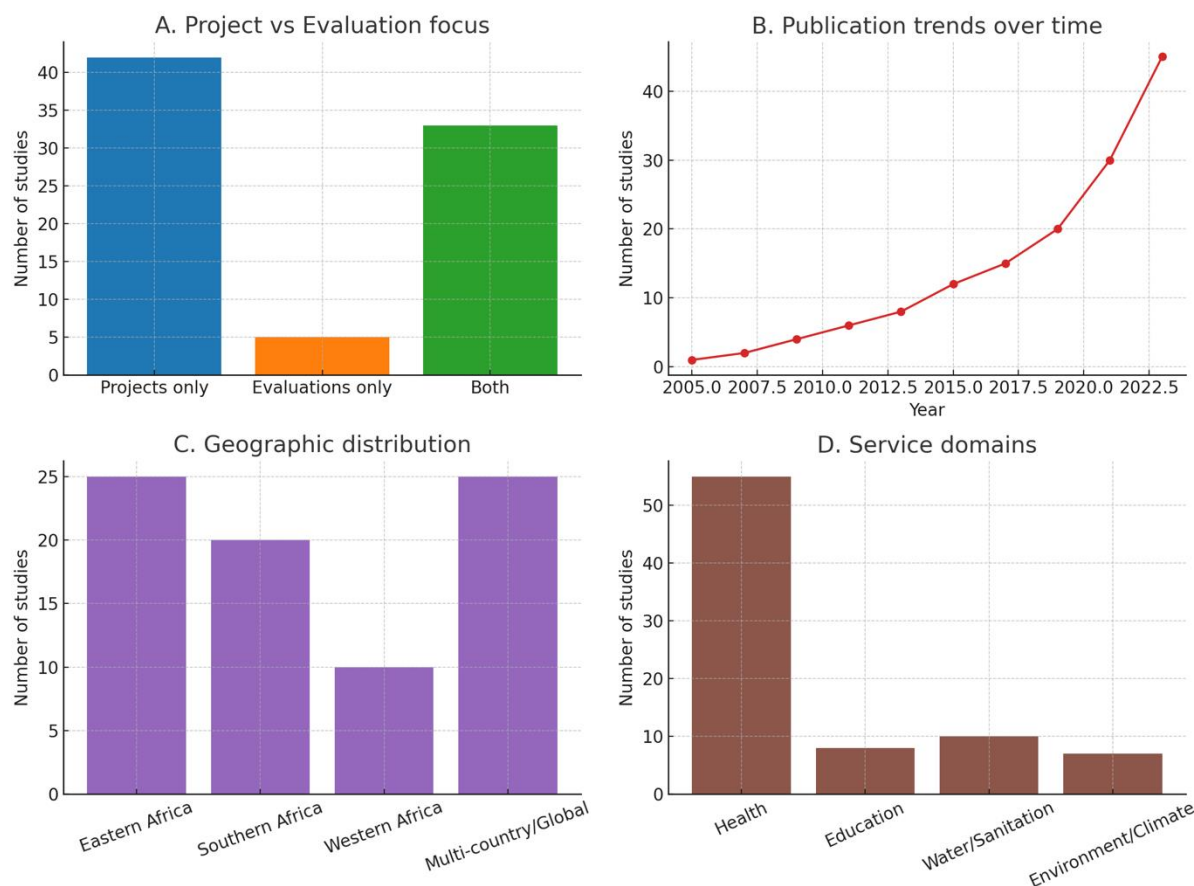


Figure 3.
Key characteristics of included studies.

The majority of studies were concentrated in Eastern and Southern Africa, notably Uganda, Ghana, Malawi, Zimbabwe, South Africa, Ethiopia, Rwanda, Kenya, Sierra Leone, and Liberia, though multi-country syntheses and global reviews also informed the analysis. Across these contexts, citizen-based monitoring has been applied not only in health (especially HIV, TB, malaria, maternal and child health, and primary care) but also in education (school accountability), water and sanitation (groundwater and sanitary inspections), disaster risk management, and environmental governance (forest, commons, and biodiversity monitoring). Tools and mechanisms included community scorecards, report cards, social audits, grievance channels, digital platforms (SMS apps, dashboards, OneImpact), and hybrid citizen-scientist models. Levels of involvement varied from data collection roles to co-created problem-solving and advocacy.

