

MEETING REPORT

Social Accountability for Women's, Children's and Adolescents' Health: A Symposium of Evidence, Practice and Experiences

**10-11 December 2018, New Delhi, India, in advance of the PMNCH
Partners' Forum 2018**



In collaboration with the Citizen Led Accountability Coalition



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Contents

Foreword by Helga Fogstad, PMNCH Executive Director	3
Executive summary	4
Introduction	9
Objectives of the symposium.....	10
Social accountability and its contribution to health as a human right: The time is now	10
Accountability initiatives: Success in practice	12
Evidence to action: Linking local, national and global accountability	13
Summary: How local accountability can link to the national and even global levels.....	14
Unintended effects and challenges	14
Summing up the evidence: What has worked and where are we now?	15
Summarizing the studies.....	15
Embedding social accountability studies in context	16
Engaging citizens	17
Monitoring and evaluation: Tracking social accountability and estimating its impacts.....	18
Value for money: Measuring the return on investment in accountability initiatives	19
Overview: Conclusions, questions and gaps in knowledge	20
Conclusions	20
The importance of context	20
The concept of empowerment	21
The challenge of scale-up, sustainability and institutionalization	21
The complex, non-linear nature of social accountability and the implications for evaluation	22
Remaining questions and gaps in knowledge.....	22
Acknowledgements.....	23
Annex: Examples of accountability initiatives shared at the symposium.....	25
Examples from South-East Asia	25
Examples from Africa	27
Example from Latin America.....	28

This meeting report was written by Andrea Nove, Zoë Matthews and Adriane Martin Hilber, Novametrics, contractors for PMNCH, March 2019.

Foreword by Helga Fogstad, PMNCH Executive Director



Now more than ever we must ensure women and children receive the attention of the global community. PMNCH fosters unified, independent and mutual accountability processes and platforms to hold all partners to account for **Results** (performance), **Resources** (financial) and **Rights** (social and political accountability). Under its mandate to support the operationalization of the *Every Woman Every Child* Unified Accountability Framework¹, PMNCH supports the development of effective accountability processes at country, regional and global levels.

To contribute to these efforts, PMNCH and the Citizen-Led Accountability Coalition (CLAC) organized a two-day symposium on social accountability before the 2018 PMNCH Partners' Forum in New Delhi². CLAC comprises: International Planned Parenthood Foundation (IPPF), Save the Children (Save), White Ribbon Alliance (WRA), and World Vision International (WVI) – valuable partners in our quest to create and improve services and rights for all citizens. We look forward to moving forward based on recommendations from experts at this unique meeting.

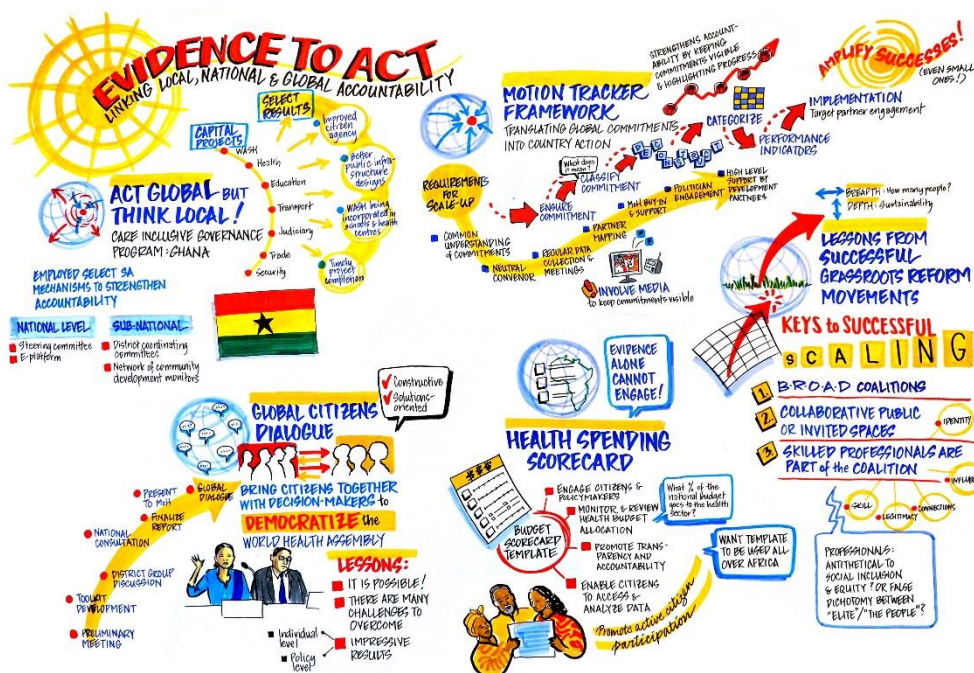
We are proud to have brought together leaders of the social accountability field from the global, regional, national and community levels to discuss the latest evidence on successful social accountability strategies for improving the health and nutrition of women, children and adolescents. This report consolidates the contributions of many experts and contains valuable recommendations at all levels. PMNCH is committed to playing its role by promoting the adoption of the recommendations made - we sincerely hope you will join us in our mission.

¹ <http://www.everywomaneverychild.org/global-strategy/unified-accountability-framework/>

² <http://www.who.int/pmnch/about/governance/partnersforum/2018/en/>

Executive summary

Accountability is central to applying human rights to development and health, and social accountability has been acknowledged as a crucial element of the enabling environment for achieving universal health coverage and quality of care. PMNCH, in collaboration with the Citizen-Led Accountability Coalition (CLAC)³, convened a social accountability symposium in New Delhi in December 2018. The primary aim was to review and consolidate the latest evidence on successful strategies for citizen monitoring and oversight of public and private health sector performance, and on citizen participation in public resource allocation and decision-making to improve health and nutrition services. The organizers also wanted to amplify key messaging and increase commitment for the use and scaling up of social accountability to improve health outcomes and empower citizens.



Social accountability can be defined as *ongoing and collective efforts to hold public officials to account for the provision of public goods which are existing state obligations or that are consistent with socially-accepted standards and norms*. The practice of social accountability has a long history, and its success in improving access to and utilization of health services is well documented. It is now moving into a new phase which aims for a deeper understanding of contexts, building movements and coalitions for broader outcomes. Three main challenges need to be addressed as social accountability approaches develop: (1) the changing – and in some contexts, shrinking - nature of civic spaces, (2) the increase in contexts of fragility, violence and conflict and the resultant weakening of social contracts, and (3) the complexity of rights-based public accountability embedded in long-term political processes.

Symposium participants agreed that we need to stop thinking about social accountability solely in terms of tools and service improvement, and move towards understanding processes, empowering

³ International Planned Parenthood Foundation (IPPF), Save the Children (Save), White Ribbon Alliance for Safe Motherhood (WRA), and World Vision International (WVI)

citizens and their communities, increasing equity and deepening democracy, to bring about transformative change. Examples were shared from many countries, highlighting the following key points and success factors:

- Citizen monitoring depends heavily on the commitment of community champions and assumes that there is political space and local autonomy to engage in constructive process of holding duty-bearers to account for their commitments and helping them become more effective.
- Democracy – and thus accountability - is built through empowerment and active citizenship.
- After initial awareness raising and community mobilization, the challenge is to generate a set of clear, realistic, actionable, citizen-led demands and to find creative, participatory ways to communicate those demands to duty-bearers, then monitor their response. Additionally, obstacles to progress need to be removed (e.g. weak infrastructure, damaging gender norms).
- Citizens' self-articulated needs should be at the center of health policies, programs and accountability. To achieve equity, marginalized groups such as women, children, young people, disabled people and minority ethnic groups must be involved when decisions are made about their health and nutrition needs, and their involvement must be visible.
- At the same time, it is important to involve men in social accountability activities for women's health, especially in patriarchal cultures, so that damaging gender norms can be addressed. This should be based on inculcating respect for women's agency and leadership rather than on men feeling that they must use their power and privilege to 'protect' women.
- When citizens claim a space in which to engage with authorities, they will be heard better than if they are invited into someone else's space.
- The involvement of the media can help to hold governments accountable through highlighting gaps, corruption and documenting what went wrong and why.
- Social accountability strategies for health are multi-faceted, and their outcomes frequently depend to some extent on factors outside of the health sector (e.g. transport, finance, education), in which case involvement of these sectors is an important ingredient for success.
- Pre-requisites for wider adoption and scaling up of accountability efforts include: a mandate within national policies and programs (which can be challenging if these do not take sub-national contexts adequately into account), advocacy at the sub-national level to create interest and ownership, partnerships between civil society organizations (CSOs) and governments, concerted efforts to address citizens' concerns, strengthening supply side interventions, and recourse mechanisms to affirm people's faith in the public health system.

