



Social Accountability in Health: Perspectives from Institutional Actors

May 16, 2019



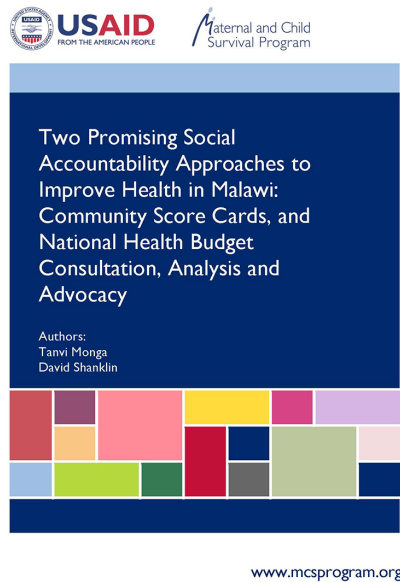
Webinar Welcome – Social Accountability in Health



Melanie Morrow

Community Health and Civil Society Engagement
Team Lead,
Maternal and Child Survival Program (MCSP)

Selected MCSP Resources on Social Accountability



- Social Accountability Resources and Tools [Link](#)
- Two Promising Social Accountability Approaches to Improve Health in Malawi: Community Score Cards and National Health Budget Consultation [Link](#)
- Roundtable on Social Accountability in Malawi, Sept 2018: Report and Suggestions Moving Forward [Link](#)

<https://www.mcsprogram.org/resources/>

Speakers



Eric Sarriot

Sr. Health Systems
Advisor, Save the
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Co-Chair, CORE
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for Health WG



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Ligia Paina

Assistant
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A Brief Overview of the Current Landscape of Social Accountability



Eric Sarriot

Senior Health Systems Advisor, Save the Children;
Co-Chair, CORE Group Systems for Health
Working Group

“Promising Approaches in Social Accountability in Malawi”

Support for implementing social accountability approaches that work



Outline

- Why Social accountability
- Common Social Accountability approaches in health sector in Malawi
- Highlights of Social Accountability Outcomes
- Emerging opportunities
- So how to do Social Accountability properly
- Thoughts on taking Social Accountability





Why Social Accountability?

ITS NOT JUST BECAUSE IT'S IN THE PROJECT DOCUMENT!

WHAT'S THE PROBLEM YOU ARE TRYING TO SOLVE?

Improvements to service outcomes that are:

- Affordable
- Sustained over time
- Adapted to the community, government and aid industry political economy
- Responsive to changing circumstances



Common Social Accountability approaches in health sector

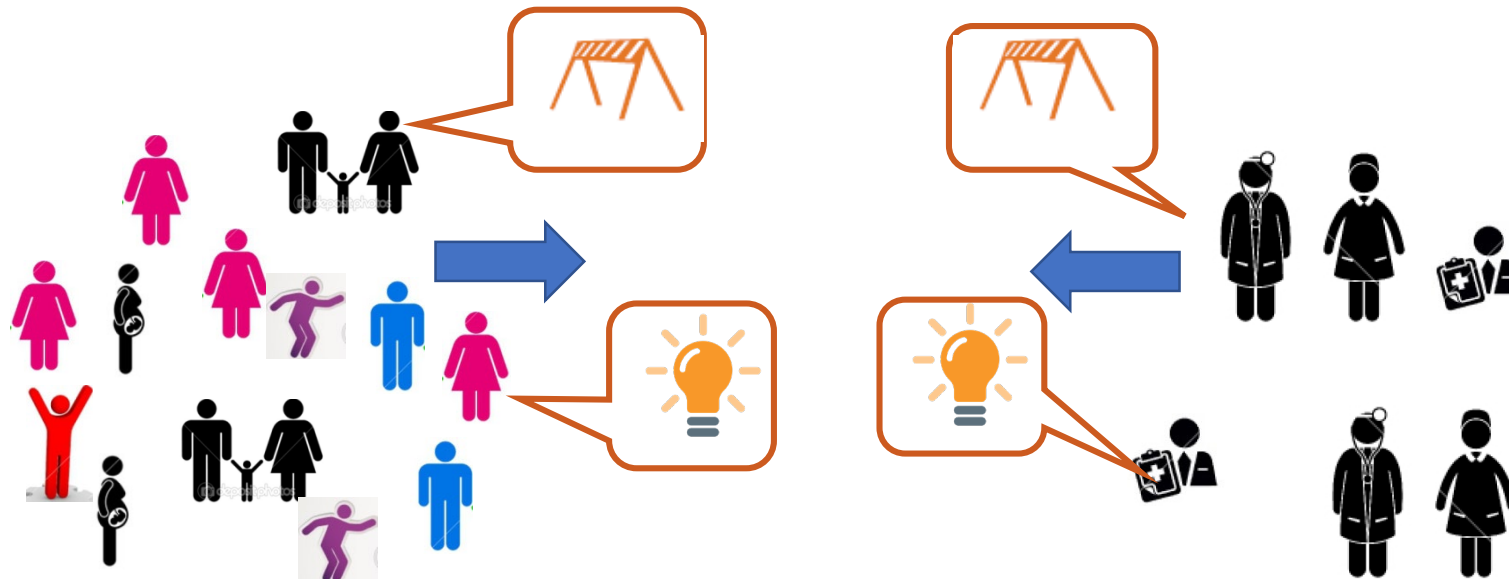
- Community Score Card
- Citizen Voice and Action
- BWALO
- Budget Tracking