Evidence on outcomes demonstrates that CBM most consistently improves responsiveness (e.g., reducing stock-outs, improving staff accountability, addressing user concerns), and can increase service utilization and quality of care where robust feedback loops and institutional uptake exist. Success was greatest when community evidence fed directly into planning and supervision, and when strong partnerships linked civil society with ministries and frontline providers. However, sustainability challenges, including volunteer fatigue, resource dependency, political resistance, and digital exclusion, remain significant. Equity-focused initiatives involving key and vulnerable populations show early promise in amplifying community voice and empowerment, but enduring impact depends on systematic closing of feedback loops and long-term institutional commitment.

3.2. Approaches and Mechanisms of Community-Based Monitoring (CBM)

The studies included in this review demonstrated a wide diversity of approaches to community-based monitoring, reflecting variations in sectoral priorities, resource availability, and political context. As illustrated in Figure 4, health and governance dominated the focus of CBM initiatives, though significant contributions were also observed in environmental monitoring, education, and water governance. These initiatives could be broadly grouped into four interrelated modalities: community scorecards and report cards, participatory data collection and citizen science, social audits and accountability forums, and, more recently, digital and hybrid platforms. Figure 5 provides a schematic overview of these mechanisms, capturing their frequency and functional emphasis across the reviewed literature.

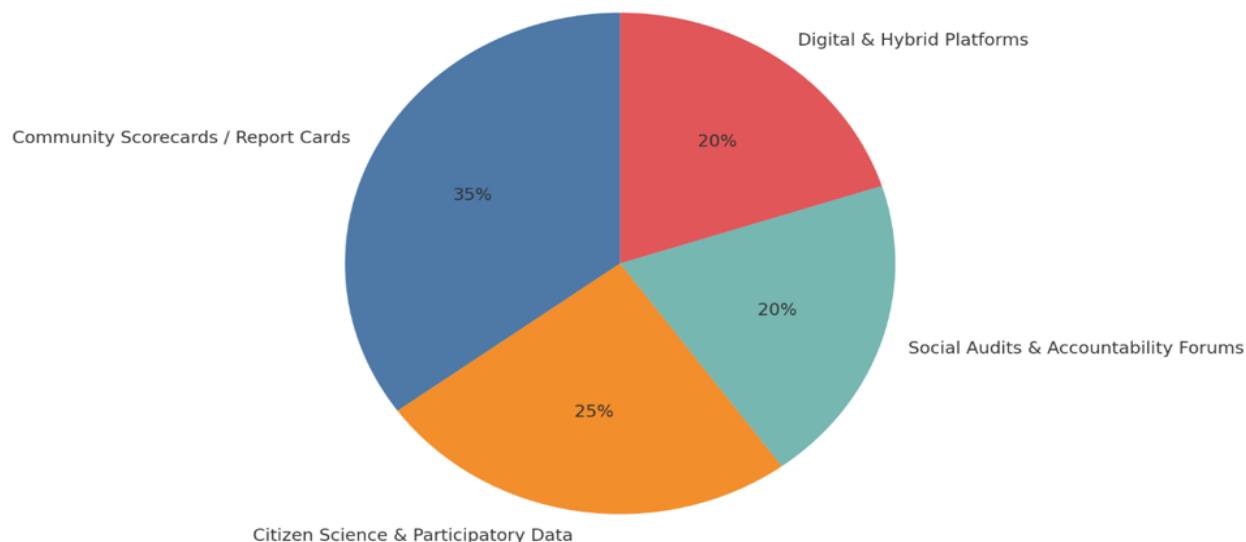


Figure 4.
Approaches and Mechanisms of CBM Across Included Studies.