Symposium participants also shared their experiences of linking local, national and global accountability efforts, highlighting the following key points:

- Successful implementation of local-level social accountability mechanisms may be dependent on the influence of government and traditional leadership structures below the district level.
- Multi-sectoral stakeholder mapping and engagement is crucial, where appropriate including national media and global partners. This should include an examination of existing and emerging power structures, whether these are formal or informal.
- National government buy-in and support is important to the success of a social accountability initiative, but there should be a neutral convening organization to maximize independence and trust.
- Having non-governmental organizations (NGOs) organized in coalitions can make it easier to communicate key messages from local to national level and vice versa.
- Sharing knowledge and useful information across levels (local, national, global) can encourage change, either through peer-to-peer competition or through encouraging aspiration.
- Translating global commitments to national ones requires the commitments to be realistic and countries to believe in their importance.

At its heart, social accountability is about contesting the power structures that currently exist, and the possibility of a resultant backlash should be considered, planned for and appropriately managed if it does occur. The negative or unintended effects of social accountability efforts are not well researched or documented, which limits the ability of social accountability actors to effectively avoid or mitigate the risk. A political economy analysis is an essential tool which should be well documented for future learning, especially in fragile settings. The formation of coalitions is a good way to pool the risk, and the media can be an important actor.

Although participants at the symposium shared examples of effective techniques for monitoring and evaluation of social accountability efforts, significant knowledge gaps remain about *how* social accountability works (or does not work), *who* should drive the agenda, and how best to define and measure its impact. Some progress has been made in recent years, and *realist evaluation* is emerging as one of several promising approaches, but there remains a major need for research that critically analyses: processes, inclusion/equity, participation, intersectionality, unintended consequences, how to monitor and evaluate success and measure return on investment.

The following table sets out the recommendations that emerged from discussions at the symposium:

Recommendations from social accountability symposium participants

Theme	Recommendation	Who?
Opportunities		
Context	There should always be a strategic analysis of opportunities and challenges, probably including a political economy analysis The analysis should include an assessment of the community's readiness to engage in social accountability activities	Implementers
	Build the evidence base about what approaches are more likely to be successful in different types of context	Researchers, Funders, Implementers, Development partners
Coalitions	Think broadly about where the power lies and how to create alliances to harness that power	Implementers
Media and social media	Harness the power of the media and social media to hold duty-bearers to account for public commitments and encourage inclusivity, without compromising the safety of individuals	Implementers
Monitoring and evaluation	Develop and make use of promising new mixed-method approaches to evaluation which go beyond the RCT Conceptualize expected outcomes in a broader landscape of strategies to capture critical intermediary outcomes and return on investment	Funders, Implementers, Researchers, Development partners

Theme	Recommendation	Who?
Factors influencing success		
Strong social contract	Work towards a greater understanding of the nature of an enabling environment for different types of social accountability initiative	Researchers, Funders, Implementers, Development partners
	Communities should be sensitized to acknowledge both their own rights and the rights of duty-bearers (e.g. health care providers), and to balance their demands against the health system's capacity to respond to them	Implementers
Political commitment	Citizens' demands should be clear and realistic, and where possible aligned with existing political priorities	Implementers
Local ownership	Advocacy at the sub-national level may be necessary to create local interest and ownership If local demands do not align with national priorities, consider advocacy to influence these priorities Community champions may help to ensure sustainability	Implementers
	Be willing to adapt and change course in response to local context and needs, so that communities drive the agenda	Implementers, Funders, Development partners
	Find more effective ways to disseminate evidence of achievements at a local level	Researchers, Implementers, Funders, Development partners
Inclusivity	Involve marginalized groups in a highly visible way: ensure they are seen as well as heard	Implementers
Challenges		
Low capacity	If a duty-bearer's capacity to respond to citizens' demands is limited, they should be supported to develop their capacity	Implementers, Funders, Development partners
	Develop global standards for community engagement to set out universal principles which apply regardless of context	Funders, Researchers, Implementers, Development partners
Short-term funding cycles	The complex, non-linear nature of community change should be acknowledged. Expectations of 'quick wins' and exit strategies should be managed	Funders, Implementers, Development partners
Normalization	If the community accepts sub-standard care or abuse as normal, initial sensitization work should focus strongly on changing expectations	Implementers
Repression	If there is a weak social contract and fear of reprisals, consider carefully whether social accountability can work in that context. If you go ahead, a neutral convening organization and/or a coalition of NGOs may help to overcome the lack of trust in existing power	Implementers

Theme	Recommendation	Who?
	structures, and pool the risk of negative consequences	
	Build the body of knowledge about the potential for unintended consequences and how to avoid and manage these	Researchers, Implementers, Funders, Development partners



Introduction

“It is time to turn the hourglass upside down – people should not adapt to government policy; government policies should adapt to people.”

Former President of Chile and Former Board Chair of PMNCH, Dr Michelle Bachelet⁴

The human right to health and nutrition – an inclusive right to timely and appropriate health promotion, preventive, curative, rehabilitative and palliative services – is established in the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights⁵, and the Convention on the Rights of the Child⁵. But universal access to quality health and nutrition services has not yet been achieved in most countries. These services can be under-resourced and of poor quality, and access to them is often inequitable. Significant gaps often exist between stated government policies and service delivery. This can have specific negative health consequences for women, children and adolescents, which must be addressed.

Accountability is therefore central to applying human rights to development and health⁶, and social accountability and community empowerment are part of the fundamental enabling environment for achieving quality primary health and universal health coverage⁷. Because of this, United Nations Member States have emphasized social accountability in the World Health Organization’s current Global Program of Work, and its importance has been re-affirmed during the 40-year commemoration of the 1978 Alma Ata Declaration⁸. The resilience and engagement of communities are important characteristics for development and progress.

Social accountability is also known as demand-led governance, bottom-up accountability, participatory or democratic governance, and transparency accountability. It can be distinguished from traditional participatory approaches by its core elements of targeted civic education or information, collective action and government accountability response⁹. These activities build on a long history of participatory community empowerment approaches¹⁰. Social accountability comprises the range of mechanisms that citizens and their organizations use to engage in a constructive process of holding duty-bearers to account for their commitments and helping them to become more effective. Contemporary social accountability initiatives arose from pioneering work on social audits and public hearings in India and participatory budgeting in Brazil^{11,12}.

Accountability is a key pillar of the *Every Woman Every Child (EWEC)* framework to support country-led implementation of the *Global Strategy for Women’s, Children’s and Adolescents’ Health (2016-2030)* for achieving the SDGs¹³. This work is coordinated through the Unified Accountability Framework (UAF) and supported by PMNCH¹⁴. The opportunity to stop and take stock of the evidence base on social accountability is a crucial stage in strengthening and informing the UAF. This framework lays the basis for our common responsibility for women’s, children’s and adolescent health, based on

⁴ Stated during the Citizen Hearing/QED side meeting, WHA 2018

⁵ <https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health>

⁶ Van Belle S, Boydell V, George AS, Brinkerhoff DW, Khosla R (2018) Broadening understanding of accountability ecosystems in sexual and reproductive health and rights: A systematic review. PLoS ONE 13(5): e0196788.

⁷ Lodenstein et al 2017 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5470232/>

⁸ See http://www.who.int/publications/almaata_declaration_en.pdf

⁹ Joshi, A 2013, ‘Do They Work? Assessing the Impact of Transparency and Accountability Initiatives in Service Delivery’, Development Policy Review, Overseas Development Institute, vol. 31, no 1, pp. 29-48,

¹⁰ Booth, D, 2012, Development as a collective action problem: Addressing the real challenges of African governance, DFID

¹¹ Banerjee, A, Banerji, R, Duflo, E, Glennerster, R, & Khemani, S 2010, ‘Pitfalls of Participatory Programs: Evidence from a Randomized Evaluation in Education in India’, American Economic Journal: Economic Policy, vol. 2 no. 1, pp. 1–30

¹² Ferraz, C & Finan, F, ‘Exposing corrupt politicians: the effects of Brazil’s publicly released audits on electoral outcomes’, The Quarterly Journal of Economics, vol. 123, no. 2, pp. 703–745.

¹³ <http://globalstrategy.everywomaneverychild.org/>

¹⁴ <https://www.who.int/pmnch/activities/accountability/framework/en/>

monitoring, reviewing and acting to ensure accountability. In bringing together the evidence, we are creating tools that will provide an important ‘reality check’ to more formal accountability activities, grounded in a review of indicators and statistics.