Approach – CARE's Community Score Card (CSC)

A social accountability approach that brings together **community members, service providers, and local government** to

- **identify** service access, utilization and provision **challenges**;
- mutually **generate solutions**;
- and work in partnership to **implement and track the effectiveness of those solutions** in an ongoing process of improvement.



CSC as a Platform for Structured Interface & Change/Scorecard Process



COMMUNITY SCORE CARD[®]
CONSULTING GROUP

"Global support for CSC practitioners"

Bwalo

- By PACHI (Parental and Child Health Initiative)
- BWALO Local language implying space where elders discuss issues
- How it works
 - In this approach space for dialogue is created for
 - Various stakeholders
 - Authorities and marginalized groups
 - Evidence is generated on a particular aspect e.g. health from the particular district through dashboards,
 - Shared to the Bwalo members through fact sheets
 - The Bwalo members are highly involved in continuous evidence generation, and report issues through reporting forms.
 - Bwalo members are provided with the capacity on approaching duty bearers with specific issues of concern and demand for better service delivery.



Citizen Voice and Action

- **By World Vision International**
- **Citizen Voice and Action (CVA)** is a local level advocacy methodology that transforms the dialogue between communities and government in order to improve services, which impact the daily lives of children and their families.



Budget tracking

- Championed by Malawi Health Equity
- Tracking the health sector budget implementation
- Gather expenditure data compare with budget
- Use findings to advocate for change



Outcomes of Social Accountability

- **Engagement:** from passivity to leadership
- **Agency:** growing confidence + skills
- **Influencing:** by co-creation not 'advocacy'
- **Learning:** about informal systems to achieve change
- **Mutual accountability:** service users as well as service providers and government systems
- **New connections:** listening, dialogue, openness & transparency
- Increased uptake of services and responsiveness of duty bearers



Emerging opportunities and areas for further consideration

- Media
 - Traditional Media
 - Social media
- Interest groups demanding accountability
 - Youth movements demanding and pushing for accountability
 - Professional groups– lawyers,
 - Youths in the community
- Recognition and interest of international bodies, governments and donors in SA
 - Institutionalized in the Community Health Strategy





So how do you do Social Accountability properly?

- **Be clear about the problem**
- **Create safe spaces ...Engage** the community of service users, service providers and government officials by.....
-**Listening and respect**
- **Get buy-in of duty bearers** because change won't happen without them
- **Capacitate local agents/ local facilitators** who can continue to use the process without external support
- **Collect and share the evidence** to inform SDG monitoring and inform higher level decision makers – vertical integration



More thoughts on Social Accountability

- Increasing evidence base
- Building linkages alliances at all levels with various players
- Aligning with the existing Systems and policies to maximize scale and impact
- How do we mobilize more resources - funding opportunities to take SA at scale
- Enhancing sustainability of gains
- Capacity of citizens and duty bearers to demand
- Leveraging with technology



Thank you!

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See

https://www.facebook.com/search/top/?q=community%20score%20card%20consulting%20group&epa=SEARCH_BOX

and get in touch.....

Social Accountability for Health

The role of donors in promoting social accountability interventions in health sector

Pieterella Pieterse (Ph.D.)

This presentation:

- Introduction about UNICEF ESARO's *social accountability design guidelines and conceptual framework*, which I completed in Jan 2019
- The unique role donors can play
- UNICEF ESARO's experience with social accountability:
 - Snippets of information - programme design in Uganda, Tanzania and Zambia
 - Common challenges and frustrations

Guidance note and conceptual framework

- Introduces UNICEF ESARO's *operational definition* of SA:

Social Accountability is a **process** in which **informed** citizens (right holders) **hold** governments, and government employed service providers (duty bearers), to **account** for delivering **quality health services**, which are existing state obligations.

Ngwakum, 2019 (based on Houtzager and Joshi, 2008)

Guidance note and conceptual framework

- Sets out UNICEF (and other donors)'s unique role in the promotion of social accountability:
 - **Funding** research, trials and pilot projects that can demonstrate 'proof of concept' – evidence social accountability work in certain context.
 - **Working with government** to ensure that successful interventions can be brought to scale, integrated in national systems (if possible), etc.
 - Ensure that **civil society's role in social accountability** is understood, protected and promoted.

