

Examples of Promising Accountability Approaches and Mechanisms

Accountability can be achieved through a variety of approaches and mechanisms, each designed with a different purpose and intent. Below are several examples that are currently being used to track the implementation of commitments, policies, and strategies at national and/or subnational level.

We invite the family planning community to identify and implement approaches that strengthen feedback loops between mechanisms at national and subnational levels.

	<i>Example</i>	<i>Purpose</i>		
		Monitor Public Services	Influence and Monitor Financing	Collaborative Planning and/or Management
1.	The Motion Tracker	X	X	X
	Nigeria Family Planning Scorecard		X	X
3.	The Common Framework		X	
4.	State-led Accountability Mechanism in Nigeria	X	X	X
5.	Community Action for Maternal Health Project Social Accountability Activity in Gujarat, India	X		X
6.	Community Score Cards (CSC) in Malawi	X		X

Example 1: The Motion Tracker

What is the approach? The Motion Tracker is a customized, dynamic framework for strengthening accountability that focuses on developing local ownership, strong relationships between all stakeholders, and transparent agreement on commitments and the action required to meet them.

This accountability approach:

- Allows for adaptability at global, regional, national, and subnational levels
- Tracks both financial and nonfinancial commitments
- Categorizes commitments by complexity (e.g., financial and service delivery targets or process and systems goals)

- Employs principles of stakeholder engagement and reporting
- Recognizes the voices of champions and stakeholders, and ensures their continuous engagement in tracking commitments
- Creates universal understanding of and buy-in to commitments at all levels and across actors
- Tracks actions of commitment-makers and other actors towards the achievement of commitments

Where is it used? This approach is used primarily at the national level in Burkina Faso, Ethiopia, Indonesia, Côte d'Ivoire, Kenya, Nigeria, Togo, Uganda, and Zambia.

How does it work? There are six steps involved in implementing the Motion Tracker framework:

1. Identify commitments – work with government and partners to identify commitments
2. Classify commitments – collaborate with government and CSOs to classify commitments as implicit or explicit
3. Deconstruct commitments – break down commitments by analyzing background documents to determine the intended meaning
4. Categorize commitments – organize commitments according to the World Health Organization (WHO) health system building blocks
5. Develop process indicators – work with a network of family planning practitioners and policymakers to develop performance indicators to track progress against each commitment statement
6. Implementation – conduct targeted stakeholder engagement (with implementers, policymakers, legislators/politicians, advocates, donors, and the media) to identify and acknowledge partner action, showcase progress, and celebrate success. Identify barriers to and facilitators of accelerating progress.

Why use this approach? If the Motion Tracker is implemented well, one can expect:

- More visible, clear, and actionable commitments
- Purposeful and concurrent stakeholder engagement
- Harmonized efforts that harness CSOs' collective power
- Collective ownership to address bottlenecks
- Progress is highlighted

What do I need to consider? To implement the six steps, there is typically a convening organization that collects data, holds stakeholder meetings, updates the online tool, and conducts media outreach on a quarterly basis. This organization should be well positioned to convene others as a trusted and inclusive institution.

Where can I learn more?

- Motion Tracker [webpage](#)
- [Health Policy Plus brief](#) outlining additional details and examples.

Example 2: Nigeria Family Planning Scorecard

What is the approach? The Family Planning Scorecard is an accountability mechanism implemented in Nigeria to monitor progress and commitment of the government vis a vis FP2020 commitments. The tool was used to strengthen accountability mechanisms and standards to introduce the elements of answerability and transparency that would make implementation of commitments more result oriented and cost effective.

Where is it used? This approach was used primarily at national level in Nigeria.

