Social Accountability Approaches: Supporting CSOs to realise better UHC health outcomes

**Summary:** Societal consensus on the goals of Universal Health Coverage (UHC) provides communities 'left behind' with a potential space to have representation at all levels, and advocate for better health and well-being. Conceptually, this advocacy is not restricted to a single program or dimension of health. Current Global Health Initiatives (GHIs), however, are often program or disease specific, and correspondingly promote Civil Society Organizations (CSOs)’s work in these areas, to the detriment of issues that cut across the health system.

Program and disease focus is totally rational and understandable from the perspective of development assistance for health aiming to maximize measureable results. Further down the health systems pyramid, challenges, demands and resources become unavoidably more integrated. Frontline health workers tackle a vast demand and negotiate the resources of multiple fragmented programs. Overworked and overwhelmed CHWs already deal with more than they can manage in a timely fashion. Finally, communities and households rarely have a say in which health threat needs to be addressed and where resources best serve them.

Ensuring platforms for the voice and collective action of service users is central to improving the performance of frontline service provision. It helps to redress power asymmetries and has positive system strengthening effects. It provides critical intelligence to guide investments that equitably strengthen systems. There is growing consensus that social accountability can provide these platforms for global health’s ultimate customer (communities left behind living in fragile, rural remote or urban poor contexts or affected by stigma and discrimination that are at the heart of the UHC).

*On behalf of Gavi, GFATM, GFF, UHC2030 and SUN CSO constituencies, we are asking GHI donors to consider country based social accountability approaches as a transformative mechanism to strengthening community engagement, empowerment and service delivery outcomes during replenishment and funding commitments. With quality design and implementation, this can offer redress to policy blind spots, improve service and even potentially provide actionable signals to build PHC systems more holistically, beyond individual GHI program needs.*

Weak governance, overburdened health systems and challenges in reaching communities left behind remain a barrier to the successful realization of Universal Health Coverage (UHC). In response to these gaps, social accountability provides a critical element to ensuring an enabling environment for achieving UHC and quality of care. It does so by raising the voices and needs of those excluded from health care and ensuring their needs are addressed when planning, budgeting or implementing health programs. However, often Governments, donors (bilateral and multi-lateral), Global Health Initiatives (GHIs¹), private sector and others do not strengthen these accountability mechanisms for vulnerable communities.

This brief provides a short description of what is social accountability and what is the current landscape:

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¹ GHIs mainly refer to the Global Fund for TB, AIDS and Malaria, Gavi, the Vaccine Alliance and Global Financing Facility but also includes Scaling up Nutrition and FP 2020.
What is social accountability? 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. Traditionally, social accountability efforts have been associated with governance and human rights work and primarily focused on strengthening political accountability in nation states. However, it has evolved to hold other stakeholders (such as donors, private sector and GHIs) accountable to citizens and communities.

Social accountability usually includes three elements [1] via multiple approaches, that, if implemented well, and adapted to context, can lead to improvement in three main areas [2]:

**AT A GLANCE**
1. Targeted civic education/Information
2. Collective action
3. Government response

**EXAMPLES**
1. Social audits
2. User and Provider Interface Meetings
3. Participatory budgeting
4. Community scorecards
5. Creation & support for civil society platforms that directly engage citizens in reform efforts

**OUTCOMES**
1. **EMPOWERMENT** (end users and providers)
2. **DEMOCRACY** (Deepening citizen engagement)
3. **DEVELOPMENT** (Service delivery outcomes)

Social accountability mechanisms are focused on citizen-state relationships and so are inherently political in nature. They bring service users, providers and decision makers together to help improve services and can also support civil society movements engaged with political and policy reform. They provide a very concrete and measureable means by which communities engage service providers, government officials and potential donors to ensure services are more responsive to their needs, accountable, and sustainable.