Guidance note and conceptual framework

- Provides easy explanations about what is important during the design phase of social accountability interventions.
- The guidance is based on challenges from different country offices (which will be presented later).
- Practical guidance on working with the right existing structures; avoiding elite capture; working with government at national, sub-national, local level; engaging with tribal authorities, with chiefs or kings or other structures; the role that elected councillors can play in supporting social accountability, etc.

Case studies - Uganda

- UNICEF Uganda recruited academics from Makerere Uni to help design a social accountability intervention.
- The brief was for consultants to examine all existing structures in health sector and propose most suitable structures to engage.
- The brief also noted that the design should not be over-reliant on NGO facilitation, as scale and sustainability were key.

Resulting design:

- ✓ Involved different government employees as facilitators of community dialogue, of dialogue with health workers
- ✓ Made no reference to vast array of social accountability interventions already implemented and studied in Uganda (many in health sector)
- ✓ Involved continued engagement of academics, resulting in a design that was no cheaper than working with NGOs.

Lessons:

- ❖ Engaging local knowledge instead of foreign consultants or INGOs is good, IF they have prior knowledge of social accountability
- ❖ All stakeholders/interlocutors have their own agenda, incl. academics who will welcome extra work!

Case study: Zambia

- UNICEF Zambia Health team invested time and effort into studying social accountability literature, held internal workshops to brainstorm how such an intervention could be best designed for Zambia context.
- The design phase attracted attention from other donors in health and social protection, who wanted in on the social accountability prog.
- The intervention grew and grew, additional donors added own design features: tech, national scoring systems, online platforms
- Corruption scandal involving Zambia's social protection prog led to the suspension of aid by donors and suspended planned SocAcc.

The resulting design:

CANCELLED

Lessons:

- ❖ Sadly, these things happen!
- ❖ This shows that the context is challenging, but that there is need for social accountability
- ❖ Re design stage/other donor engagement: If you have invested in creating in-house capacity for social accountability don't get distracted by promise of greater funds, greater scale - **Trial first, scale later!**

Case study: Tanzania

- Tanzania had a Every Woman, Every Child grant, which was used to fund a range of different projects, which did not come together as a single programme, as confusion existed about what SocAcc is:
 - ✓ SMS-platform for pregnant women
 - ✓ High-level lobbying effort by White Ribbon Alliance
 - ✓ Young Reporters' training for youths to research and publish stories on RMCH
- Challenges after 1st half of funding period: Results?
 - Pressure to scale
 - Expectation to continue w programme components
 - Pressure to use ICT solutions
 - Fear of civil society engagement costing too much

Adjusted design (for 2nd half):

- ✓ Struggled to combine all 3 projects
- ✓ SMS platform was most popular, as UNICEF has experience w ICT-based solutions, but response rate low
- ✓ National context change meant that there was little appetite to try new intervention (GoT wants to streamline all ICT-based health interventions)

Lesson:
❖ Start the design of social accountability programme with the required technical know-how

Social accountability 'designs for future'

Prior to the guideline drafting, some buzz words kept being repeated over and over again: **Sustainability, Scale** and **ICT**:

- ✓ Social accountability interventions are often thought of as expensive and unsustainable. With the right design it does not have to be that way
- ✓ Scale: It is important to take the potential for scaling an intervention into account early on. Again, a key design feature.
- ✓ ICT: Very trendy but is much more useful as a broadcasting or data gathering tool than creating citizen-service provider dialogue.

Sustainability

Social accountability interventions are often thought of as expensive and unsustainable.

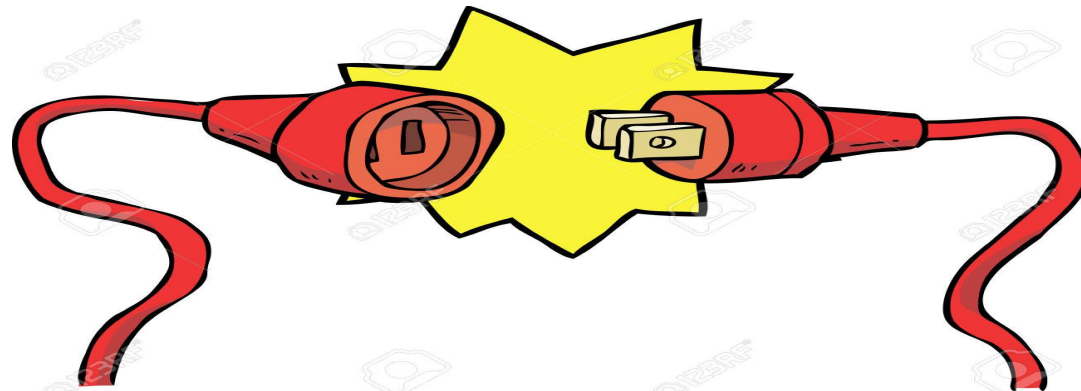
IF a social accountability intervention does not achieve any long-term improvement in dialogue between citizens/ civil society and state*, then yes, that criticism is justified.