Participatory data collection and citizen science models are prominently featured in environmental management and public health [8, 9, 11, 23]. These models relied on community members to generate data on malaria control, groundwater quality, sanitation, and biodiversity, often blending indigenous knowledge with scientific methods. Such initiatives not only enhanced local ownership but also increased the credibility of evidence for policymakers. In countries like Rwanda and South Africa, citizen scientists became integral to early warning systems and monitoring structures, demonstrating the scalability of this approach in contexts of resource constraints.

Social audits and accountability forums [16, 17, 24] provided structured opportunities for citizens to scrutinize records, commitments, and performance data in public meetings with duty-bearers. Rigorous evaluations in Uganda and India confirmed their effectiveness in improving health outcomes and reducing absenteeism among frontline providers. However, long-term sustainability frequently hinged on ongoing facilitation and support.

In parallel, digital and hybrid platforms such as Ritshidze and OneImpact [6, 25] marked a new phase of CBM, leveraging mobile apps, SMS systems, and online dashboards to accelerate data collection and feedback loops. These tools proved especially critical during the COVID-19 pandemic, though persistent concerns remain around equitable access for marginalized groups.

3.3. Evaluation of CBM Processes and Impacts

The evaluation of CBM initiatives varied in scope and rigor, but most studies examined both process outcomes (e.g., participation, empowerment, accountability linkages) and impact outcomes (e.g., service quality, health, education, and environmental improvements). As shown in Figure 5, these two dimensions are interdependent, with effective processes often enabling measurable impacts. While randomized controlled trials provided robust causal evidence [16, 26, 27], many studies employed participatory or mixed-methods approaches [28, 29] and technical toolkits [6, 30] often emphasized practical monitoring outputs over formal evaluation.

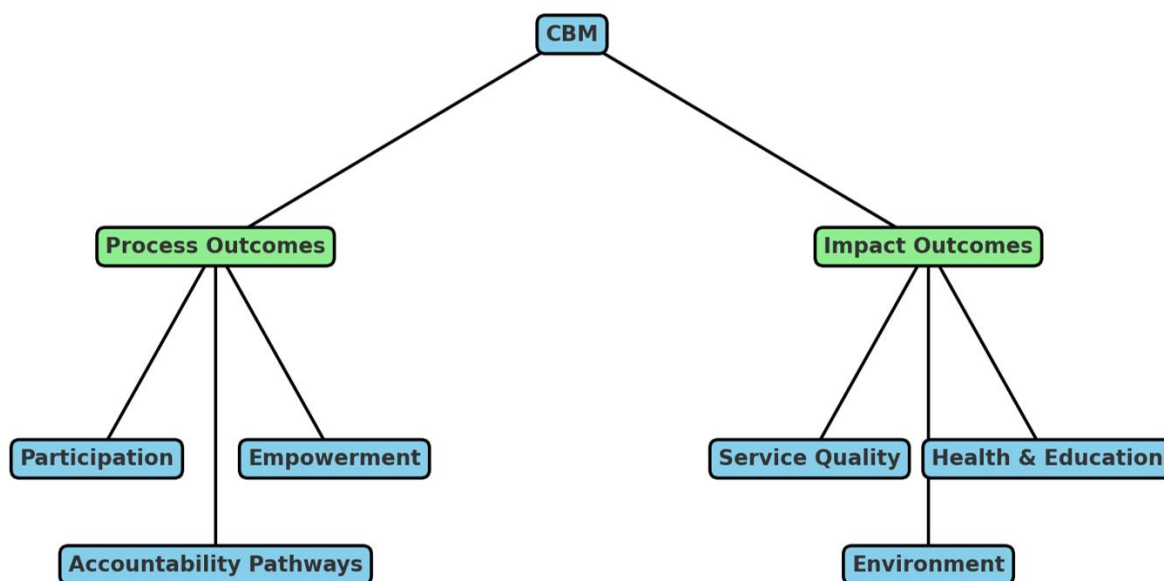


Figure 5.
Mapping of CBM Outcomes: Process vs. Impact.

