



Social Accountability in Health: Perspectives from Institutional Actors

WEBINAR - May 16th, 2019

Additional Questions & Responses from Webinar

Question	Response
Is there an intentional link of this score card system to the locally elected officials (are these the duty bearers you mentioned) and formal Civil society structures?	<i>Thumbiko Msiska (CARE Malawi):</i> To begin with we need to acknowledge that execution of development agenda requires the participation of various stakeholders. When you consider public health, you will see that various stakeholders like health center service providers, district officers have a role to play. In a similar manner you will note that elected officials also have particular roles which may include deciding on how much resources can be allocated to the health sector. NGOs also have a role in that the resources they get from donors is meant to benefit their program participants in a direct or indirect manner. The Score Card facilitates a space where conversations and actions are agreed upon on improving service performance, by sharing responsibilities and jointly implementing solutions whilst holding each other accountable for their commitments so indeed deliberate effort is made to ensure relevant groups that are key participate.
Any thoughts about how to deal with adverse events? Eg: HIV+ kids in Ratodero, Pakistan	<i>Ligia Paina (JHSPH):</i> I don't know the context well enough, but based on a few recent articles I looked at, it seems like at least the adverse events in Pakistan in this case stem from poor quality of care received from un-regulated private providers. Most SA interventions work on public services. Seems like in addition to being held to account by community members, regulating the private sector would also need strong accountability lines stemming from the national-level. SA interventions could potentially have led to the generation of community knowledge that perhaps would have contributed to earlier detection of the problem in Pakistan - but hard to say whether it would have made a difference.
How does a country finance the on-going effort to train community members in social accountability strategies when you want to scale-up SA?	<i>Pieterella Pieterse (UNICEF):</i> Good question! I do not think any country should try to scale up social accountability in the shape that we currently see it most; NGO/CSO-facilitated training for citizens, scoring, meetings, plan, monitoring, etc. etc. Most important for scaling is that a national government creates and legislates for citizen engagement within the health sector (and other sector too, if possible). Whatever the mechanism of receiving this feedback (Ethiopia recently introduced a pared down Community Score Card, for example), it is needs to be simple to explain and it should be a format or tool that can be implemented by citizens and service providers without external assistance, in the long run. NGO/CSO support is useful to help citizen organize themselves to 'provide feedback, occupy the invited space created by government', whatever you call it. Depending on the level of education of the citizens, depending on their pre-existing level of self-organization (interventions in India or Brazil are going

	<p>to be easier to implement than Niger), the CSO support should be as light touch as possible, trying nevertheless to leave behind long-lasting empowerment and general organizational skills, focused on citizen action in general, not on the implementation of one particular social accountability tool.</p> <p><i>Ligia Paina (JHSPH):</i> Agree with Ellen - first - we need to think about scale-up differently - not just geographical scale, as is typical with other health interventions. Second - support from civil society would be useful - and in this case it would not be the government that would fund them. In fact, some CSOs that provide support to SA long-term refuse external funding in order to remain independent and neutral broker in this process.</p>
<p>As we move forward with UHC and wanting to embrace civil society networks (esp community reps) how can we actually stimulate and support their representation on governance committees making planning and budget decisions? Some are looking at multi donor trust funds to support CSOs organize themselves better to do this. Any thoughts on financial support mechanisms could work to actually get social accountability work in practice?</p>	<p><i>Pieterella Pieterse (UNICEF):</i> This is a very interesting question and I guess how well my suggestions work will depend on which country you are trying these in. It is really important that the opening for citizen engagement is created and that there is top-down demand experienced by health facility management or district health authorities to ensure that regular citizen engagement happens, and they the citizen's priorities, suggestions, needs and concerns are recorded, that plans are made to respond to them (where possible) and that the implementation of these plans are monitored. All of that can be promoted by INGOs, NGOs or donors. For the citizen engagement side, things are tricky. On the one hand, citizens should be supported to improve their self-organizing skills, increase their knowledge about their entitlements and about the standards that a country has set for itself and is aiming to achieve. However, if NGOs or CSOs provide that support (good!) but also provide payments for citizen to gather and discuss this, or transport allowances to visit the health facilities for the purpose of attending the citizen engagement meetings, the unintended consequence is often that citizens will stop engaging as soon as these funds stop being paid. While I fully understand that many people simply don't have spare funds to engage as citizens, and that without such funds citizen feedback will only be gathered of those who are wealthy enough to afford attending the meetings - this issue requires a very delicate balancing act to get this right. I have seen some solutions: In locations where governments have mandated citizen engagement meetings for the purpose of participatory planning (e.g. Tanzania), the health facility pays a small travel stipend for the Health Facility Governing Committee members who attend. In Ethiopia, a relatively new Community Score Card intervention is being institutionalized by MoH and Health Extension Workers are generally expected to have a role in gathering the scores from members of the already existing (volunteer) Women Development Army or Health Development Army. In Ethiopia, there are no payments to compensate citizens. Both of these cases are good, local sustainable solutions, and interventions that help for the citizens to be empowered and self-organized, it is super important that they do not mess with the system by going around paying per diems for citizen participation. Your suggestion of having multi-donor trust funds to support the citizen side may be possible in some countries, but it needs to be oh so careful not to</p>

	<p>destroy the intrinsic motivation of the citizens to take part in their own development by engaging with local health facility planning or feedback mechanisms. The more I see some short-term social accountability project blunder in and out of communities, the more I am inclined to urge NGOs to look carefully at systems that are already in place and see where you can add, support, or reinstate existing state-citizen engagement mechanisms. The greater need is sometimes not in the citizen-frontline service provider responsiveness sphere (sometimes it is!!), but in the accountability chains located 'up stream', i.e. how can a health center find funding or support to fix that toilet, water pump, delivery room, get that additional staff member, etc.</p>
<p>Social accountability can be monitored by an independent body, similarly for Government programs there can be internal mechanism to check its functioning. How can these two mechanisms join without posing threat?</p>	<p><i>Ligia Paina (JHSPH)</i>: I think you are asking about oversight over SA - I would say that it depends on the context. Where there is high trust in the government, then they can serve a role to monitor an institutionalized process. If the trust in government is low, or if the government is severely under resourced, the independent body might be a better choice.</p>
<p>If there were 3 things that you would say that work to get civil society engaged with planning, implementing and monitoring services and being able to hold Governments and partners / donors accountable to the needs of vulnerable populations - what three things would you suggest? This would be very useful for messaging to Global Health Initiatives and donors</p>	<p><i>Ligia Paina (JHSPH)</i>: Top 3 facilitators for getting CSOs to hold govt accountable - keep the SA intervention simple; design and implement with rapid cycles of learning, to allow for iteration (e.g. regular stakeholder debriefings); use community generated knowledge in decision-making and have frequent and rapid debriefs with decision-makers</p>

as we support PHC investments	
What kind of evidence base would be helpful to develop around social accountability?	<i>Ligia Paine (JHSPH):</i> How much does it cost to implement SA and how this changes over time; on the role of external technical assistance; how participation is measured; how and why SA becomes institutionalized? How does SA work in urban areas?