However, by perceiving interventions as ways of changing behaviour, improving relationships for the long term and reviving existing systems or entry points for citizen engagement... it allows us to **conceptualise social accountability interventions as the upfront investment costs of such valuable change.**

*Ackerman 2005

Scaling

- **Scaling:** No country ever scaled social accountability in such a way that fully funded external orgs implement social accountability tools throughout an entire country.
- Perceive governments at local level as a **socket**, and organised citizens as **plugs** – to scale social accountability is to support government to create (and legislate for) openings for citizen engagement (a socket at every district health authority); and support citizens to be able to self organise in order to use the opportunity to engage with (plug into) government at local level on a regular and ongoing basis.



ICT in the mix

- ICT has enables governments, donors and NGOs to quickly and widely distribute messages to citizens.
- ICT has also enabled governments, donors and NGOs to conduct polling, to contact certain citizens and ask them for feedback.
- ICT tends to facilitate good ONE-WAY communication, but never DIALOGUE!
- Social accountability is so much more about empowering citizens to voice their opinions rather than collecting citizens opinions via SMS
- ICT facilitated polls pinpointing a problem and that problem actually being solved by those who were notified of the problem is rare

Conclusion

- Social accountability interventions have a huge potential to contribute to improving basic service delivery.
- There are a lot of misconceptions about what social accountability is and how it can best be implemented.
- Donors should lead by example by taking responsibility to fund or design the implementation of social accountability interventions that:
 - Are not tokenistic, ICT-based window dressing
 - Address real problems that (local) governments are willing and able to address
 - Are designed in a way that can be scaled and sustained, and perhaps institutionalised

Thank you!

Dr. Pieterella Pieterse

Independent consultant and social accountability expert

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USAID
FROM THE AMERICAN PEOPLE

Maternal and Child
Survival Program



Monitoring and Evaluation of Evolving Social Accountability Efforts in Health

Literature review and progress report from a
collaborative effort

Ligia Paina (JHSPH), Julie Saracino (JHSPH), Jessica Bishai (Save the Children),
and Eric Sarriot (Save the Children)

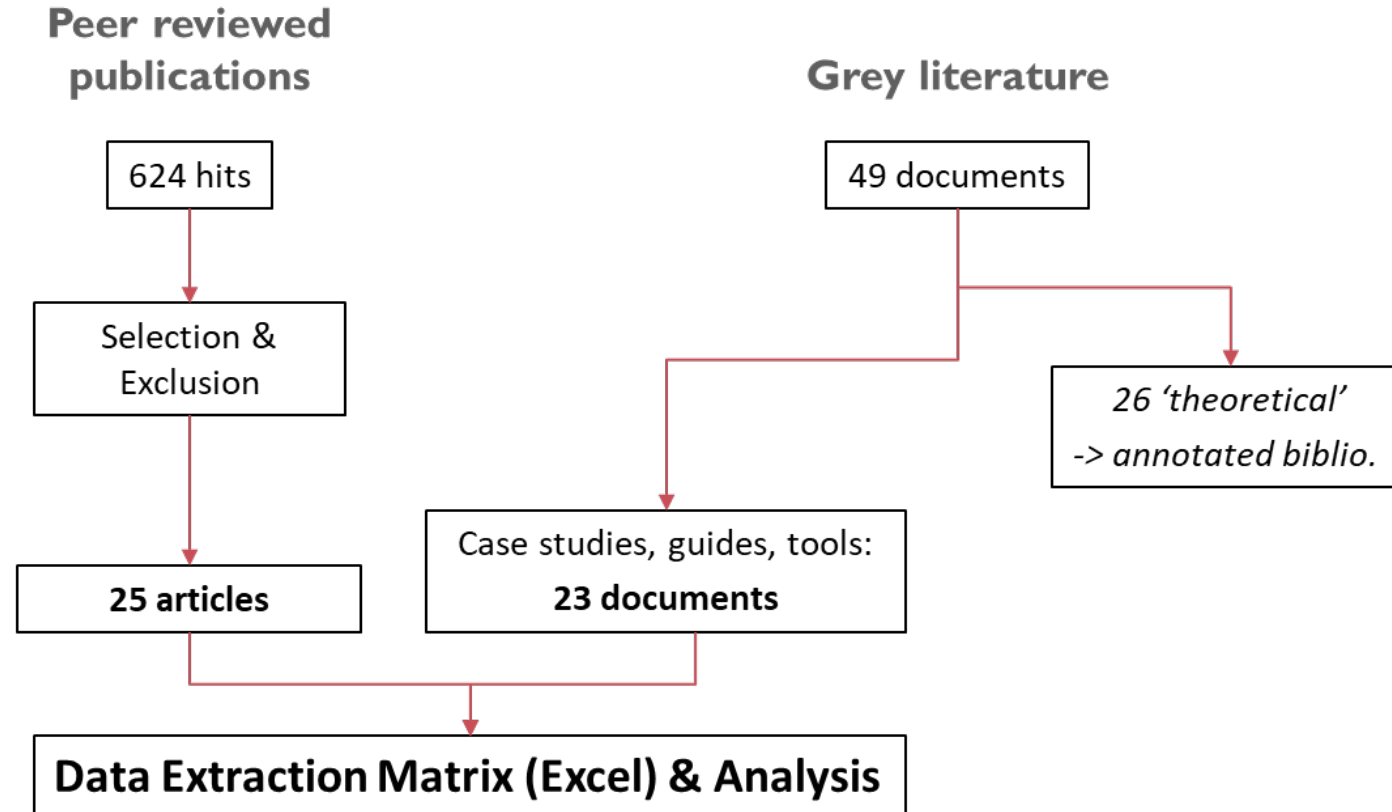
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Objectives