How does it work? The following steps were taken to implement the FP Scorecard in Nigeria:

1. A meeting was held with the Technical Management Committee of the lead organization, Association for the Advancement of Family Planning (AAFP), where it was agreed that a mechanism should be put in place to monitor progress and commitment of the government to the FP2020 partnership.
2. A consultant was hired to review and put together all relevant documents on FP in Nigeria, including the FP2020 commitments.
3. A stakeholder meeting of key FP actors in Nigeria was held to review the consultant's report and make final decisions about how to use the data.
4. Four documents were then developed to score the progress and track the implementation of the FP Blueprint and other related interventions in Nigeria, including the FP2020 commitment. An issue brief was also developed to help brief major advocacy targets, particularly the media and national leaders.
5. A dissemination plan was developed to share information on the commitments.
6. All major media houses were invited to a press conference, where they were briefed and given the four documents.
7. All major FP stakeholders were invited to a convening, where they were briefed on the commitments, received the four documents, and agreed on action plans to move the plans forward.
8. The documents were disseminated in a meeting with high-level leaders and during the FP conference in Nigeria.

Why use this approach? The scorecard materials were disseminated widely and regularly, making it easier for civil society and FP stakeholders to collectively understand the progress made. As a result, there was improved implementation of the commitment among government agencies, in partnership with civil society.

What do I need to consider? To implement the FP Scorecard, there is typically a convening civil society organization. Financial and technical resources need to be made available to ensure that FP-related documents can be collated, analyzed, and disseminated regularly.

Example 3: The Common Framework

What is the approach? The Common Framework is a set of shared indicators that family planning advocates—as well as champions and technical agencies—can use to monitor government spending on family planning programs and commodities in a comparable way across different geographies. The purpose of the common framework is to develop a standard

language for reporting family planning budget expenditures across countries and to measure and compare access to official budget data and budget transparency.

Where is it used? This approach is used at the national level in Burkina Faso, Côte d'Ivoire, Malawi, Tanzania, Uganda, and Zambia.

How does it work? The Common Framework combines two tools for data collection and presentation to support government engagement in sustaining funding for family planning:

1. **A real-time tracking tool:** Advocates use the online budget accountability tracking tool to input key budget data, which allows them to track indicators in real time and ensure progress within a given fiscal year.
2. **A country-specific scorecard for advocacy:** Official budget data collected through real-time tracking is used to populate an annual family planning budget scorecard that captures financial year data on government investment.

The framework includes 10 essential indicators organized by four types of information in the planning and budget cycle: funding need, allocation, disbursement, and expenditure. There is also an indicator on transparency, which assesses the public availability of budget documents that contain the data necessary for tracking the other indicators.

Why use this approach? The framework is designed to assess follow-through on government commitments to family planning along the planning and budget cycle, moving from funding need, to allocation, disbursement, expenditure, and, finally, outcome. The anticipated outcome of using the Common Framework is increased government ownership of FP commitments, measured as a rising share of government spending on family planning as a percentage of total funding needed over time.

What do I need to consider? This approach may overlook important aspects of family planning programs, such as training of service providers and behavior change communication materials, depending on which items are captured in budget lines. Additionally, it does not track government investment in the form of salaries for health workers who provide family planning services (e.g., midwives).

While partners achieved consensus on how the data would be tracked, developing a shared budget accountability framework has its own challenges. These challenges include accessing data and ensuring the approach takes into account each country's unique environment. To be useful for advocates, expenditure data must be published while there is still time to influence government action within the current budget year. However, most governments do not produce and publish quarterly expenditure reports in a timely manner and, even if they do, these reports are not sufficiently disaggregated to include every budget item related to family planning programs and commodities. However, these challenges are the reason the Common Framework assesses transparency alongside family planning budgets—advocates can use the scorecards to clearly make the link between the need for budget transparency and increasing government investment in family planning.

Where can I learn more?

- This [PAI Brief](#) outlining the Common Framework and this [FP Expenditure Tracking Meeting Report](#) with the updated indicators
- The [FP Budget Scorecards](#) for Malawi, Tanzania, Uganda, and Zambia

Example 4: State Led Accountability Mechanisms in Nigeria

What is the approach? State Led Accountability Mechanisms (SLAMs) are multi-stakeholder coalitions made up of government, health professional associations, media, civil society, and traditional institutions. Their objective is to improve maternal, newborn, and child health (MNCH) service delivery and reduce morbidity and mortality. SLAMs monitor the progress of plans and budgets and push for action where it is needed to effect change.