Process evaluations consistently underscored CBM's role in amplifying community voice and building accountability pathways. In Malawi, Ghana, and the Democratic Republic of Congo, scorecard initiatives enhanced trust between communities and service providers, fostered responsiveness to citizen concerns, and created shared ownership of local health programs [31-33]. Similarly, participatory environmental monitoring initiatives [34-36] validated the importance of combining local knowledge with scientific methods, improving both data legitimacy and uptake in decision-making. Yet, sustaining these processes often depended on ongoing NGO facilitation and adequate follow-up, with some initiatives experiencing participation fatigue when action plans were not implemented.

Impact evaluations demonstrated that CBM can produce tangible improvements in health, education, and environmental outcomes. In Uganda, CBM interventions reduced provider absenteeism and improved child health [16, 24] while trials in Ghana and Ethiopia showed increased maternal and child health service utilization [28, 37, 38]. Environmental CBM, including community-led forest and water monitoring, strengthened compliance and resource management [39-41]. At the same time, digital platforms expanded reach and timeliness but introduced equity challenges [25, 42]. Taken together, the evidence suggests that CBM is most effective when integrated into wider accountability ecosystems that combine community evidence with institutional responsiveness, rather than operating as isolated projects.

3.4. Facilitators, Barriers, and Sustainability of CBM

The reviewed studies indicate that the effectiveness of CBM is strongly mediated by contextual enablers and institutional support. Facilitators included strong community organization, civil society facilitation, and integration of CBM into accountability frameworks (Table 1). For example, scorecard initiatives in Malawi, Ghana, and the Democratic Republic of Congo demonstrated that NGO facilitation and structured engagement with health providers fostered trust and responsiveness [31-33]. Similarly, environmental monitoring projects that drew on indigenous knowledge and linked local observations to national systems enhanced both legitimacy and policy uptake [23, 35]. These findings highlight how CBM flourishes when embedded in collaborative governance ecosystems.

Table 1.
Facilitators, Barriers, and Sustainability Factors in Community-Based Monitoring (CBM)

Dimension	Key Elements	Examples from Studies
Facilitators (highlight in green)	- Strong community organization and ownership - NGO/civil society facilitation - Integration into accountability frameworks - Use of indigenous knowledge and co-production of data - Partnerships with service providers	- Scorecard dialogues in Malawi, Ghana, and DRC improved trust [31-33] • Environmental CBM blending local and scientific knowledge increased legitimacy [23, 35]
Barriers (highlight in red)	- Political resistance and reluctance from providers - Volunteer fatigue and resource dependence - Digital exclusion and inequities - Weak escalation mechanisms for data use - Short-term, projectized design	- Reluctance to share information constrained accountability [29] • Declining participation without funding support [43, 44] • Mobile-based CLM excluded low-connectivity groups [25, 42]
Sustainability Factors (highlight in blue)	- Institutionalization in government frameworks - Stable financing and long-term policy integration - Co-design with communities and governments - Inclusivity across gender, socioeconomic, and digital divides - Capacity building and feedback loops	- Ethiopia maternal health accountability integrated in policy [28] • South Africa citizen-based monitoring pilots mainstreamed into governance [45] • Continuous co-design enhanced local ownership and durability [46]

Persistent barriers, however, constrained implementation and sustainability. Political resistance and reluctance from providers to disclose information limited accountability pathways in several settings [29]. Volunteer fatigue and dependence on external funding were recurring obstacles, with declining participation noted when institutional support waned [43, 44]. Emerging digital CBM platforms enabled faster data collection but introduced inequities through digital exclusion of marginalized groups lacking connectivity [25, 42]. In some cases, citizens generated robust data but lacked mechanisms to escalate findings, reducing CBM to monitoring without leverage for change [46, 47].

Sustainability was most threatened where CBM was treated as a time-limited project rather than a governance process. Conversely, initiatives institutionalized in policy frameworks such as Ethiopia's maternal health accountability programs are more likely to be sustainable and effective [28] and South Africa's citizen-based monitoring pilots [45] demonstrated greater continuity and long-term impact. As summarized in Table 1, sustainable CBM requires stable financing, institutional buy-in, inclusive design, and capacity building. Addressing systemic barriers while embedding CBM into formal monitoring and evaluation systems is essential to transform it from a temporary project tool into a durable accountability institution.