- To summarize how social accountability are monitored and evaluated
- To reflect on the role of monitoring, evaluation, and learning for informing institutionalization of SA

Methods

I- Literature Review



2- One-day practitioners' workshop (Dec. 2018)

Overview of social accountability landscape*	Level of implementation			
	National	Subnational	Frontline	
Legal accountability	■			
National advocacy efforts				
Fairness priority setting assessment	■	■		
Priority setting for health programs				
Social audits				
Maternal death audits				
Participatory planning and budgeting				
Participatory action research (e.g. Dialogue Model)				■
Citizen report card/community monitoring				
Community scorecards				
Citizen Voice and Action				
Partnership-Defined Quality				
Citizen satisfaction survey				
Information campaigns for local communities				
Advisory boards and health facility committees				
Local community oversight committees				

*Note: The list of specific interventions was derived from the literature reviewed and are not intended to represent the universe of all possible SA interventions

Types of stakeholders

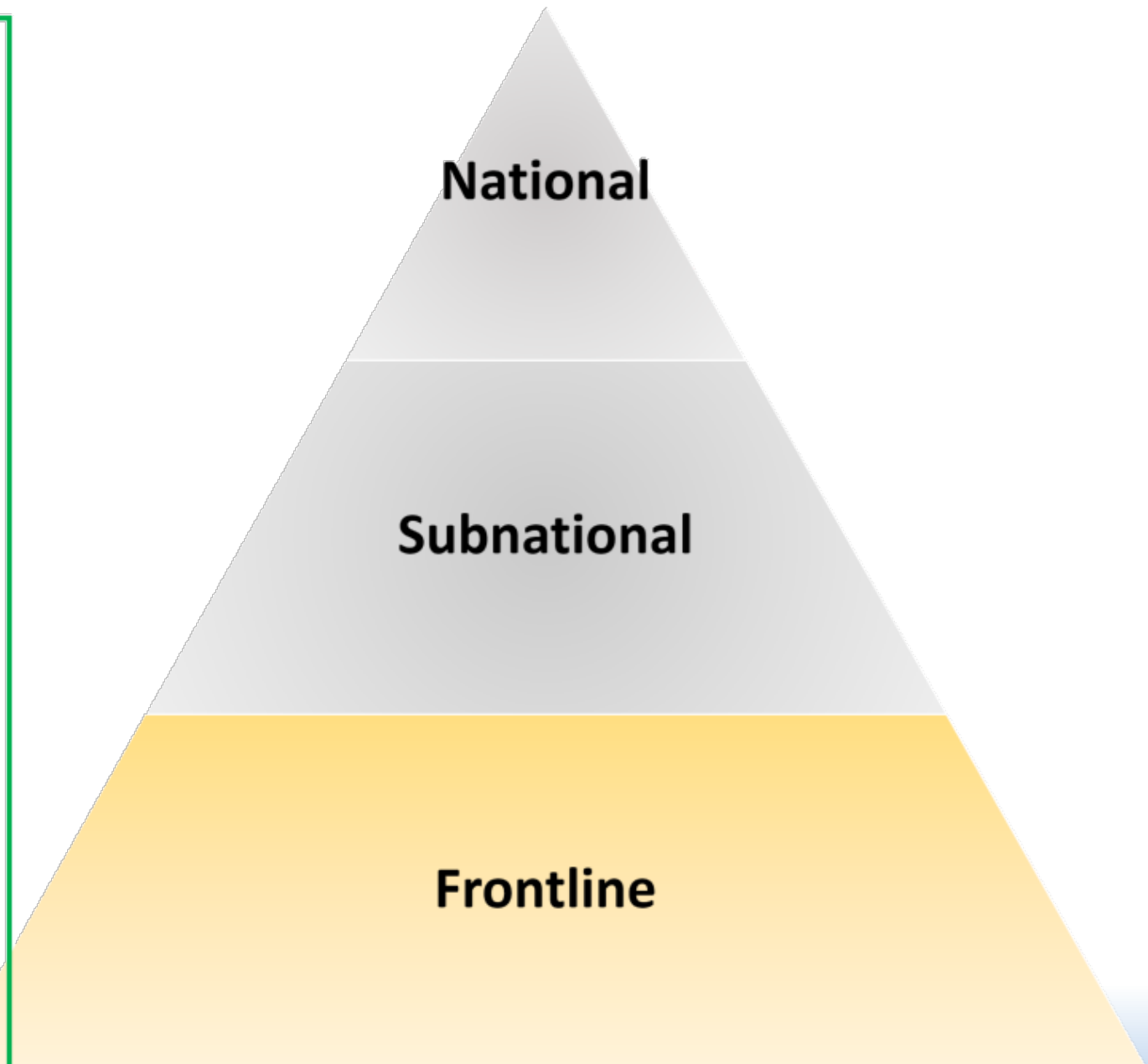
- Parliament / elected officials
- Central MOH and government
- Councils and professional associations for frontline workers
- Large NGOs, NGO coalitions, Advocacy groups (international, national, special interest, UN agencies)