In monitoring and assessing the evidence base on social accountability, the maxim “what counts should be counted, and what is counted, counts” is as relevant as ever. It is our common responsibility to count precisely and to ensure that this is not just done for the sake of counting, but to improve dialogue, planning and review. In consolidating the evidence and making recommendations based on the knowledge base we need to agree what we monitor and how we can take the social accountability movement forward.

Objectives of the symposium

Prior to the symposium, a synthesis paper was prepared, which summarized the evidence from published literature about the impact of social accountability efforts¹⁵. The primary aim of the symposium was to review the evidence on successful strategies for citizen monitoring and oversight of public and private health sector performance, as well as citizen participation in public resource allocation and decision-making to improve health and nutrition services. The objectives were to:

- Consolidate the evidence base on successful social accountability strategies, practices and frameworks to support scale-up for positive health and nutrition outcomes and increased empowerment and participation of citizens in health; and
- Amplify key messaging and increase commitment for the use and scaling up of social accountability to improve health outcomes.

Randomized controlled trials (RCTs) and more recently, evaluations and systematic reviews, have demonstrated that strengthening social accountability may be an effective mechanism for addressing these issues. There is also growing recognition that citizen-generated data may be an important complementary data source, especially to include marginalized voices. The Symposium provided a platform for knowledge exchange and discussion of key issues and knowledge gaps in social accountability, with a view to helping decision-makers and implementers formulate appropriate policies and strategies for improving accountability for women’s, children’s and adolescents’ health.

This report concisely summarizes the discussions that took place during the event itself, and highlights the key issues, learning points and knowledge gaps that were identified during the event.

Social accountability and its contribution to health as a human right:

The time is now

Accountability for delivery of global commitments in health by national governments has now become a global rallying call. The UN Commission for Information and Accountability (CoIA) defined accountability as a cyclical process of “Act – Monitor – Review” – a definition that was adopted by the *EWEC Global Strategy*. In 2016, the Independent Accountability Panel (IAP) presented a conceptual framework that expanded the scope of how accountability should be understood and implemented to include the critical aspects of resource, institutional change, and eventually transformation, of norms and practices. A definition of social accountability which reflects this understanding is:

¹⁵ Martin Hilber A, Squires F, Cant, S (2018). Mapping social accountability in health: Background document for the Symposium on Social Accountability for Improving the Health and Nutrition of Women, Children and Adolescents, New Delhi, December 10th-11th, 2018. Geneva: PMNCH.

“ongoing and collective efforts to hold public officials to account for the provision of public goods which are existing state obligations”¹⁶ or that are “consistent with socially accepted standards and norms”¹⁷

The definition of social accountability and the language used to describe it has changed over the years, but accountability initiatives have existed throughout human history. The last two decades have seen an increased interest in social accountability as a development tool, starting with grassroots movements demanding political accountability, especially in Latin America – where it was known as societal accountability - and in India with initiatives including social audits¹⁸. The concern has been about deepening democracy as well as improving services. The World Development Report 2004¹⁹ placed the responsibility for service delivery failures on accountability deficits. Complaint hotlines and other similar initiatives emerged in response to this, and also spaces for direct community participation. At that time studies showed the impact that such efforts could have, for example lower mortality rates and better funding for schools²⁰.²¹ Yet even in these studies, there were other factors influencing these positive outcomes, e.g. political commitment to reducing corruption.

There have essentially been two generations of accountability initiatives, and we are at the second phase²². Lessons have been learned from the earlier programs, including the need to pay adequate attention to local contexts, and to avoid short-term projects and small-scale fragmented efforts with narrow outcomes. The second generation aims for deeper understandings of context and for strengthening of democracy by building organized structures and strategies to empower citizens, and coalitions for broader outcomes.

But issues and challenges remain even as the movement matures. Firstly, the nature of civic space is changing and, in some contexts, shrinking. Politicians can link directly with people through social media and see less need for civil society interlocutors, which may require CSOs in some contexts to change the way they do social accountability. Secondly, there has been an increase in contexts of fragility, violence, conflict, low trust and weak social contracts. Shifting power balances, uncertainty, identity-based division and fractured social norms have crept up in wealthy and poor countries to create an uneasy background for initiatives that are at risk of excluding marginalized groups who have little remaining trust in state structures, who may feel unsafe, and are difficult to reach. A third and important challenge is to focus on rights-based *public* accountability embedded in long-term political processes. In many contexts, the aspiration should be to challenge and change the very standards that affect people’s health the most. It is not always enough to hold governments accountable to achieve standards that are already set – sometimes there is a need to challenge what citizens can expect of them²³.

¹⁶ Houtzager P, Joshi A (2008). Introduction: Contours of a research project and early findings. IDS Bulletin 38:1-9.

¹⁷ Feruglio, F (2017). Do more empowered citizens make more accountable states? Power and legitimacy in legal empowerment initiatives in Kenya and South Africa. Making All Voices Count Research Report. Brighton: IDS.

¹⁸ Banerjee A, Banerji R, Duflo E et al (2010). Pitfalls of participatory programs: Evidence from a randomized evaluation in education in India. American Economic Journal: Economic Policy 2(1): 1-30.

¹⁹ <http://documents.worldbank.org/curated/en/527371468166770790/World-Development-Report-2004-Making-services-work-for-poor-people-Overview>

²⁰ Malena C, Forster R, Singh J. (2004) Social accountability: an introduction to the concept and emerging practice (English). Social development papers ; no. 76. Washington, DC: World Bank.

²¹ McLoughlin C, Batley H. (2012) The effects of sector characteristics on accountability relationships in service delivery. ODI Working Paper 350. London: ODI.

²² Anuradha Joshi - *Citizen Engagement for accountability: Prospects and challenges*

²³ Anuradha Joshi - *Citizen Engagement for accountability: Prospects and challenges*.

Accountability initiatives: Success in practice

Speakers at the symposium shared many examples of successful social accountability initiatives from several countries in South-east Asia, sub-Saharan Africa and Latin America. These are summarized in the Annex, where many achievements are noted, including: increased awareness of rights and entitlements, increased awareness of the services that are available, new channels of communication between rights-holders and duty-bearers, increased voice and visibility of marginalized groups such as people with disabilities, increased gender equity, improved trust and understanding between service users and service providers, increased spending on health, greater community influence over resource allocation decisions, formation of new coalitions between NGOs and campaigning groups, strengthened infrastructure and supply systems, increased uptake of health services, improved quality of health services, improved satisfaction with health services, and improved health outcomes.

The key points and success factors included:

- After initial awareness raising, the challenge is to generate a set of clear, realistic, actionable, citizen-led demands and to find creative, participatory ways to communicate those demands to duty-bearers, then monitor their response. Additionally, obstacles to progress need to be removed (e.g. weak infrastructure, damaging gender norms).
- There is a need to move away from accountability being thought about only in terms of accountability ‘tools’, towards understanding and implementing strategic approaches to collective action, and supporting the state’s capacity to respond to it.
- Women’s self-articulated needs should be at the center of women’s health policies, programs and accountability, but at a local level, their stated needs are sometimes different from global and national priorities, in which case the resultant tensions must be acknowledged and managed effectively. Furthermore, amplifying voices does not in itself necessarily lead to action – there must be an additional stage of articulating clear and realistic demands²⁴.
- After the initial stage of community mobilization, it can be challenging to generate a set of realistic, actionable, citizen-led demands; multiple strategies and techniques may be needed to facilitate this process.
- Social accountability activities open a channel of communication between rights-holders and duty-bearers and, in the right circumstances, the communication may continue outside of the social accountability mechanism because citizens feel empowered to engage directly.
- Social accountability initiatives can involve digital interaction with citizens as well as face-to-face interaction.
- When citizens claim a space in which to engage with authorities, they will be heard better than if they are invited to someone else’s space. Implementers must therefore be alert to opportunities to claim space, then move quickly to take up those opportunities.
- The involvement of the media may be helpful for holding governments accountable for commitments made on a global stage – it is a good way to keep commitments visible to the public. Implementers should therefore consider engaging with the media and encouraging them to emphasize the positives/showcase successes. This will amplify the small steps which may encourage bigger steps to be taken
- Marginalized groups such as children, young people, poor people, disabled people and minority ethnic groups must be “seen and not just heard” when decisions are made about their health needs – they must be involved, and their involvement must be visible. It may be more difficult to engage with these groups, but their needs may be specific, and policy-makers need to see and understand them so as to address the equity agenda. It was noted that children tend to give more honest feedback than adults!
- At the same time, it is important to involve men in social accountability activities around maternal health, especially in patriarchal cultures, so that damaging gender norms can be addressed.

