GHV

In Brief: Evidence on the Role of Social Accountability in Advancing Women's, Children's, and Adolescents' Health

What is social accountability?

Social accountability (SA) is a form of civic engagement that facilitates the collective efforts of citizens and CSOs to hold service providers, governments, and other decision-makers accountable for their obligations and commitments. SA initiatives empower communities and health service users – including the most vulnerable – to have a voice in the services that affect them.[1] Approaches and tools to facilitate SA include (not exhaustive): social audits, community score cards, participatory budgeting, public expenditure tracking, legal redress mechanisms, and health committees; however, successful SA is not just about tools, but rather about ***shifting the balance of power*** and creating a political and social environment that supports accountability, generally.

What is this brief and who is it for?

This brief provides a succinct overview of what we know about the impact of SA initiatives and what works in SA, with examples of relevant evidence for each, particularly those from WCAH. It provides a snapshot of key lessons learned that can be applied to SA initiatives and frameworks for WCAH. This brief can aid governments, CSOs, and other partners in the design and implementation of effective SA initiatives to ensure quality, respectful services and improved health outcomes for women, children, and adolescents, while bolstering community empowerment, agency, and voice.

Social Accountability & COVID-19:

As the global COVID-19 pandemic affects more countries and communities around the world, ***SA efforts are more important than ever*** to monitor and review health services and protect the health and wellbeing of the poorest and most marginalized. Stakeholders have called on decision-makers to ensure that essential health services are maintained, human rights upheld, gender and youth considerations prioritized, and accurate information disseminated amidst the pandemic response efforts. However, we know that disease ***outbreaks exacerbate existing inequalities – particularly for women and girls.*** Experts estimate that due to weakened health systems and reduced utilization of routine services during the COVID-19 pandemic, we could see an increase in under-five child deaths by 9.8% to 44.7%, and in maternal deaths by 8.3% to 38.6%.[3]

SA mechanisms are the eyes and ears on the ground to track if essential WCAH services are being maintained and if community "asks" are heeded. They are critical to inform both immediate pandemic response efforts, as well as longer-term health systems strengthening and planning.

Acronyms

CHWs	Community health workers
CSOs	Civil society organizations
CVA	Citizen Voice and Action
DFID	Department for International Development (UK)
EWEC	Every Woman Every Child (initiative)
FP2020	Family Planning 2020 (initiative)
GFF	Global Financing Facility
LGBT	Lesbian, gay, bisexual, transgender
ICT	Information and Communications Technology
RCT	Randomized controlled trial
RH	Reproductive health
SA	Social accountability
SDGs	Sustainable development goals
SRHR	Sexual and reproductive health and rights
UHC	Universal health coverage
UHC2030	Universal health coverage 2030 (initiative)
WCAH	Women's, children's, and adolescents' health
WHO	World Health Organization

What we know about social accountability

Research has demonstrated the encouraging effects of SA across development sectors, including health. Studies have found positive impacts of SA on health services, systems, and outcomes, including for vulnerable communities.[2] However, SA research specific to WCAH, especially SRHR, is limited. For example, a 2017 systematic review of almost 2,000 peer-reviewed articles on SA found 40 related to SRHR writ large (including MNCH, HIV, gender-based violence, LGBT issues, and RH services); there were no published articles on SA for FP specifically, nor did any of the studies report on the specific experiences of adolescents. The review notes, however, that there is a trend of increasing literature on accountability for SRHR.[4] Existing evidence on SA and WCAH is also fragmented, and often doesn't isolate the components of SA that lead to positive change. Much of the evidence on SA is from outside the health sector, is qualitative in nature (e.g. case studies), or consists of evaluations of specific programs or initiatives.

Evidence of impact

With these research limitations in mind, there is evidence that shows that SA can lead to improvements in utilization of health services and supplies, higher quality care, increases in public funding, positive changes in government policies, and health system resiliency, which is relevant to WCAH. For example:

Utilization and quality of health services and supplies

- A RCT evaluation of *CARE's Community Scorecard* in Ntcheu district, Malawi showed a 57% increase in the use of modern FP; a 20% increase in the proportion of women receiving a home visit during pregnancy; a 6% increase in postnatal visits; and a 16% increase in service satisfaction.[5]
- A *White Ribbon Alliance* campaign on emergency obstetric and newborn care that included citizen-led assessments of health facilities and budget allocations, citizen hearings with decision-makers, and "citizen-reporting" in partnership with the media, led to increases in the availability of lifesaving commodities, improvements in the availability of and support for health workers, and improvements in health infrastructure in three targeted districts in Uganda.[6]
- An evaluation of *World Vision's Citizen Voice and Action* (CVA) model – a SA methodology focused on holding leaders accountable by equipping communities with knowledge on policies and government responsibilities, as well as facilitating platforms and relationships between community members, decision-makers, and religious leaders (in relevant settings) – showed an increase in the use of MNCH services in Pakistan, including a 54% increase in safe deliveries, a 30% increase in antenatal care, and a 45% increase in postnatal care.[7]