- District health offices
- Local government officials
- NGOs and coalitions
- NGO or UN-supported projects



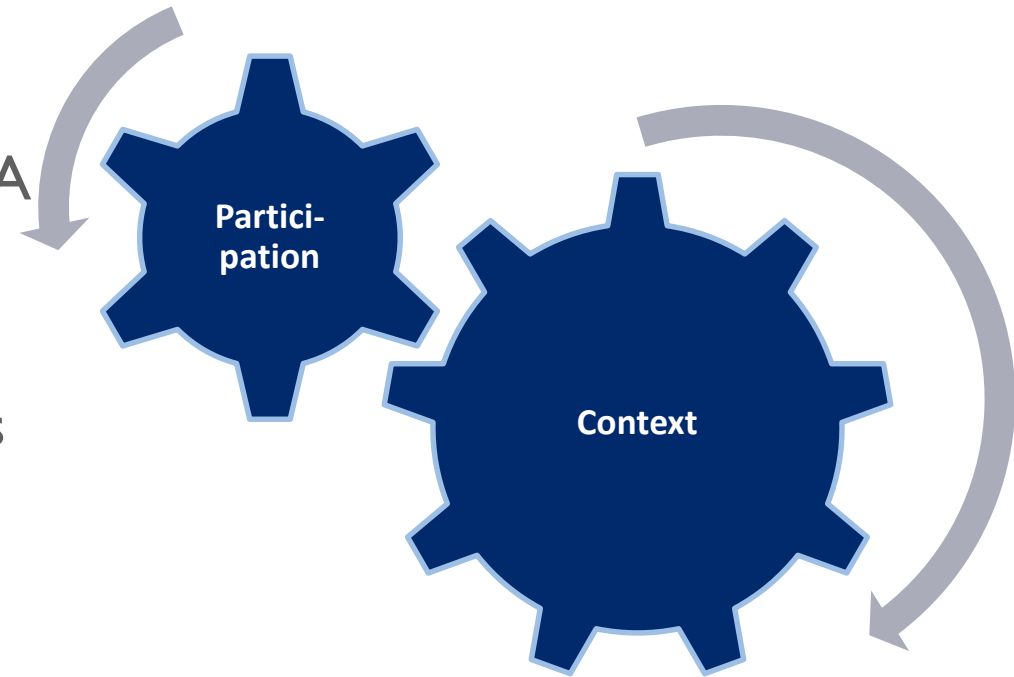
- PHC facility staff; health post nurses and CHWs
- Village development committees, health committees, women's groups, cooperatives, other CBOs
- NGO or project



M&E methods <i>Legend: X – fewer than 2; XX – between 3-5; XXX – more than 5 studies</i>	Frontline	Subnational
Interviews	XXX	
Focus group discussions	XXX	
Project document reviews	XXX	
Client satisfaction surveys	XX	
Direct observation of meetings	X	
Facility assessments	X	
Realist review	XX	
Policy analysis	XX	
Most significant change	X	
Ethnographic analysis	X	
Local government development framework scores		X