²⁴ Aparajita Gogoi - *What Women Want: Placing Women at the Centre*

However, there is a risk that this will lead men to take a protective, claiming role (i.e. act on their power and privilege) rather than to support women to claim their entitlements, so it is important to focus first on inculcating respect for women's agency and leadership.

- Pre-requisites for wider adoption and scaling up of accountability efforts include: a mandate within national policies and programs (which can be challenging if these do not take sub-national contexts adequately into account), advocacy at the sub-national level to create interest and ownership, partnerships between CSOs and governments, concerted efforts to address citizens' concerns, strengthening supply side interventions, and recourse mechanisms to affirm people's faith in the public health system.

Evidence to action: Linking local, national and global accountability

Accountability initiatives can link local action to higher levels and transmit important messages among national and even international actors. It has been argued that 'vertically integrated' strategies (i.e. those involving local, sub-national, national and international stakeholders) are important for the achievement of sustainable, institutionalized change, because they consider the power structures that exist at different levels and thus can address the causes of lack of accountability rather than the symptoms²⁵.

One mechanism to strengthen the links between different levels is "citizen's engagement", which can be tracked through the various stages of holding decision-makers accountable to their commitments. A key initiative that has tracked local to global accountability links is the Samasha Medical Foundation's *Motion Tracker*^{TM26} which starts by identifying and categorizing commitments, defining exactly what they mean and deconstructing them to reveal their components and underlying logic. Only then can performance indicators be developed and a mechanism by which civil society can monitor performance²⁷.

Important examples of making links between local and national levels are documented in Ghana²⁸, Thailand, Columbia, Egypt, and India²⁹. These include grassroots movements, which have successfully scaled up because broad coalitions led by skilled professionals have gained access to collaborative public spaces³⁰. In Ghana, under one of the many CARE accountability initiatives, capital projects have been monitored through district assemblies using scorecards and public meetings³¹. Here, multi-sectoral district coordinating committees and a network of community development champions have made links with a national multi-stakeholder steering committee. Since implementation began, the frequency of public meetings has increased, citizen agency has increased, and the implementation of capital projects has been enhanced.

Other initiatives go further in taking a national accountability action to a global audience. The African Health Budget Network (AHBN) is a new initiative that monitors not only each African country's health expenditure but also the extent to which commitments made at a global level are being met in countries³². AHBN has engaged with CSOs, the media and government to review the evidence and

²⁵ <https://www.u4.no/publications/doing-accountability-differently-a-proposal-for-the-vertical-integration-of-civil-society-monitoring-and-advocacy/>

²⁶ **Moses Muwonge** - *The Motion Tracker: Translating global commitments into country action.*

²⁷ <http://samasha.org/current-projects/#toggle-id-4>

²⁸ **Moses Ngulube** - *Act global but think local: Accountability at the frontlines*

²⁹ **Andrew Schrank** - *Don't forget middle class professionals! Lessons from successful grassroots reform movements*

³⁰ https://www.usaid.gov/sites/default/files/documents/1866/Grassroots_Reform_in_the_Global_South_-_Research_and_Innovation_Grants_Working_Papers_Series.pdf

³¹ **Moses Ngulube** - *Act global but think local: Accountability at the frontlines*

³² **Aminu Magashi Garba** - *Social accountability - a classic example of the Africa Budget Network scorecard*

discuss how to use it to advocate for change. Another initiative - the Global Citizens' Dialogue, is an annual event organized by the CLAC that takes place at the margins of the World Health Assembly (WHA) during which there is engagement between national decision-makers and citizens, facilitated by NGOs³³. Impressive results from these yearly dialogues allow real meetings between citizens and government ministers and solutions involving funding, capacity building and travel plans to be facilitated.

Summary: How local accountability can link to the national and even global levels

- Continued citizen monitoring depends heavily on the commitment of community champions and assumes that there is local autonomy and democracy.
- Successful implementation of local-level social accountability mechanisms may be dependent on the influence of government and traditional leadership structures below the district level.
- Multi-sectoral stakeholder mapping and engagement can be important, where appropriate including national media and global partners.
- National government buy-in and support is important to the success of a social accountability initiative, although sometimes a neutral convening organization may be needed to maximize independence and trust.
- Coalitions of NGOs can make it easier to communicate key messages from local to national level.
- Sharing information across levels (local, national, global) can encourage change, either through peer-to-peer competition or through aspiration.
- Translating global commitments to national ones requires the commitment to be realistic and countries to believe in its importance.

Unintended effects and challenges

At its heart, social accountability is about contesting power, so backlash from those being held to account is to be expected and planned for, and appropriately managed if it does occur. On the other hand, there is a risk that social accountability efforts may unintentionally reinforce negative power dynamics or the exclusion of marginalized groups. Social accountability efforts can have a significant impact, and though successes should be documented and celebrated, there should also be an effort to document and address challenges³⁴. Negative or unintended effects can unfold for those involved: individuals, communities, service providers, implementers, and administrators. Fear of reprisals may lead citizens and other actors to opt out of social accountability efforts, especially in contexts with weak social contracts. The risks and costs are yet not well researched, and there is no body of knowledge to assist in building strategies to avoid unintended consequences.

Accountability is inherently political, so an accountability initiative requires a process of strategic analysis of opportunities and challenges, perhaps including a political economy analyses. Such an analysis should consider issues such as: how to manage the participation of political parties, how to facilitate collaboration between different groups (e.g. men and women, younger and older people) without power imbalances, how to work with those who oppose your aims, how to work effectively with the media, how to avoid burnout, and how to guard against being used as a 'token' rather than taken seriously. The strategic analysis should also consider the readiness of any community to be involved in a social accountability effort. There was disagreement at the symposium over whether a community needs to be ready (i.e. with a certain level of local autonomy and democracy, and an understanding of what can be achieved using social accountability approaches) before social accountability efforts commence, or whether the act of getting started can bring about community

³³ **Thiago Luchesi** - *Making the World Health Assembly relevant for citizens*

³⁴ **Asha George** - *Key challenges, gaps and barriers facing social accountability efforts*

readiness. Regardless, if community readiness is not managed well, there may be unintended effects for duty-bearers, e.g. if communities become angry and issue threats.

To help avoid negative consequences such as this, social accountability approaches aiming to mobilize citizens must take care to sensitize communities to the importance of acknowledging both the rights of citizens and the rights of duty bearers, and balancing citizens' demands against what is feasible for a health service provider to do given the available resources and infrastructure.

Service providers and politicians can feel threatened by and be hostile towards social accountability actors. In the case of service providers, this risk can be mitigated by the inclusion of human rights and respectful care principles within pre-service education curricula, sharing success stories with providers, and building alliances with service providers with positive attitudes. Another important mitigation technique is for social accountability actors to work with duty-bearers to support them to respond appropriately to citizens' demands. The media can be important partners, and we should work with them to hold duty-bearers to account while working hard to ensure that they do not expose individuals to the risk of reprisals. Politicians may react by trying to co-opt the civil space so they can influence it more directly. This is less likely to happen if social accountability actors can work together in coalitions and alliances (ideally involving influential, respected champions), which can also help to pool the risk of negative consequences. There is a need for broad thinking about how to create alliances and where the power lies, which is challenging when (as is often the case) there is high turnover of key personnel in decision-making organizations.

The principles of social accountability are universal even if individual initiatives need to be context-specific, and it was suggested that there could be global standards for health service providers and politicians for engagement with the community, which may help to avoid unintended consequences. For example, one standard could be that a recourse mechanism must always be established within accountability efforts, which will help to guard against backlash while ensuring that the accountability mechanism has 'teeth'. Indeed, most social accountability is defined as collective effort(s) to hold duty-bearers to account based on their recognized obligations consistent with "socially accepted standards and norms."³⁵ The challenge discussed by meeting participants was therefore: what if what is socially accepted as the norm is not up to global or international standards? The discussion raised the issue but did not have sufficient time to elaborate further.

Summing up the evidence: What has worked and where are we now?

Summarizing the studies

The last two decades have seen a surge of interest in social accountability. Research to assess the effectiveness of using a social accountability approach was strengthened by a landmark RCT^{36,37}. It showed that people, equipped with information and supported to monitor health services, can powerfully advocate for improved services in low-resource settings, drawing a clear link between social accountability initiatives and improved health outcomes. Other research however produced mixed results, while two donor driven large scale reviews of the evidence found "compelling evidence

35 Feruglio, F. (2017) Do more empowered citizens make more accountable states? Power and legitimacy in legal empowerment initiatives in Kenya and South Africa. Making All Voices Count Research Report. Brighton: Institute of Development Studies.

