



## Guidance note: Community participation and social accountability in health programs

A primary objective of IRC primary healthcare and environmental health (henceforth collectively referred to as “health”) programs is to strengthen collaboration between users and service providers to enhance the quality of services delivered. IRC health programs seek to give voice to the needs and concerns of communities on the delivery and quality of health services and support greater responsiveness from the health system. One way to promote this kind of user participation is through social accountability activities.

The purpose of this guidance note is to review mechanisms for social accountability in health programs, provide guidance on deciding whether it is feasible to implement such activities, and outline the process of designing, implementing, and monitoring them. This guidance note is not a step-by-step manual, therefore it should be used with support from your Health and Governance technical advisors. The process needs to be adapted to each setting and each program’s needs. This note is intended to be used in conjunction with the G&R TU documents “Social accountability: An Introduction to Civic Engagement for Improved Service delivery,” “Social accountability: Key Design Considerations and Case studies,” and “Local Accountability in Service Delivery: The Tuungane Community Scorecard Approach<sup>1</sup>” which should be read prior to this note.

### Governance, Social accountability, and Community Participation

**Governance is one of the six building blocks in WHO’s health systems framework.** It “refers to a wide range of steering and rule-making related functions carried out by governments/ decision makers as they seek to achieve national health policy objectives that are conducive to universal health coverage<sup>2</sup>. It includes:

- maintaining the strategic direction of policy development and implementation;
- detecting and correcting undesirable trends and distortions;
- articulating the case for health in national development;
- regulating the behavior of a wide range of actors - from health care financiers to health care providers; and
- establishing transparent and effective accountability mechanisms.<sup>3</sup>

### **Social accountability (SA) is an approach towards achieving the governance objectives listed above.**

SA in health can be defined as the processes and mechanisms through which users of health and water and sanitation services engage with the health system such that duty bearers (politicians, the Ministry of Health, healthcare providers, local governments responsible for water and sanitation, etc.) answer for their actions and face some sanction if

services are judged to be below the required standards.

**Community participation is at the heart of social accountability interventions.** Community participation in health refers to users of services influencing and exercising control over service delivery. Participation can take many forms and can increase accountability by influencing policy makers and service providers to improve health services. It can include involvement in health or water committees in developing plans for health facilities or water points, managing health center or water point finances, or monitoring provider presence and performance at health facilities.

**Health committees** have a long history in the movement for community participation. In many countries, particularly in sub-Saharan Africa, health committees arose after the Bamako Initiative which promoted community participation as a route to increasing access to health services. They are institutionalized spaces in the health system for the engagement of users with government health providers in many of the countries where we work. Many of the social accountability mechanisms described below can be facilitated by health committees, although health committees can themselves be a mechanism to promote SA if they have the ability to meaningfully influence the management of health facilities or water points. Water and sanitation or hygiene committees may not be as institutionalized in many countries, but can serve the same purpose. Working to increase the capacity of health or water management committees can strengthen users’ ability to hold healthcare providers accountable.

Although many models of community participation in health services have been developed, there is mixed evidence that they increase accountability and subsequently health outcomes, although empirical evidence suggests increased satisfaction or acceptability of services when there is meaningful participation. When users are not engaged in decision-making and service delivery systems are not responsive to their needs and demands, states and other providers risk delivering inappropriate programming, or inefficient and ineffective services. In addition, the risk of corruption and resources being diverted away from providing quality services may increase.

<sup>1</sup> <http://www.rescue.org/sites/default/files/resource-file/IRC%20Briefing%20Paper%20-%20Local%20Accountability%20in%20Service%20Delivery.pdf>

<sup>2</sup> According to WHO, universal health coverage “is defined as ensuring that all people can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.” [http://www.who.int/health\\_financing/universal\\_coverage\\_definition/en/](http://www.who.int/health_financing/universal_coverage_definition/en/)

<sup>3</sup> <http://www.who.int/healthsystems/topics/stewardship/en/>

Table 1: Implementing social accountability activities

1. Identify and prioritize the governance concerns constraining the delivery of health and WASH services
2. Analyze the context and consult with key stakeholders
3. Choose the intervention to address identified concerns, taking into consideration the constraints and opportunities from context analysis and internal capacity
4. Develop a monitoring and evaluation plan to ensure documentation of best practices
5. Implement and institutionalize the intervention

## 1. Identify and prioritize the governance concerns

There are a number of possible objectives in implementing a social accountability intervention in your health program, including but not limited to promoting active engagement of citizens in public decision-making in health, holding service providers accountable for providing meaningful access to services, and improving the quality of services. So the first step is to identify the problems, and prioritize which you want to address first. Then you can start thinking about what actions might address the problems identified.