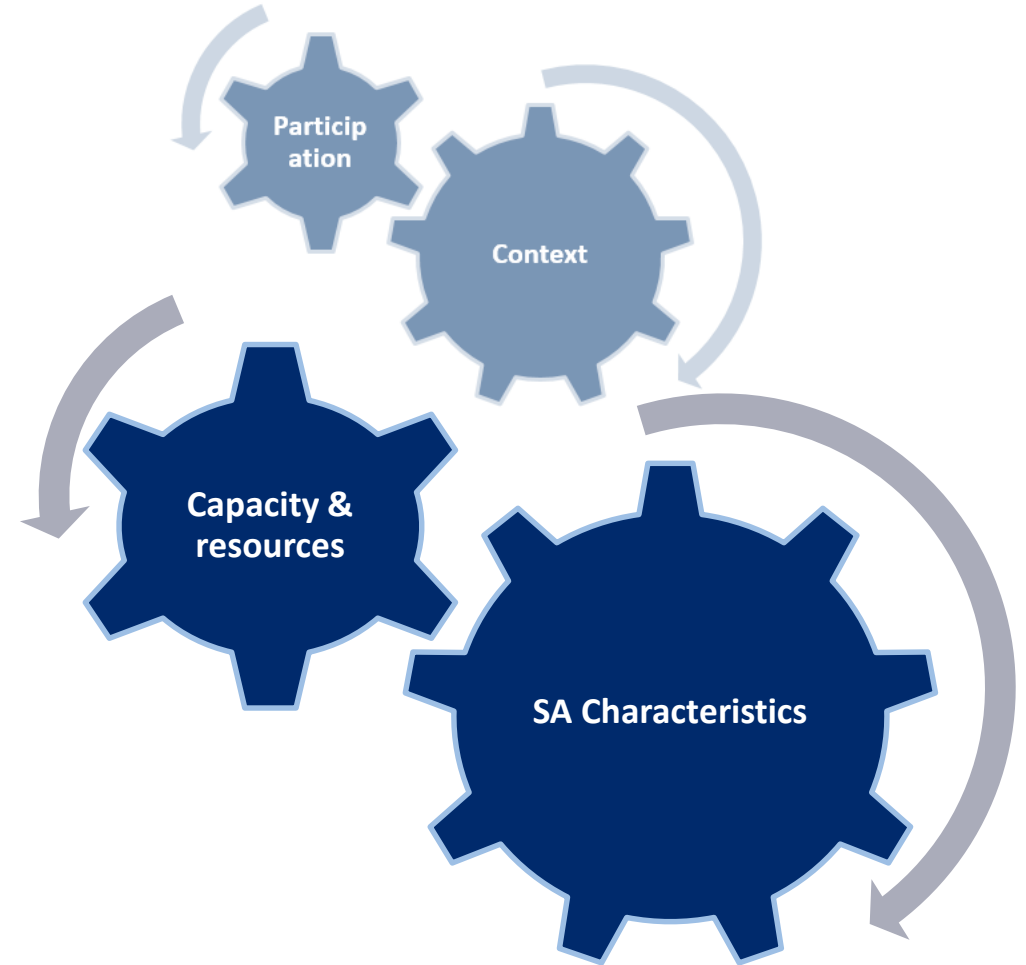
Summary reflections (I)

- Map norms in any given context - social, gender, and institutional to reflect on:
 - how they affect system responsiveness
 - how they change over time in response to SA or other contextual factors, and
 - whether the window of opportunity for systems improvements expands or contracts
- Meaningful participation is complex (multidimensional) and how SA influences it (or not) should be regularly qualitatively explored and questioned



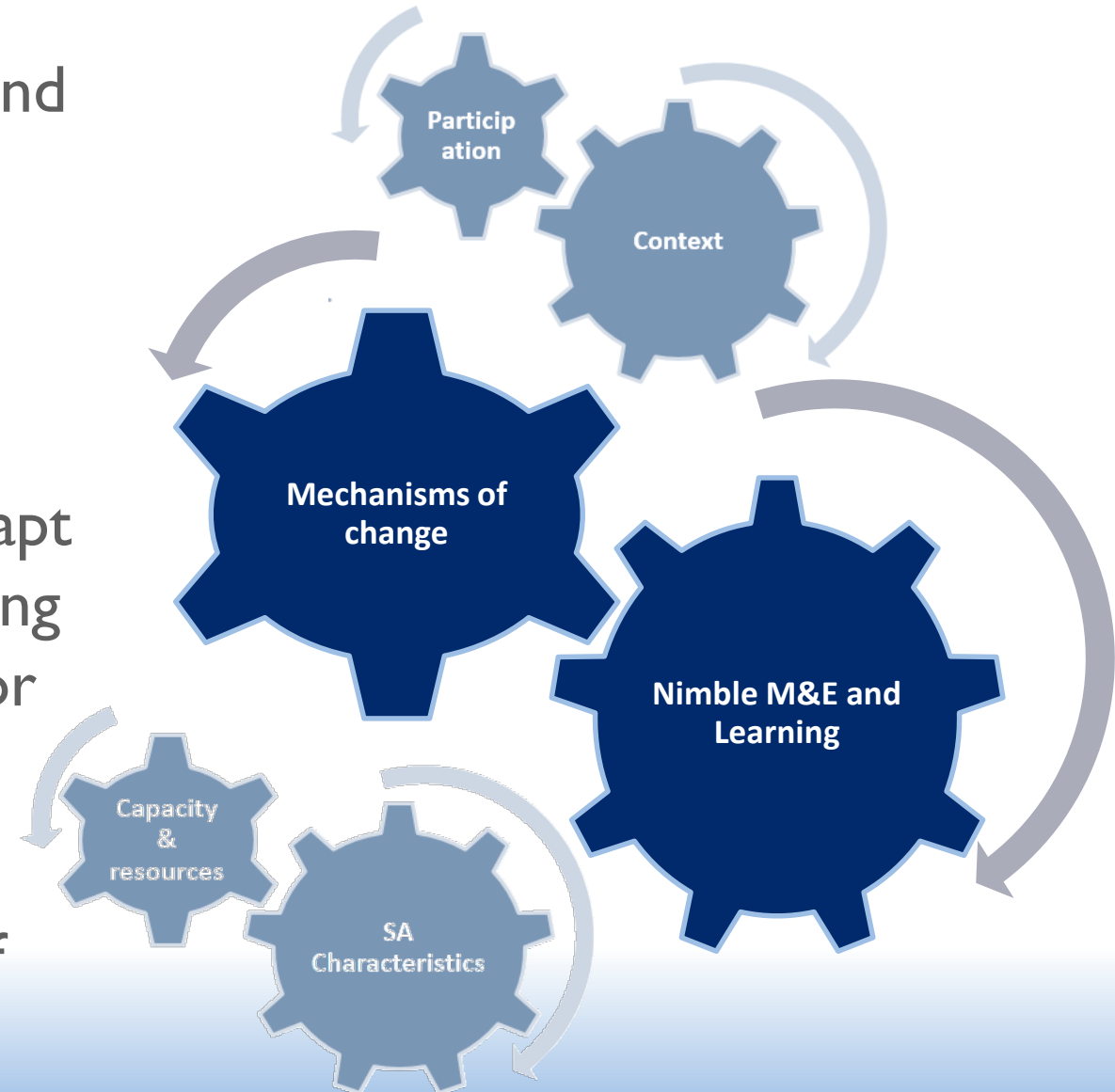
Summary reflections (2)