36 Björkman M, Svensson J (2009). Power to the people: Evidence from a randomized field experiment of a community-based monitoring project in Uganda. *Quarterly Journal of Economics* 124(2): 735-769.

37 Björkman Nyqvist M, de Walque D and Svensson J (2017). Experimental evidence on the long-run impact of community-based monitoring. *American Economic Journal: Applied Economics* 9(1): 33-69.

that social accountability actions “almost always” improves local level service delivery and other health systems functioning^{38,39}.

There is consensus that social accountability impacts services⁴⁰. However, in 2015 Jonathan Fox challenged this consensus: he argued the evidence was flawed, because “like” interventions were not being compared. Fox noted the political nature of social accountability practice and emphasized the importance of the enabling environment for collective action, along with bolstered state capacity to respond to citizen’s voice⁴¹.

Social accountability can be facilitated through a variety of approaches including: social audits, participatory budgeting, community services scorecards, citizen report cards, information boards, citizens’ hearings and advocacy for government commitments, and legal accountability. Yet how and why social accountability works, including what motivates communities to act, and what triggers governments to respond, has not been well documented, in large part due to an over-emphasis on RCTs.

Also relevant is who drives the social accountability agenda⁴²: local stakeholders, national stakeholders, international NGOs? The agenda should ideally be adapted to community needs to ensure its relevance, which means that donors and implementers must be willing to adapt and change course when operating in different contexts. The multiplicity of contexts and environments are demonstrated in the range of examples described above, in which an action is inspired in different ways. Gaps in evidence emerge around precisely these issues: in what context was the action successful or not? Did the accountability intervention lead to scale up and institutionalization, and if not, why not? Was there local ownership – whether as actors or facilitators and did this help to legitimize the action?

Embedding social accountability studies in context

Understanding the context of social accountability actions is crucial to their success, yet there is a lack of documentation of contextual information. Evidence on what has been achieved often misses successful NGO actions carried out at local level because their monitoring and evaluation documentation is not routinely published in international peer reviewed journals.

Social accountability strategies for health are multi-faceted, and their outcomes frequently depend on factors outside of the health sector, e.g. transport, finance, education. But the recent emphasis on RCTs narrows the focus onto small discrete interventions. Studies and projects with short time frames will naturally document input-intensive interventions that focus on their description rather than understanding processes and outcomes. Therefore, expected outcomes of social accountability interventions need to be conceptualized in a broader landscape of strategies to capture critical intermediary outcomes on the pathway to more significant impacts⁴³.

In complex, fragile or conflict- and violence-affected settings, understanding and working within the context becomes even more challenging and critical. Fragmentation of authority –for example when the state is only one of a range of important authority actors (such as where religious authorities play a governance role) – calls into question who are the duty-bearers that need to be targeted. Where

³⁸ Holland J and Schatz F (2016). Macro evaluation of DFID’s policy frame for empowerment and accountability.

Empowerment and accountability annual technical report 2016: What works for social accountability. Oxford: OPM.

³⁹ Brinkerhoff D W, Jacobstein D, Kanthor J et al (2017). Accountability, health governance and health systems: Uncovering the linkages. Marshalling the Evidence for Health Governance Thematic Working Group Report. Washington DC: USAID.

⁴⁰ **Adriane Martin Hilber** - *Where are we now? A broad scope of the origins and evidence for social accountability in health*

⁴¹ Fox J A (2015). Social accountability: What does the evidence really say? *World Development* 72: 346-361

⁴² **Adriane Martin Hilber** - *Mapping social accountability in health: a review of the evidence*

⁴³ **Anuradha Joshi** - *Broadening the outcome landscape: What have we learned?*

informal processes of power trump formal ones, these dynamics need to be understood before facilitating local action. In such contexts, civil society space is closing and fear is internalized among many in communities who have experienced repression and violence – and in such settings people may be less willing to speak freely.

Norms and perceptions of legitimacy are paramount to success in fragile contexts but even when something is successful, scaling up might be a challenge. Awareness is needed of power and entitlements, as well as the community's capacity and resources for action. In complex settings, individuals may have no expectations of the state, as there is no social contract. So if a social accountability initiative encourages community members to make claims, they might not engage due to self-censorship for fear of reprisals. Social accountability in such contexts must be congruent with people's priorities and then, when they feel they can achieve what they are most interested in, slowly other issues can be included in the discourse and action. To advance social accountability in these settings requires a strong political economy analysis of the context and power balance between stakeholders including the invisible power structures that exist, recognizing consequences for those who engage, and the realistic prospects of what can be achieved in humanitarian settings (and for whom they can be achieved: not all actors have the same level of risk of repercussions)

Engaging citizens

Engaging citizens for social accountability requires attention to the rules, actions and constraints that need to be addressed within the context⁴⁴. To be successful in calls for accountability and change, social accountability actors must understand the spoken and unspoken rules which guide the interaction between duty-bearers and rights-holders, and importantly, must understand how to follow these unspoken rules to gain entry to the space where change can occur. Unspoken rules may govern, for example, who should speak first in an interaction, or who may sit or stand in a specific position in the room. "Game-changers" are actors who have the power or influence to make the difference between an accountability initiative being successful or unsuccessful. They are interesting players, in that they offer the possibility to take the narrative to the higher political and decision-making levels, considering that each level has its own political economy and contextual characteristics.

Internationally recognized standards and norms sometimes do not resonate at local level because of **normalization** on the part of community members of sub-standard care or even abuse in the health sector⁴⁵. Social accountability necessitates community capacity to demand responsiveness, which in turns depends on perceptions of entitlements (rights), risk and political capabilities. If disrespect by providers of women in maternity care, for example, becomes the norm, bad behaviors go unchecked. In addition, there are risks for women who want to engage in social accountability against poor quality care that may have far worse consequences than the initial abuse, such as potentially being blocked from accessing services in the future.

Part of the success of social accountability efforts is the improvement in community members' political capabilities to act to improve health. It is important to encourage the development of political skills amongst activists. Questions can arise about the appropriateness of interventions when citizen demands can far exceed health system capacity to respond. Humanitarian settings, for example, may require greater theorizing, as rights and expectations in crisis situations leads to other priorities and rules of engagement where public health and safety concerns take precedence over individual claims⁴⁶.

⁴⁴ **Fletcher Tembo** - *Engaging citizens in transforming rules of the game: what opportunities does social accountability provide?*

⁴⁵ **Marta Schaaf** - *Social accountability and health systems improvements*

⁴⁶ **Marta Schaaf** - *Social accountability and health systems improvements*

Monitoring and evaluation: Tracking social accountability and estimating its impacts

Although much research describes the results of social accountability initiatives, there is a dearth of research and tools for monitoring and evaluating these projects. More than a decade ago, DFID commissioned a study on this topic⁴⁷, which put forward some examples of indicators to measure the changes resulting from voice and accountability work. This study noted that progress may involve intangible (and therefore difficult to measure) changes in power relationships, and that it will vary considerably by context.

A flurry of recent activity on social accountability has been driven by the health sector, prompting WHO to set up a community of practice for this topic. The community of practice convened its second meeting in October 2018, on measuring social accountability and health outcomes in reproductive, maternal, newborn and children health. It intends to be a forum for researchers and implementers to share experiences, methodologies, and outcomes from their work, and to discuss a range of research designs, and has just completed a systematic review on monitoring and evaluation⁴⁸. Another recent overview looked at how different types of social accountability efforts are monitored and evaluated, including in the grey literature of practitioners⁴⁹. The results of these many reviews coalesce around the conclusion that this is not yet a rich field. There is much to learn from these studies and reviews, but there is a gap in ethnographic and other studies that really follow processes in social accountability, and a lack of critical analysis.

Evaluation becomes challenging since concepts such as inclusion, participation, empowerment and intersectionality can be starting points, intermediaries or outcomes of the transformation of systems' behaviors. An equity focus may be missing: did the program include marginalized and vulnerable sub-populations as beneficiaries and if so was the action done for them, by others rather than together? Assessment of these concepts is therefore challenging, and there is insufficient discussion of unintended consequences. Theory-based evaluations are needed to track how change happens from different perspectives.