For instance, if the issue is a lack of awareness of a new health policy (e.g. free health services for children under 5 years), then a public information campaign or the dissemination of a patient charter that outlines the new policy might be an effective social accountability intervention. Problems of health provider absenteeism or charging informal fees could be tackled through a community monitoring intervention and engagement with district supervisors to ensure that

appropriate sanctions are taken. If a water point is poorly managed and users feel that their needs are not being met, then one strategy might be to investment in electing a more representative water committee and building its capacity to manage the water point more transparently and accountably.

## 2. Analyze the context for community participation

Once you have identified the problem and how it might be addressed, you will still need to analyze the context for community participation before you can decide what social accountability mechanism is most appropriate. Given the conditions and challenges discussed in the SA resources described above, health programs should carefully consider the context before proceeding.

Some questions to consider:

Table 2: Assessing the feasibility of implementing a social accountability intervention

- What is the existing structure of the health system and how does that affect where users can/should intervene? i.e. How do changes to the system happen? Is the system decentralized, allowing for local decision making? Is there even a state system - in many rural areas water provision is not managed by the state at all? Who holds decision making power?
- What are the current policies regarding citizen engagement and access to information? What spaces and opportunities for influence such as user committees already exist or could be created?
- What kind of community capacity exists to understand and leverage information for action? What capacities are needed to address the problem identified?
  - Literacy
  - Numeracy
  - Social cohesion for collective action
  - Access to resources including time, materials, financial support
- What motivation or willingness is there for users to engage with the health or water and sanitation system? How can this be strengthened?
- What motivation or willingness is there for the health or water and sanitation system (policy makers, managers, and providers) to share information with, engage with, and respond to users? How can this be strengthened?

The answers to the preceding questions along with the following considerations (detailed in the Case Studies paper) will help determine whether implementing a social accountability intervention is feasible and likely to be effective in your context and if so, what type of intervention is most appropriate for your program.

IRC programs are often implemented in fragile or conflict-affected states where limited state capacity, weak rule of law, lack of decentralization, and poor infrastructure can make it difficult for users to influence the health or water and sanitation systems and for these systems to respond or be motivated to respond to user demands. Despite these challenges, there may be opportunities to be seized. For example, there may be existing and mandated mechanisms for community participation, like health management committees, which can be reactivated and supported. Performance management systems could also be adapted to incite greater responsiveness to users.

Part of the context is the stakeholders, and you will need to identify and analyze the stakeholder relationships. If participants do not hold power equally, participatory activities can be co-opted by the more powerful stakeholders. It is important that these issues are taken into consideration and that efforts are made to decrease these power asymmetries where possible. This could include strategies to increase access to information for all users about their rights, entitlements and service performance, and bringing users and service providers together to share their views and engage in joint problem-solving.

Consulting with stakeholders such as user or their representatives,

service providers, and managers will help gauge interest and willingness to participate and identify opportunities to gain support for and institutionalize the process. Please make sure you review the SA resources to ensure you consider all the conditions, challenges, and power asymmetry issues in your context analysis.

### 3. Choosing an intervention

Some of the most common types of interventions include (please see the SA resources for detailed descriptions):

- Participatory planning and budgeting
- Public expenditure tracking
- Citizen report cards
- Community Monitoring for Quality Improvement
- Community scorecards
- Client satisfaction surveys or exit interviews
- Complaints handling process

#### *Assessing internal capacity to implement social accountability interventions*

In addition to the necessary external conditions, designing, implementing, monitoring, and evaluating an SA mechanism requires certain internal expertise and capacity. (Yes, your budget may unfortunately be a limitation.) The needs will vary across different types of mechanisms so please refer to the case studies and consult with your TAs.

Table 3: Internal capacity considerations for social accountability interventions