Where is it used? This approach was used at the state level in Nigeria, in the states of Lagos, Bauchi, and Gombe.

How does it work? The following steps were taken to implement SLAM in Lagos state:

1. SLAM co-chairs were selected from among civil society and government representatives.
2. The SLAM was divided up into three sub-committees that each had their own role and purpose in the process:
 - Evidence sub-committee
 - Advocacy sub-committee
 - Knowledge management and communications sub-committee
3. The evidence sub-committee reviewed selected indicators and then used them to create scorecards covering family planning, facility stock levels of lifesaving commodities, MNCH outcomes, and maternal and perinatal death surveillance and response (MPDSR) data.
4. The advocacy sub-committee used the evidence to develop a list of asks for the state Ministry of Health and other relevant stakeholders. These were included on the back of the scorecard. The sub-committee also developed advocacy strategies to present the asks and ensure stakeholders take action.
5. The knowledge management and communications sub-committee was tasked with facilitating and ensuring documentation of the evidence and the calls to action.
6. The Lagos state SLAM also developed MPDSR committees in all health facilities, which were responsible for collecting data on every woman delivering in their facility.
7. The SLAM recruited and trained volunteers from existing community structures to become MNCH “super-activists,” who worked to hold politicians accountable for delivering on their commitments.

Why use this approach? SLAMs can act as a bridge between government officials and citizens that promotes transparency and accountability around health service delivery. The SLAM in Lagos state successfully advocated for a specific MPDSR budget line in the 2017 health budget. A key feature of the SLAM is its ability to bring previously opposed sides together with a common advocacy goal, which can result in improved MNCH outcomes.

What do I need to consider? The implementation of SLAMs in Nigeria have yielded the following key lessons:

- Presenting evidence in an accessible way makes it easier to act on and use evidence-based advocacy.
- Continuous advocacy is important.
- Improving sub-national accountability mechanisms should be prioritized

Where can I learn more?

- E4A-Mamaye Learning Brief, State Led Accountability Mechanisms (SLAMs): Trust and Multi-sectoral Action (2019).

Example 5: Community Action for Maternal Health Project Social Accountability Activity in Gujarat, India

What is the approach? The Community Action for Maternal Health Project implemented this social accountability initiative in Gujarat to create a culture of accountability to maternal health service users via social autopsies and engagement with local leaders. Information, education, and communication 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.

Where is it used? This approach is used in the districts of Dahod and Panchmahal in the state of Gujarat, India.

How does it work? The following steps were taken to implement the Community Action for Maternal Health Project's social accountability initiative in Gujarat:

1. Community meetings were held with community members, leaders, and health care providers to elicit local feedback on the safety of delivery among women and providers and to develop a common understanding of essential services and entitlements provided at facilities.
2. Following those initial meetings, further meetings were held to raise community awareness of issues related to nutrition, antenatal care visits, high-risk pregnancy symptoms, newborn care, and immunization. The meetings also offered space for follow-up questions from community members.
3. The meetings promoted community ownership of village-level health issues and collective decision making about accountability efforts and responsibilities for actions decided on by the group.
4. The project developed the Healthy Mother tool—a short, pictorial checklist of maternal health entitlements and services for community members to track pregnant and postpartum women's receipt of key services.
5. Trained volunteers visited households with the tool, once during the eighth month of pregnancy and then again 10–20 days after delivery.
6. The data collected from the tool was collated into report cards. A color-coded system was developed to denote quality of services: poor (red), average (yellow), and good (green).
7. The results of the report cards were shared with local health authorities and medical officers, who then shared them with their staff. The report cards were also shared with the community at women's collective meetings and ward meetings. Seeing the indicators change over time was motivating to community members and health providers.