"Realist evaluation" is an emerging set of approaches used, for example, to assess the *Citizens Voice and Action* MCH 4-year project implemented in 60 villages in 3 provinces in Indonesia by World Vision⁵⁰. The underlying theoretical basis of realist evaluation examines how activities change outcomes via new collective beliefs. Project contexts are important not because they are directly causal but because they affect priorities and reasoning, to create patterns of outcomes. The realist approach asks how and why these processes affect what happens for different people⁵¹. Realist evaluation starts with the establishment of a "Theory of Action", looking at a hierarchy of outcomes. This describes what is expected to be done and what can be expected to flow from those activities. A data-rich assessment for the Indonesia project included citizen report cards, questionnaire-based surveys of individuals and health cadres, nested case studies and *Modified Most Significant Change*

⁴⁷ Holland J and Thirkell A (2009). Measuring change and results in voice and accountability work. DFID working paper 34. London: DFID.

⁴⁸ WHO/HRP Meeting Report: 2nd Community of Practice on measuring social accountability and health outcomes 4-5 October 2018, Montreux, Switzerland.

⁴⁹ **Robert Clay** - *Advancing civil society implementers' shared practices for ongoing monitoring and evaluation of social accountability: Literature review and progress report from a collaborative effort*

⁵⁰ **Gill Westhorp** - *How social accountability works: A realist explanation*

Is this the WV evaluation reference? Health Policy and Planning, 32, 2017, 847–859 doi: 10.1093/heapol/czx024 From favours to entitlements: community voice and action and health service quality in Zambia Marta Schaaf,1,* Stephanie M. Topp2 and Moses Ngulube3

⁵¹ Westhorp G (2014). Realist impact evaluation: An introduction. London: ODI.

<https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/9138.pdf> (accessed 20 January 2019)

stories. It was found that this approach worked by strengthening systems and power relations through the triggering of internal accountability mechanisms.

Although not technically a “realist” approach, a 2018 assessment of family planning uptake in Ghana and Tanzania operated by the Community and Provider Driven Social Accountability Intervention (CaPSAI) project also examines and measures intermediate processes to understand how social accountability really operates. It uses a tool to survey service users and health providers, to measure performance and capabilities⁵². The project captured changes in contraceptive uptake and use via a quasi-experimental pre-test/post-test approach with women 15-49 aged years accessing FP services at facilities in the two countries. Using standardized interview questionnaire instruments, the assessment measured the social accountability process. Cross sectional surveys were used to capture accountability-related psychometric scales with health workers and family planning clients. Preliminary analysis has examined the measurement of these constructs, and results are promising in terms of how well the instruments are capturing knowledge and awareness of rights and self-efficacy.

Many commentators agree that realist and other process-based approaches, and mixed designs are the way forward in the evaluation of social accountability efforts⁵³. The type of research to use depends on the conceptual approach of the program implementers as well as the researcher. Programs as well as research can exist on a continuum from technocratic to more community-embedded – but qualitative approaches can be useful regardless of where on the continuum the program lies⁵⁴. Possible research approaches include: realist evaluation, process/outcome tracing, outcome harvesting, developmental evaluation (embedding someone in an organization to help it adapt over time), case study, community-based participatory research, or a mix of methods.

Whatever the method, it must be tailored to the change that is to be captured. Community change is a non-linear process that involves collective efficacy (the belief of the group in its power to work together to bring positive changes), collective agency (members assisting other members to seek/demand healthcare services), and collective action (the strategic and organized set of activities of groups to increase the members’ presence or enact its agenda for change). Complexity is to be expected, and methods should reflect that complexity.

Value for money: Measuring the return on investment in accountability initiatives

An exploration of how we think about return on investment for social accountability initiatives is long overdue. As a rule, we do not show value by providing a short-term tool, but rather by engaging in a long-term process. At least two forms of value added are conceptually relevant in today’s funding context. First, recently there has been a focus on providing high-quality health care in addition to improving access to health care⁵⁵. Service delivery cannot produce quality on its own, and neither can social accountability. Second, key stakeholders are interested in when social accountability complements sectoral work and reduces the political and institutional risks inherent in policy implementation.

PROMESE – the essential medicines project in the Dominican Republic - is an example where value for money was assessed as very encouraging. Key reforms centralized purchasing to make it more

⁵² **Petrus Steyn** – *Community and Provider Driven Social Accountability Intervention (CaPSAI) project - validation of the scales*

⁵³ **Niranjana Saggurti** - *Studying social accountability processes*

⁵⁴ **Marta Schaaf** - *Qualitative approaches to assessing health systems responsiveness*

⁵⁵ **Florencia Guerzovich** - *Pragmatic Idealism: The case for investing in social accountability for health*

transparent, cheaper, and more efficient⁵⁶. Return on investment in social accountability can be enormous – the costs of PROMESE have been around \$250,000 while annual procurement savings are in the millions. However, indirect costs (flexibility) and benefits (competitiveness) do need to be estimated and factored in as well as the broader issue of opportunity cost. Again, the context is central to our assessment of the benefits.

Overview: Conclusions, questions and gaps in knowledge

Conclusions

This symposium brought together eminent experts from a wide variety of backgrounds and countries to discuss best practice and identify knowledge gaps. A number of key themes emerged, as follows:

The importance of context

Although the symposium acknowledged that some universal principles can and should apply to most social accountability efforts (e.g. the need for a recourse mechanism within an accountability mechanism), and some participants called for these to be set down as global standards for community engagement, there was unanimous recognition that social accountability initiatives can be successful only if the key actors have a deep understanding of the local context. Any accountability initiative therefore requires a process of strategic analysis of opportunities and challenges. To reflect the fact that accountability is inherently political, it was suggested that this analysis should usually include a political economy analysis which considers:

- who are the rights-holders and duty-bearers in that context,
- the spoken and unspoken rules that guide the interaction between rights-holders and duty-bearers,
- how to manage the participation of political parties,
- how to facilitate collaboration between different groups without creating or perpetuating power imbalances (e.g. it is important to involve men in accountability for women's health, but in a way that encourages them to support women to achieve agency and leadership rather than taking on a protective, patriarchal role),
- how to work with individuals or groups who oppose your aims,
- how to work effectively with the media,
- how to guard against being used as a 'token', and
- the possibility of backlash, how to minimize the risk, and manage it if it does occur.

A political economy analysis is especially important (and yet even more challenging) in complex, fragile or conflict-affected settings, because there is usually greater fragmentation of authority which makes it more difficult to identify the duty-bearers, power-holders and influencers. Informal (and sometimes invisible) processes of power tend to trump formal ones in these contexts, and citizens are likely to be more fearful of reprisals and therefore less willing to participate in social accountability activities.

Furthermore, sometimes it is not enough simply to hold duty-bearers accountable for existing standards. If the standards are not context-appropriate, grounded in human rights and meeting citizens' needs, or if sub-standard health care has become normalized, there will be a need to challenge the status quo.

⁵⁶ **Andrew Schrank** - *Working at scale: Lessons on cost savings and return on investment from the essential medicines program in the Dominican Republic (Programa de Medicamentos Esenciales)*

The concept of empowerment

Social accountability activities open a channel of communication between rights-holders and duty-bearers, sometimes even empowering citizens to engage directly with duty-bearers outside of the accountability mechanism. Successful social accountability initiatives depend heavily on the commitment of both rights-holders and duty-bearers and may require a neutral convening organization or coalition to maximize independence and trust (noting that demands must come from within the community). Building trust between stakeholders is central to the success of social accountability. Often, informal processes are key to creating vitality in the formal processes. The involvement of coalitions of NGOs and other key stakeholders bring about many benefits, including: breadth of skills and experience, the pooling of risk, and facilitating the communicating of key messages from local to national level.

The symposium generated lively discussion about when it is (and is not) appropriate to be confrontational during social accountability activities. The consensus was that it depends on the context and the level at which the accountability mechanism operates. At a community level, there is usually a need to build alliances, take a collaborative approach and avoid a 'blame and shame' culture, especially if health care workers provide poor quality of care because of systemic rather than personal failings. When working at a district or higher level of the system, a more confrontational approach may be appropriate. However, even at this level an over-confrontational approach may be counter-productive. Actors may need a supportive, facilitative approach to help them understand other points of view, e.g. if service providers do not accept that there is a problem, collaborative, evidence-based discussions can lead to a healthy alliance being formed.