Stage	Expertise	Human resources	Other resources
Design	You will need skills in conducting the political economy analysis and developing the specific intervention, including a basic theory of change - this may come from in country, the TUs, or a consultant.	Include enough staff time (usually at least two weeks of a full time person) in your work plan for this process before the intervention starts.	Most of the costs here will be staff time, but if you are bringing in a consultant or TU staff, include those costs.
Implementation	Staff will in nearly all cases need excellent facilitation and conflict mitigation skills. Also useful are participatory capacity building and supportive supervision skills.	Some types of interventions may require more staff time initially. Nearly all will require some staff to organize and/or facilitate training. These staff need to appear neutral or not aligned with particular interests.	In addition to staff costs, take into consideration needs for production of tools (printing of training manuals, registers, interview guides, etc.), travel, training, workshop or meeting costs, and incentives for community volunteers.
Monitoring	At a minimum you will need the ability to set up basic tracking of key activities and indicators in Excel, but depending on the size of your project, you may need more sophisticated database skills.	Ensure enough staff time to manage monitoring data. Even if it isn't a full-time position, it needs to be someone's responsibility to manage and analyze the data. Someone also needs to collect this information.	If you need someone to build a database for you, costs of collecting data (maybe you will do this with mobile technology), and staff time to manage the data should be considered. If you want to disseminate it, the costs of workshops, conferences, publications should also be budgeted for.
Evaluation	Expertise in designing and carrying out a project evaluation - usually skills in mixed methods (quantitative and qualitative). Again you might have a combination of in country, TU, and consultants.	Make sure you have enough staff time to support this over the course of at least a couple weeks as even if the evaluation is external, it will take up some regular staff time organizing logistics and working with a consultant. You may need to hire external data collectors.	If TU, consultant, or external data collector support is required their costs must be covered for time and travel. In addition data collection tools, and any dissemination or publication of results such as workshops, conferences, publications should be budgeted for.

Based on your context analysis, discussion with key stakeholders, and analysis of internal capacity, you will choose the most appropriate method for your program. Some considerations for common methods are presented below.

Table 3: Choosing an intervention to increase social accountability<sup>4</sup>

Method	Objective	Administrative level	Complexity <sup>5</sup>	Gov't cooperation needed	Resources required <sup>6</sup>	Time required to administer <sup>7</sup>	Costs to participants (time)
Participatory Planning and Budgeting	Increase user input	Any	Medium	Medium-High	Medium	High	High
Complaints Handling Process	Increase user input, Reduce corruption, absenteeism, abuse, etc.	Any	Low	Low-Medium	Medium	Low	Medium
Public Expenditure Tracking	Reduce corruption, absenteeism, abuse, etc.	District or higher	High	High	High	High	Medium
Citizen Report Cards	Improve transparency	District or higher	High	High	High	High	Medium
Community Monitoring for QI	Increase user input; Reduce corruption, absenteeism, abuse, etc.	Community	Low-Medium	Medium-High	Low-Medium	Medium	High
Community Scorecards	Improve transparency, Increase user input	Community	Low-Medium	Medium	Medium	High	Medium
Client Satisfaction Surveys	Increase user input	Community	Low	Low-Medium	Low-Medium	Ongoing, short start-up	Low-Medium
Health or Water Management Committees	Increase user input; improve transparency; Reduce corruption, abuse, etc.	Community	Low	High	Low	Medium	High

#### 4. Monitoring and evaluation for action and learning

As noted previously, there is a paucity of literature about the results and impact of various social accountability interventions. Therefore, it is essential to document not only the process, but the effects of our efforts in order to learn how to improve programs and use the best strategies.

You should work with your technical advisors to develop an M&E plan aligned with your theoretical framework before you start your project. Ideally this will be integrated into any larger health program of which the intervention is a part. At a minimum ensure that you document:

1. Resources used: # and type of staff, equipment, costs of training, etc.
2. Participants: disaggregated by sex, and any other relevant characteristics
3. Activities: # of trainings, meetings, etc.
4. Results: changes made, actions taken, etc.
5. Impact: improvements in service delivery

In addition, the health and G&R units have identified some learning priorities that can be incorporated into your M&E plan. These include

understanding the types of changes observed, the pathways for change, the key factors influencing change, and sustainability of actions. Please discuss with your TA what questions make the most sense for your program.

The type of evaluation you include will depend on the resources available, both financial and human. At a minimum you could interview program staff on their experiences, as there is minimal cost to this, but consider other methods of documenting the experience, including interviews or focus groups with key stakeholders such as service providers and users.

#### 5. Implementation and institutionalization

If you have followed all the steps as recommended, you should be ready to implement the targeted activities. In addition, having carefully considered the context, resources, and types of SA mechanisms should facilitate institutionalization. Nevertheless, since many of these mechanisms initially require more external facilitation, you should develop a plan for transferring these capacities to local actors such as local authorities, community-based organizations, or local NGOs.

<sup>4</sup> Adapted in part from Green, C. March 2011. Community Monitoring in a Volunteer Health Worker Setting: A Review of the Literature. Malaria Consortium and Agarwal, S and Van Wicklin III, WA. Dealing with Governance and Corruption Risks in Project Lending. How-to Notes: How, When, and Why to Use Demand-Side Governance Approaches in Projects. The World Bank.

<sup>5</sup> This refers to the technical complexity, and therefore the internal and external human resource capacities needed to implement.

<sup>6</sup> In addition to the human resources, this may include financial resources.

<sup>7</sup> This refers to both the length of time across the calendar as well as the absolute amount of time to facilitate the process.