Why use this approach? Following implementation of this social accountability mechanism, citizens' understanding of maternal health issues increased, there was a higher level of trust between citizens and health service providers, and citizens began contributing to

maternal death reviews. Report cards were produced and, over time, they showed improved quality of care, increased equity, and shifts from home birth to facility delivery, 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.

What do I need to consider? This NGO-community partnership simultaneously addressed demand and supply side constraints to low utilization and poor quality of services by: a) raising awareness of maternal health entitlements; b) supporting community monitoring of services; and c) facilitating dialogue with health providers and other key stakeholders.

Where can I learn more?

- George, A.S., Mohan, D., Gupta, J. et al. Can community action improve equity for maternal health and how does it do so? Research findings from Gujarat, India. *Int J Equity Health* 17, 125 (2018).

Example 6: Community Score Cards (CSC) in Malawi

What is the approach? The CSC is a two-way, participatory tool for assessment, planning, monitoring, and evaluation of services. The CSC is an approach that brings together community members, service providers, and local government to identify service utilization and provision challenges, to mutually generate solutions, and to work in partnership to implement and track the effectiveness of those solutions in an ongoing process of improvement.

Where is it used? The CSC process is used at the local level to address local-level barriers. The score card is implemented where the community and facility intersect.

How does it work? The following steps were taken to implement the CSC in Malawi:

1. CSC practitioners engaged in planning and preparation for CSC rollout in coordination with key stakeholders.
2. The scorecard was used in the community with service users:
 - The community identified priority issues.
 - CSC practitioners worked with the community to develop indicators for assessing priority issues.
 - Community members completed the scorecard by assigning a numerical value against each indicator and providing a reason for that numerical value.
 - CSC practitioners worked with the community to generate suggestions for improvement.
3. The scorecard was used with community service providers:
 - CSC practitioners and service providers conducted a general assessment of health service and barriers.
 - CSC practitioners and service providers developed indicators for quality health service provision.
 - Service providers completed the score card by assigning a numerical value against each indicator and providing a reason for that numerical value.
 - Service providers identified priority health issues.
 - CSC practitioners worked with service providers to generate suggestions for improvement.
4. A meeting was held with community members, leaders, district officials, health facility staff, and other stakeholders.

- Communities and service providers presented their score cards.
 - Both groups presented their identified priority health issues.
 - Both groups negotiated to prioritize issues together.
5. Joint action planning with both groups:
- The groups worked together to develop an action plan to address the prioritized issues.
 - They agreed on responsibilities for activities in the action plan and set time frame.
 - They executed the action plan and monitored and evaluated actions.
 - The cycle was repeated to ensure institutionalization.

Why use this approach? Evidence from the CSC can be used to elevate the issues that are uncovered to a higher level. District governments are involved throughout the entire CSC process. They are co-implementers and help with the preparation and planning. Higher levels of government are involved when service delivery bottlenecks stem from more systematic reasons, and where decentralization has not been fully rolled out.

What do I need to consider? The success of the CSC approach will depend on buy-in from both the community and the health providers. Additionally, the government and power holders may be suspicious of the process if they think it could be damaging to them—this can be alleviated by ensuring they understand the benefits of the process. NGOs and civil society may also be wary of this process out of fear that it will lead to adversarial relationships with the government.

Where can I learn more?

- CARE Malawi. [The Community Score Card \(CSC\): A generic guide for implementing CARE's CSC process to improve quality of services \(2013\).](#)

Additional Resources

- [The Role of Civil Society in Tracking FP2020 Commitments and Promoting Accountability: Discussion Paper](#)
- [Social Accountability for FP at Decentralized Levels: Examples of Existing Mechanisms Introduction](#)
- [Civil Society Driving Innovation for Sustained Government investment in family planning: Common Framework](#)
- [Social Accountability for Women's, Children's and Adolescents' Health: A Symposium of Evidence, Practice and Experiences](#)