The challenge of scale-up, sustainability and institutionalization

The question of sustainability generated much discussion at the symposium. Some CSOs have no exit strategy because they do not consider their work to be a 'project' – rather, it is their *raison d'être* and it would not be appropriate to stop until resilient social accountability infrastructure is built and fully institutionalized. Others do have exit strategies, and work on sustainability as part of their project, e.g. by equipping community groups to continue the work on their own. Sometimes the structures for sustainability already exist (e.g. local leadership forums), but do not currently involve citizens directly. Part of social accountability is to inform citizens that these structures exist and encourage them to be proactive and ask for opportunities to be heard. Community champions may need to be identified and nurtured to help ensure local ownership and sustainability.

Several contributors to the symposium agreed that community committees tend to function better when they are supported by national policy and linked with local government structures. Likewise, achieving institutionalization of an accountability mechanism is easier if the intervention is owned and managed by the state, but in that case: (a) the process takes longer, and (b) there is some disagreement over whether in that case it counts as social accountability. The question 'is that really social accountability?' was heard several times at the symposium. For example, is it social accountability if citizens are invited to someone else's space in order to engage with authorities (as opposed to claiming a public space for this purpose), if the accountability mechanism is 'owned' by the duty-bearer (e.g. if the government establishes the platform for citizen engagement and feedback), or if professional groups have a leadership role within a coalition? In these circumstances, there can be advantages, but the dynamics change and citizens' voices (especially those from marginalized groups) may not be clearly heard.

Pre-requisites for wider adoption and scaling up of accountability efforts include a mandate within national policies and programs – including, if appropriate, sectors outside of the health section such as transport or education. This can be challenging if national policies and programs do not take sub-national contexts adequately into account or if citizens' demands do not align with this national

mandate., Other pre-requisites include: advocacy at the sub-national level to create interest and ownership, partnerships between CSOs and governments, concerted efforts to address citizens' concerns, and recourse mechanisms to affirm people's faith in the public health system. For example, health facility committees can be a locally driven "concerted effort" to allow community members to voice their concerns and interests, but without political support at district, provincial and even national level, the action taken to address their concerns may be minimal due to funding constraints or even lack of interest by higher level power brokers.

The complex, non-linear nature of social accountability and the implications for evaluation

It was acknowledged that social accountability initiatives can directly improve health care quality and utilization, with important equity effects. It was, however, also acknowledged that this is only a small part of the role that social accountability can and should play in terms of women's, children's and adolescents' health and nutrition. Participants agreed that we need to stop thinking about social accountability solely in terms of tools and improving services and move further towards understanding processes and deepening democracy and citizenship, with a better understanding of contexts, building organized structures and strategies to empower citizens, and the need for coalitions to bring about transformative change. Community change was acknowledged as a non-linear process that involves collective efficacy (the belief of the group in its power to work together to bring about positive changes), collective agency (members assisting other members to seek/demand health care services), and collective action (the strategic and organized set of activities of groups to increase members' presence or enact its agenda for change). Complexity is to be expected, and methods should reflect that complexity. This necessitates a much longer-term perspective than has sometimes been evident in the past, and in some cases will involve supporting the duty-bearer's capacity to respond to citizens' demands in addition to supporting citizens in making those demands.

In trying to garner support and resources for social accountability efforts, there is a temptation to undervalue it and/or present it as a 'cheap and easy' thing to do, especially when project timelines are short, or funds are limited. However, social accountability is politically sensitive and therefore will be successful only if it builds on long histories and the relationships and contexts within them. Even when the objectives of a social accountability initiative are sharply defined, there is a need for broad thinking about how to create alliances and where the power lies. This is even more challenging when (as is often the case) there is high turnover of key personnel in decision-making organizations.

Some RCTs were discussed during the symposium, and encouraging results shared. However, the limitations of this approach for evaluating the overall impact of social accountability efforts was acknowledged. Attempts to monitor and evaluate a social accountability initiative must recognize that community change is a complex, non-linear process. The 'realist evaluation' approach shows promise: it examines how activities change outcomes via new collective beliefs and tries to understand how this process operates differently in different contexts. Other promising approaches include: process/outcome tracing, outcome harvesting, developmental evaluation, case studies and community-based participatory research. Similarly, evidence was presented at the symposium about the return on investment in social accountability, but it was acknowledged that the long-term and complex nature of social accountability limits the extent to which existing research has truly measured the value that it adds.

Remaining questions and gaps in knowledge

Although participants at the symposium shared examples of effective techniques for monitoring and evaluation of social accountability efforts, significant knowledge gaps remain about *how* social accountability works (or does not work), *who* should drive the agenda, and how best to monitor and evaluate the effectiveness of social accountability efforts. There is a big research agenda here in terms of studies that critically analyze processes in social accountability. Inclusion, participation and

intersectionality have often not been assessed and there is insufficient discussion of unintended consequences. Similarly, measuring the return on investment in social accountability is extremely challenging, especially now that global health priorities are moving away from service provision towards service quality. This is partly due to the long-term nature of social accountability and partly to the complexity of the processes and outcomes.

Other specific questions asked at the symposium and acknowledged to require better understanding included:

- How to operate within the changing nature of civic space, where politicians feel they can interact directly with citizens via social media, without the need for interlocutors?
- How should social accountability implementers react if the stated demands of citizens are not aligned with national or global priorities?
- In contexts of fragility, violence and conflict, the nature of accountability is different due to weaker social contracts, lack of trust and fear of reprisals. How can social accountability initiatives include communities living in such settings?
- How to properly document contextual information relevant to a social accountability initiative, e.g. from monitoring and evaluation efforts?
- How to properly document and learn from the challenges and unintended effects of accountability, e.g. the risks and costs

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Annex: Examples of accountability initiatives shared at the symposium

Examples from South-East Asia

Social accountability and health: Innovative governance interventions in Uttar Pradesh

A social accountability initiative was implemented in Uttar Pradesh by government agencies as a policy tool, in contrast to many social accountability initiatives that are implemented by non-governmental organizations (NGOs) and civil society organizations (CSOs). The initiative involved the tailored provision of information about health rights and responsibilities and facilitation interventions in the form of community meetings⁵⁷. Health outcomes were significantly improved if communities received information about their rights and responsibilities, but even more improved if the information was accompanied by a social accountability mechanism in the form of community meetings. Sharing information and evidence is essential, but on its own, it is insufficient to bring about change. After the intervention, health expenditure increased and supply systems were strengthened⁵⁸.

Community-based maternal death review in Bihar: An uphill task

Systems for recording and reviewing maternal deaths often focus solely on deaths occurring in health facilities, but the determinants of death may be very different for deaths occurring in the community. For example, when this initiative began in India's Bihar State, it was estimated that there were 6,000 maternal deaths per year, yet fewer than 2,000 were recorded⁵⁹. Between 2012 and 2015, 159 community-based maternal death reviews (CBMDR) were carried out using verbal autopsies (a process of interviewing the dead woman's relatives, neighbors and other community members, with a view to identifying the factors that contributed to the death) and focusing on marginalized communities⁶⁰. These reviews identified several systemic problems, such as high user fees for accessing maternal health services, poor ambulance availability in emergencies, low community awareness of the warning signs of pregnancy complications and poor quality of services in primary and secondary level health facilities. The state government responded by increasing ambulance availability and scaling up the CBMDR process.

Strengthening implementation of community action for health under the national health mission in India

Community Action for Health (CAH) is one of the key strategies of India's National Health Mission. One aspect of CAH's accountability framework is community-based monitoring of health services⁶¹. Since 2007, CAH has been rolled out across over 200,000 villages in 24 states of India. It involves community-based organizations working with the state to organize public dialogue, follow-up and action⁶². It includes a mobile phone platform interface designed to inform citizens about their entitlements and enable them to share their feedback on services. The platform then displays a performance dashboard based on citizens' inputs. Outcomes attributed to CAH include: increased availability and uptake of family planning services, improved quality of antenatal care services and improvements to equipment and infrastructure. Furthermore, the assessment of community needs and demands has been incorporated into planning and budgeting cycles.