- Implementers of SA (whether internal or external) become a part of the accountability ecosystem and should reflect and document:
 - the process of implementing SA and how that changes over time
 - the resources (and sources) necessary to implement SA
 - the nature and quality of their own facilitation of social accountability processes.



Summary reflections (3)

- Routine learning activities to understand both intended and unintended consequences (spillover effects)
- Given number and issues and the evolution of SA over time, need to adapt approaches and tools to continue asking the right questions at the right time for M&E/L
- M&E should document mechanisms of change (or resistance to change)



Opportunities for using M&E/L to inform institutionalization

- Defining institutionalization for particular SA efforts or particular context, system,
- Developing an understanding of potential pathways towards institutionalization
- Using M&E to learn about barriers, facilitators, opportunities for institutionalization
- Documenting progress towards institutionalization in real time, in addition to retrospectively

Other ongoing efforts

- Lopez Franco and Shankland (2018): Guidelines for designing and monitoring social accountability interventions – Swiss Agency for Development and Cooperation and Institute for Development Studies.
- Upcoming in 2019
 - Marston : Methods to assess the role of social accountability in interventions for reproductive, maternal, newborn, and child and adolescent health: A systematic review.
 - Future Health Systems – Lessons about intervening in accountability ecosystems: implementation of community scorecards in Bangladesh and Uganda
 - CORE – S4H – Case studies of SA institutionalization at national level



Acknowledgements

- The **Maternal and Child Survival Program**, with the generous support of the American people through the **United States Agency for International Development (USAID)** under the terms of the Cooperative Agreement AID-OAA-A-14-00028.
- With additional resources from **Save the Children**, the **CORE Group**, and its **Systems for Health Working Group**.
- Under the technical leadership of **Ligia Paina** (Johns Hopkins University School of Public Health), **Eric Sarriot** (Save the Children), members of the 19 NGO and Academic practitioners and researchers who volunteered their time for the Nov. 7th, 2018 workshop held at the CORE Group office:



- **Accountability Research Center (American University)**
- **CARE USA & Malawi**
- **Chemonics**
- **Children International**
- **Cultural Practice, LLC**
- **IntraHealth International**
- **IPAS**
- **International Planned Parenthood Federation-Western Hemisphere Region**
- **International Rescue Committee**

- **Johns Hopkins School of Public Health / FHS**
- **MCSP / ICF**
- **PMNCH (and Swiss Tropical and Public Health Institute)**
- **Population Council**
- **Swiss Tropical Institute and PMNCH**
- **Relief International**
- **Save the Children**
- **White Ribbon Alliance**
- **World Vision**



Maternal and Child
Survival Program

A photograph of two newborn babies lying in a hospital bed. They are wrapped in colorful, patterned blankets. One baby is on the left, looking towards the other baby on the right. The text 'Thank You' is overlaid in large white letters across the bottom of the image.

Thank You

Questions?

Moderator: Eric Sarriot, Save the Children / CORE Group Systems for Health Working Group

For more information, please visit
www.mcspprogram.org

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