4. Discussion

CBM has emerged in Africa as a versatile mechanism for improving public service delivery, drawing on traditions of collective accountability while adapting to contemporary governance and development challenges. Across the reviewed studies, CBM approaches have been applied in multiple sectors, including health [27, 28, 37, 38], education [48, 49], environment and natural resource management [11, 23, 50], and governance reform [51, 52]. The diversity of applications reflects Africa's complex service delivery landscape, where weak state capacity, information asymmetries, and resource constraints necessitate participatory approaches that both empower citizens and enhance state

accountability. Health remains the most common sector for CBM experimentation, particularly through community scorecards, social audits, and digital platforms to improve maternal and child health, HIV, and TB services [13, 18, 31]. Environmental CBM initiatives, on the other hand, frequently employ citizen science and participatory monitoring frameworks to bridge scientific and indigenous knowledge systems [34, 53], particularly in climate adaptation, water management, and biodiversity conservation.

Evaluations of CBM in Africa demonstrate that processes are as significant as outcomes. Process-oriented findings consistently highlight CBM's role in amplifying citizen voice, strengthening local accountability pathways, and building trust between communities and service providers [32, 54, 55]. Studies in Ghana, Malawi, and the DRC confirmed that community scorecards improved communication and responsiveness [31] while digital monitoring mechanisms such as Ritshidze and OneImpact have enhanced data timeliness and feedback loops [25, 56]. Similar lessons emerged in community-led HIV and TB monitoring programs where grassroots data collection informed national implementation strategies [1, 57]. In Liberia and Benin, community forestry and deliberation platforms have advanced inclusivity and transparency [58, 59]. However, process evaluations also revealed limitations: political resistance to oversight, dependency on NGO facilitation, and volunteer fatigue, where long-term institutionalization was lacking [60, 61]. These findings reinforce that CBM is not merely a technical monitoring exercise but also a deeply political process that must negotiate power, incentives, and trust between citizens and institutions [62].

Impact evaluations, though fewer in number, provide robust evidence of CBM's contribution to service delivery outcomes. Randomized controlled trials in Uganda demonstrated reductions in provider absenteeism and improvements in child health outcomes [16, 26]. Similar cluster trials in Ghana and Ethiopia showed increased utilization of maternal and child health services and enhanced provider responsiveness [27, 37, 38]. In Indonesia and Tanzania, transparency and accountability interventions improved facility performance and trust in providers [63]. Recent evidence from Zimbabwe and South Africa highlights the transformative potential of community-led monitoring in HIV programs, demonstrating data-driven advocacy that reshaped service delivery models [2, 3]. In environmental governance, citizen scientists contributed to real-time monitoring of forest resources, biodiversity, and water systems, promoting adaptive management [11, 34, 53]. Yet the evidence base remains uneven: while health sector studies provide strong causal links, environmental and governance applications often rely on participatory case studies, limiting cross-sector comparability.

A key insight emerging from African CBM initiatives is that sustainability and systemic impact depend on integration into wider accountability ecosystems. When CBM is institutionalized in policy frameworks as in Ethiopia's maternal health accountability structures or South Africa's citizen-based monitoring pilots, durability and scalability improve substantially [37, 51, 64]. By contrast, donor-driven pilots without government buy-in frequently lose momentum once external funding ends [61, 65]. This pattern echoes findings from multi-country reviews, showing that institutionalization, inclusivity, and predictable financing are core conditions for long-term impact [66, 67]. Furthermore, digital CBM platforms such as those led by ITPC and UNAIDS have expanded reach but risk deepening inequalities where digital access is limited [5, 56]. Addressing such divides requires hybrid engagement models that combine online tools with community dialogues and offline forums, ensuring inclusivity across gender, socioeconomic, and spatial lines [68].