Policy and budgetary outcomes

- A SA program by *MamaYe* that supported the development of multi-stakeholder coalitions in Nigeria to monitor, review, and use evidence to act to improve MNCH outcomes showed promising budgetary and health system outcomes across various states, including: an 8% increase in the budget allocation to health in one state; the creation of a budget line for FP consumables with an initial $137k in funding in another state; and reports of better availability of critical medications to treat pregnancy and post-partum complications in a 3rd state.[8]
- The *Motion Tracke*r helped partners in Zambia to identify a contraceptive funding gap in the 2018-19 fiscal year; following civil society advocacy, the government committed an additional $1.8M to reduce the size of the gap.[9]

Health system resiliency, sustainability, and community empowerment outcomes

- Two SA initiatives in Sierra Leone led to improvements in utilization of health clinics and child health outcomes, before the Ebola epidemic. During the crisis, both interventions led to higher reported Ebola cases and lower mortality from Ebola. The results indicate that SA can improve health systems under "normal" circumstances and make those systems more resilient to crises.[10]
- A qualitative study of the World Vision's CVA model in Zambia showed sustained improvements in health system responsiveness, provision of health services, and citizen empowerment.[11]

Health outcomes

- A RCT evaluation showed that a community scorecard program in Uganda, implemented by a group of CSOs with support from Stockholm University and the World Bank, resulted in a 33% decline in under-5 mortality.[12]
- A RCT evaluation of SA interventions implemented across 120 villages by the government of Uttar Pradesh, India, with support from the World Bank – including providing information about entitlements and rights to constituents and facilitating community meetings with local leaders for grievance redressal – found an 11% reduction in stunting.[13]

Lessons learned on what works in social accountability

While there are many lessons to be gleaned from various SA approaches – from WCAH and other sectors – evidence repeatedly points to a handful of important key take-aways with respect to what works.

Process matters! Scorecards and other tools work best when part of a larger accountability process, which is collaborative, builds local capacity for collective action, and shifts power dynamics.

- An assessment of accountability mechanisms for MNH in Africa found that scorecards help to bring together data on a range of indicators, against which stakeholders can assess progress on particular issues. However, they work best when there is local ownership, transparency and timeliness of data, and when they are part of a multi-stakeholder process of review and action planning.[14]
- A meta-analysis of 35 citizen engagement programs indicated that these initiatives were more effective when implemented through facilitated, collaborative processes, rather than one-off accountability meetings; and when local social capital and capacity for collective action is built.[15]

SA is not a one-size-fits-all approach. Tools from one setting may not achieve the same outcomes in a different setting.

- The success of SA is dependent on the context in which it is implemented, including factors like power relations, socio-cultural dynamics, and the ability of the community to negotiate accountability.[4]

Information AND facilitated space for community dialogue with government are more effective than information alone.

- A government-implemented SA program in India found that providing communities with information on health indicators in their villages and on the responsibilities of the Village Health, Sanitation, and Nutrition Committees along with convening monthly meetings of the committees in which community members could discuss issues with local policymakers had a greater effect on health service delivery and health outcomes than information-only interventions.* [13]

* The VHSNC is the village's principal body for resolving village-specific public health problems. It includes members from local elected bodies, healthcare providers, and patients/local villagers.

Both citizen voice AND institutional capacity of the state/government are necessary to achieve and sustain improved service delivery at scale.

- A DFID analysis of 50 development programs found that "supporting formal citizen engagement [with government] is necessary to achieve improved service delivery [at scale]."[17]
- Research suggests that to achieve impact at-scale, a strategic approach that employs both citizen voice and "teeth" – the government's/state's institutional capacity to respond to citizen voice is necessary.[16] A meta-analysis of SA programs showed that to translate SA processes into improved service delivery at scale, they must be embedded in policy or program frameworks.[17]

Social Accountability Digital Tools and Distance Approaches

The COVID-19 pandemic is driving countries to fast-track efforts to strengthen health systems; robust community monitoring and social participation mechanisms must be built in to ensure that essential services for women, children, and adolescents are maintained. In light of COVID-19 lockdowns, curfews, and travel restrictions, it is especially relevant to consider community monitoring and SA approaches that can be done remotely (see examples below). Partners are employing hotlines and WhatsApp or FaceBook groups for reporting service disruptions, misinformation, or human rights abuses. However, it is important to note that while ICT platforms have had success in aggregating citizen voice, they may lack impact without a mechanism for soliciting feedback and action from power-holders.[28]

UReport – a UNICEF-led digital reporting tool active in 60 countries – allows youth and other citizens to use a variety of messaging and social media platforms to report on health and rights issues in their communities from their phones. To-date, most U-reporters tend to be better educated and more tech-savvy than the general population, however; work is needed to better engage vulnerable, poor, and illiterate populations.[29] A new UReport COVID-19 chatbot for sharing and gathering information has led to a surge in UReport users (more than 10 million worldwide).

Ushahidi, an open-source, crowdsourcing technology based in Nairobi, aims to improve "bottom up" information flow; in response to the COVID-19 pandemic, over 40 Ushahidi tracking tools have launched across more than 25 countries and regions to track everything from PPE needs, to mis-information about the virus, to COVID-19 testing availability.