Assessing changes in government maternal health services with report card initiatives in tribal districts of Gujarat

⁵⁷ <http://www.worldbank.org/en/programs/sief-trust-fund/brief/impact-of-social-accountability-interventions-on-healthcare-delivery-and-health-outcomes-in-uttar-pradesh-india>

⁵⁸ **Manoj Mohanan** *Social accountability and health: Evidence from innovative governance interventions in Uttar Pradesh*

⁵⁹ **Shakeel Ur Rahman** - *Community-based maternal death review in Bihar: An uphill task*

⁶⁰ <http://www.charm.org.in/events/community-based-maternal-death-review-cbmdr-of-dalits-and-muslims/>

⁶¹ <http://www.populationfoundation.in/Projects/project/15/4>

⁶² **Bijit Roy** - *Bringing the public into public health: Strengthening implementation of community action for health under the national health mission in India*

Quality of health care should be considered from a user perspective as well as a clinical one. A social accountability initiative in Gujarat⁶³ aimed to create a culture of accountability to maternal health service users via social autopsies and engaging with local leaders. Information, education and communication (IEC) tools were developed with community participation, then implemented via community meetings and community action. Local women were trained as volunteers to work alongside local health workers, and community leaders were supported to interact with decision-makers. Citizens' understanding of maternal health issues increased, there was a higher level of trust between citizens and health service providers, and citizens started to contribute to maternal death reviews. Report cards were produced, and over time showed improved quality of care, increased equity, and shifts from home birth to health facility birth and from private to public sector service use. Coalitions were formed with other NGOs and campaigning groups, which made it possible to communicate key messages up to the national level.

Building a civil society collective to realize quality, respectful maternal health care in Madhya Pradesh, India

When working in women's health, the focus is often on women alone, but we need to find ways to engage constructively with men so that they are responsible partners, able to challenge damaging social norms. This project was implemented in two districts of Madhya Pradesh: one in a tribal area and one with a very 'macho' culture⁶⁴. Men's groups were convened to improve understanding of gender, privilege and patriarchy and how these concepts/attitudes can affect human health. The men made personal and community action plans (e.g. challenging early marriage and the dowry system) and a social charter detailing their proposed actions and their demands from the state. This was followed by a period of participatory community monitoring of the action plans. Observed changes included: men taking on a fairer share of domestic responsibilities, improved gender relations, greater awareness of rights and entitlements, more positive interactions between communities and health workers, and greater community influence over resource allocation decisions.

Strengthening community institutions for social accountability in India

A health system-strengthening program in India involved several social accountability structures, including community-level committees with a mandate to hold health service providers and health workers to account⁶⁵. Some of these committees were embedded within local government structures, and these were the ones that tended to function well and become institutionalized. A focus on training and building community capacity was essential for citizen engagement, but it was sometimes difficult to bring everyone together in one place for training activities. Implementers concluded that, in the early stages of an accountability initiative, it may be sensible to focus on monitoring essential public services, then over time work up to more complex issues such as village health plans. It was sometimes difficult to persuade service providers that the community committees had an important role to play, so there was a need to find collaborative ways to resolve this tension.

Improving community clinics' services through citizen engagement

World Vision Bangladesh implemented NOBO JATRA, a national social accountability project to improve gender equity, food security and resilience⁶⁶. The aim was to provide non-confrontational platforms for citizen engagement with government, strengthen of existing structures for citizen engagement and use innovative feedback methods to feed into decisions about resource allocation. An initial information-gathering phase was followed by citizens' voice meetings and actions, including constructive dialogue. As a result of this initiative, commitments were made for improvements, and

⁶³ **Renu Khanna** - *Community action for improved maternal health: Assessment of changes in government health services through report cards in tribal districts of Gujarat*

⁶⁴ **Sana Contractor** - *Building a civil society collective to realise quality, respectful maternal health care in Madhya Pradesh, India*

⁶⁵ **Rajani R. Ved** - *Strengthening community institutions for social accountability*

⁶⁶ **Nirmal Sarker** - *Improving community clinics' services through citizen engagement*

citizens' awareness of service standards was raised. Systemic issues were referred up to higher levels, resulting in improvements to infrastructure. Of the 1,127 actions identified across two districts, 245 were completed and the rest were ongoing. Citizens and service providers both reported that the health service had become more responsive to citizens' needs.

Yuva Power (Young Power) to change the World, one-step at a time

Children- and especially disabled children – can be routinely excluded from social accountability forums, but it is important to include them when the topic is relevant to their needs. WVI has facilitated the inclusion of disabled children and young people in its citizens' voice activities in India⁶⁷. This has helped to raise awareness of support services and networks, which can collaborate and connect service users with the available health services.

Child Centered Social Accountability: A field experiment in Bangladesh

Child-centered social accountability (CCSA) focuses on child outcomes and involves children meaningfully at every stage of the intervention. In partnership with Save, two Bangladeshi NGOs implemented a CCSA initiative across two districts, involving nearly 3,000 children⁶⁸. It began with stakeholder mobilization, including government officials, service providers and children. The children were informed about their rights and entitlements and participated in discussions about service quality and their needs. The stakeholders then collectively agreed an action plan, followed by a set of monitoring visits to health facilities, which found that 261 of the 857 specified actions were completed. An RCT concluded that children involved in the CCSA initiative were significantly more likely to seek care when they were unwell, and significantly more likely to be satisfied with the quality of health services. Children were empowered by enhanced knowledge, perseverance and perceptions of control over events.

Meaningful youth engagement in social accountability: Lessons learned from citizen hearings in the Philippines

With technical assistance from IPPF, the Family Planning Organization of the Philippines led six citizens' hearings in 2017, with specific efforts to include poor and marginalized populations such as women and young people, e.g. a youth-only event⁶⁹. The aim was to discuss key gaps and priorities in sexual and reproductive health services, review progress since previous citizens' hearings on contraceptive services, and strengthen partnerships with other CSOs working on sexual and reproductive health. The hearings identified problems with the sustained supply of family planning commodities and put pressure on government to address these problems. They provided a platform for discourse between government and citizens and included groups whose voices tend not to be heard.

Examples from Africa

Social Accountability: A win-win for governments and citizens

WRA Tanzania created a Safe Motherhood coalition of multi-sectoral partners to amplify community-level voices. After an initial phase of information collation, 8,000 signatures were gathered for a petition requesting government to upgrade Tanzania's Comprehensive Emergency Obstetric and Newborn Care (CEmONC) facilities. Then a series of citizens' hearings brought over 10,000 citizens and decision-makers together to discuss demands and solutions, and to form the Parliamentary Group for Safe Motherhood. At these meetings, citizens were told that they could and should expect better services and were encouraged to voice their needs to the decision-makers present at the hearings. Opening that channel of communication between citizens and politicians led to further engagement

⁶⁷ **Gaurav Kumar** - *Yuva Power (Young Power) to change the World, one step at a time*

⁶⁸ **Thiago Luchesi** - *Child Centred Social Accountability: A field experiment in Bangladesh*

⁶⁹ **Jean Daryl P. Ampong** – *Meaningful youth engagement in social accountability: Lessons learned from citizen hearings in the Philippines*

after the meetings, was perceived as an example of deepening democracy, and contributed to a 50% increase in the budget for CEmONC services⁷⁰.

Delivering on Promises: Fostering multi-stakeholder action for success. The story from E4A-MamaYe
In Lagos State, Nigeria, a state-led accountability mechanism (SLAM) was formed, with the participation of government, CSOs, health professional associations, media, development partners and community leaders. Its objective was to improve maternal, newborn and child health (MNCH) service delivery and reduce mortality and morbidity⁷¹. The SLAM facilitated the formation of maternal and perinatal death surveillance and response (MPDSR) committees in all health facilities, who are accountable for every woman delivering in their facility. In addition, MNCH ‘super-activists’ (volunteers from existing community structures) were recruited and trained to hold politicians accountable for delivering on their commitments. The SLAM successfully advocated for a specific MPDSR budget line in the 2017 health budget, so that MPDSR committees had the resources to take action to address the identified issues. The state ministry of health has publicly acknowledged the contribution of the SLAM to improving MNCH services.

Example from Latin America

Ana Lorena Ruano – *Community led Accountability: Experiences from Guatemala*

Despite progressive laws and policies in Guatemala, indigenous communities in the highlands experience significant barriers to accessing health services. A Network of Community Defenders for the Right to Health has been formed⁷² to educate communities about their rights and obligations, gather evidence about problems and draw up action plans in collaboration with local authorities⁷³. Strategic action and advocacy (guided by power theories) are used to engage with state actors using an adaptive cycle of actions, from gathering evidence, actively claiming spaces for engagement with authorities (rather than waiting to be invited to spaces) and presenting the evidence and citizens’ demands, then adjusting strategies and taking follow-up action based on authorities’ reactions.

⁷⁰ **Anna Silvester Sawaki** - *Social Accountability: A win-win for governments and citizens*

⁷¹ **Adenike Badiora** - *Delivering on Promises: Fostering multi-stakeholder action for success. The story from E4A-MamaYe*

⁷² **Ana Lorena Ruano** – *Community led Accountability: Experiences from Guatemala*

⁷³ <https://namati.org/resources/the-network-of-community-defenders-for-the-right-to-health-in-guatemala/>