Taken together, the reviewed evidence suggests that CBM in Africa has demonstrated measurable contributions to improving public service delivery while also confronting enduring political and structural barriers. The most effective initiatives integrate citizen-generated data into institutional accountability loops, supported by enabling policies, strong civil society engagement, and multi-level partnerships [52, 66, 69]. Evaluations highlight both short-term improvements in service responsiveness and long-term empowerment gains, though systemic governance transformation remains uneven. Answering the two central review questions, it is clear that CBM has been applied across multiple sectors in Africa, with health and environment leading innovation, and that its processes and impacts have been evaluated through diverse methodological approaches, from randomized trials to

participatory action research [39, 40]. Future research should prioritize cross-sectoral comparison, longitudinal analysis of sustainability, and equity-focused studies exploring how CBM can be scaled within African governance systems without reproducing existing exclusions. Building such evidence will be essential to institutionalize CBM as a durable pillar of participatory governance and social accountability on the continent.

5. Limitations

This review has several limitations that should be acknowledged. First, the conceptual diversity of community-based monitoring (CBM) and related approaches (e.g., community-led monitoring, social accountability, citizen science) necessitated a pragmatic focus on studies that explicitly identified their approach as CBM or closely aligned terminology. As a result, initiatives that incorporated participatory monitoring principles but did not label themselves as CBM may have been excluded. Second, although multiple academic databases and gray literature sources were searched, variability in the level of detail provided, particularly in technical reports, restricted the depth of data extraction in some cases. Third, the heterogeneity of study designs and evaluation methods, ranging from randomized controlled trials to descriptive case studies, limited the comparability of findings and precluded quantitative synthesis. Finally, the restriction to English-language publications may have led to the omission of relevant evidence from francophone and lusophone African contexts where CBM has also been implemented. These limitations suggest that future syntheses should adopt broader inclusion criteria, more systematic gray literature coverage, and multilingual strategies to capture the full diversity of CBM practice in Africa.

6. Conclusion

CBM has emerged across Africa as a versatile mechanism for strengthening accountability and enhancing the responsiveness of public service delivery systems. Evidence from health, education, environmental management, and natural resource governance demonstrates that CBM can improve the quality, accessibility, and equity of services when effectively institutionalized. Approaches such as community scorecards, participatory data collection, social audits, and digital platforms have shown the potential to empower citizens, generate credible evidence, and open channels of dialogue with authorities. Importantly, CBM has been most impactful where it is embedded within supportive institutional frameworks, integrated into government accountability mechanisms, and supported by strong community and civil society mobilization.

At the same time, the review highlights persistent barriers and sustainability challenges. Many CBM initiatives remain dependent on external facilitation and donor support, with risks of volunteer fatigue and political resistance undermining continuity. The emergence of digital platforms has expanded the reach of CBM, particularly during the COVID-19 pandemic, but has also raised concerns about digital exclusion among marginalized populations. Evaluation evidence demonstrates that while CBM consistently strengthens participation and voice, its long-term systemic impacts such as policy reforms or governance transformation, are less consistently realized.

Overall, CBM represents a promising but not self-sustaining approach to improving service delivery in Africa. Its future lies in stronger institutionalization, stable financing, and inclusivity strategies that bridge gender, socioeconomic, and digital divides. Policymakers and development partners should prioritize embedding CBM into formal monitoring and evaluation systems, ensuring that citizen-generated evidence directly informs decision-making processes. By doing so, CBM can evolve from a project-based activity into a durable accountability institution capable of driving more equitable and sustainable development outcomes.

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Institutional Review Board Statement:

Ethical approval was not required for this study as it did not involve the collection of primary data or direct human participation. The review relied exclusively on secondary, publicly available literature and documents. All procedures were conducted in accordance with the ethical research standards of the University of Johannesburg.

Transparency:

The author confirms that the manuscript is an honest, accurate, and transparent account of the study; that no vital features of the study have been omitted; and that any discrepancies from the study as planned have been explained. This study followed all ethical practices during writing.

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