• Participation of marginalized groups (including women and girls) and health workers in SA initiatives can lead to improved service delivery and policy outcomes.

- The aforementioned DFID analysis found a link between discussion platforms that bring service providers/ local officials together with service users, including marginalized social groups, and improved services for those groups, including women and children.[17]
- Several studies indicate that CHWs that engage in collective action can empower themselves and their communities, serve as a bridge between communities and the health system, and support informed and improved policy and program planning.[18]

Where we need more information

More research is needed to understand exactly how and why SA works, including the motivations of communities and governments to act, and how to best measure its impact.[1] Studying SA approaches outside the traditional health sector may be increasingly important, as FP/ RH services become more widely available through pharmacies, mobile service outlets, and social franchises; and there is a need to look at sustainability and scalability of SA initiatives.[19]

In addition, understanding the impact of SA on WCAH services, policies, budgets, and outcomes will require a more comprehensive approach to monitoring, evaluation, and implementation science. Practice is ahead of empirical research in the SA field.[16] Outcomes of SA health strategies are affected by other sectors like transportation, finance, and education, as well as governance, transparency, and power dynamics; RCTs may narrow the focus on discrete interventions and not capture this intersectionality. One solution is for researchers to consider process-based approaches and ethnographic monitoring, in coordination with RCTs, to gain a more nuanced understanding of SA.[1, 20]

To further improve our understanding and evidence-based implementation of SA initiatives for WCAH, more research and support is needed for vertical integration of SA – i.e. connecting global, regional, national, and local commitments and SA initiatives, including how they should be aligned for system-wide change.[21, 22] Humanitarian contexts are notably more challenging for accountability, particularly for SRHR, and yet they are increasingly important in reaching the most vulnerable. While some research exists, more is needed to hone in on SA approaches that consider the unique gender, power, and legal dynamics of these contexts.[23] And, while some case studies and toolkits on youth-led accountability mechanisms exist,[24] the field would benefit from peer reviewed research in this area, which is lacking.

"The true engine of change in maternal health will not be the formal clinical guidelines, polished training curricula, model laws, or patient rights charters we produce. The engine will be the determination of people at the front lines of health systems—patients, providers, and managers—to find or take the power to transform their own lived reality. Our job in global health is first to listen to them, and then to co-create the conditions at every level of the system that can make that locally driven transformation possible." [30]

The future of social accountability for women's, children's, and adolescents' health

Prominent development institutions, global health partnerships, and regional and local initiatives are recognizing the value of SA and employing SA approaches to ensure that adequate resource allocations and equitable policies and plans translate into quality health services that are responsive to community needs. For example:

- The *Global Action Plan for Healthy Lives and Wellbeing for All* has identified community and civil society engagement as one of the seven "accelerators" to achieving the health-related SDGs.
- The World Bank's *Global Partnership for Social Accountability*, which has operated as a small facility directly supporting CSOs to undertake SA interventions, is now focused on mainstreaming best practices into other Bank programming.[2]
- *COPASAH –* a global, southern-based network of social accountability practitioners launched a Charter and Call to Action for Social Accountability in Health in response to increasing inequality in healthcare.
- UHC2030, the UHC Civil Society Engagement Mechanism, and WHO have convened a *Social Participation Technical Network,* which is developing a Handbook on Social Participation for UHC, as well as advancing a learning agenda on social participation with Member States and building support for social participation as a core principle in UHC reform processes.[25]
- *FP2020* is exploring with partners what a revised accountability framework for the post-2020 agenda will look like, recognizing that the current framework is strong at the global level but may benefit from stronger civil society engagement and local ownership at the national level.[26]
- CSO partners from major Global Health Initiatives[ǂ] came together to call for increased alignment and support for civil society, and to consider SA approaches as a transformative mechanism to strengthening community engagement, empowerment, and service delivery outcomes.[2, 27]
- UNICEF recently launched the *Minimum Quality Standards and Indicators for Community Engagement,* noting that community engagement is key to global goals around social accountability and accountability to affected populations. UNICEF is also in the process of testing its *Conceptual Framework for Measuring Outcomes of Adolescent Participation.*
- The 2020 report of the UN Secretary General's Independent Accountability Panel for EWEC focuses on investing in country data systems, institutionalizing accountability, and democratizing accountability to elevate the voices of people and communities – reinforced amidst the COVID-19 pandemic.

We are entering into the final decade of the SDG's and the Global Strategy for Women's, Children's, and Adolescents' Health, with a renewed focus on UHC and building quality, resilient health systems for the COVID-19 pandemic and beyond. We must ensure that the needs of women, children, and adolescents, especially the most vulnerable, are prioritized and that their voices are heard. Partners should draw on evidence to guide decisions around SA funding, frameworks, and programs to ensure impact.

ǂ Representatives from the CSO constituencies of Gavi – the Vaccine Alliance, Global Fund, GFF, UHC2030, and Scaling Up Nutrition.

Endnotes

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