There are many approaches to social accountability and mixed results may be attributed to comparisons of very different implementation approaches under the banner of the broad term. [3] Those with the strongest evidence base combine information and facilitation to foster community collective action at local level with direct citizen engagement both with service providers, local officials and politicians. They tend to include packaged approaches using niche, targeted citizen education and social audits (e.g. staffing levels, drug availability and clinic opening times), community services scorecards (e.g. including the user/service provider and government official interface meetings) and participatory budgeting.

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2 This could also include partners, donors, private sector and other key stakeholders in developing, funding and implementing health plans

3 Citation adapted from Houtzager P, Joshi A. 2008. *Introduction: contours of a research project and early findings*. IDS Bulletin 38: 1–9
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Current landscape

The evidence: More than two decades of research and application confirms the positive effects of social accountability. Recent large scale reviews found that applying social accountability approaches positively influence service delivery, especially access and use of health services by communities who are otherwise left behind [4], [5], [6] [7]. A 2016 DFID macro evaluation [4] showed the evidence was ‘compelling’ that social accountability ‘almost always’ impacted services. A 2019 3IE systematic review found that promoting citizen-service provider engagement was “often effective in stimulating active citizen engagement in service delivery and realizing improvements in access to services and quality of service provision”. But in the absence of complementary interventions to address bottlenecks around service provider supply chains and service use, citizen engagement interventions alone may not improve higher level development outcomes. [7]

The evidence from this recent systematic review highlight a key distinction between consensus on impact on intermediate service outcomes, compared with social accountability’s direct impact on health outcomes, which is variable. The most influential of these RCTs was the Power to the People study (P2P) 2009, which found a 33% reduction in child mortality after only one year. [8] The authors, following up with a long run study in 2017, suggested that “efforts to stimulate community participation and local control can result in large and sustained improvements in health service provision and health outcomes in both the short and longer run.” [9]

However, two more recent RCTs testing social accountability’s impact on health outcomes, including a replication of the P2P study, had null findings. [10, 11] Preliminary results from an RCT based on a large Uttar Pradesh program in India, found an 11% reduction in stunting and “dramatic” improvements in vaccination. Full immunization coverage rates amongst children aged 12-24 months increased by 7.2% in an information only arm and by 11.8% in an information plus facilitation arm. Relative to 44.5 percent in the control arm, these are approximately 16% and 27% increases. [12]

A recent mixed method Realist Evaluation promoted by the World Bank’s Global Partnership for Social Accountability (GPSA) has further strengthened evidence for the way in which this work can support health systems and address local power asymmetries that exclude and marginalize specific groups. The evaluation [13] found that:

“The boundaries of the health system at local level were expanded to include citizens and local government; component elements of the system were strengthened; relationships were established between various elements of the system; stronger information and resource flows were introduced within the system; and positive feedback loops supported ongoing action to improve system effectiveness.”

The evaluation also found that the influence on local power dynamics was due to the use of structured and transparent processes to organize collective opinion, the empowerment of women and “by bringing different types and levels of decision-makers into the process, such that different forms of authority are available to address different issues.” Recognising and addressing social differentials (such as age, gender, disability and marginalized groups) supports shifting outcomes in favor of more inclusive services for women, children, ethnically marginalized and those with disabilities, which very much aligns with the UHC agenda of Leaving No One Behind.

Few cost benefit studies of social accountability have been undertaken. One study in the Dominican Republic study found that a social accountability process led to a 63% reduction in the cost of drug procurement [14]. In the Dominican study and a recent literature review for USAID on scaling grassroots reforms, Prof. Andrew Schrank at Brown University⁴ has argued in several social

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⁴ Professor Andrew Schrank has presented to two social accountability forums in Washington DC in 2017 and Delhi in 2018 on the cost effectiveness of these interventions based on his study on health care reforms in the
accountability forums that these interventions are highly cost effective. A more recent systematic review by 3IE of citizen engagement approaches found only a few studies with such data and was unable to draw conclusions. [7] However, it is useful to highlight that the key inputs are relatively low cost when compared to standard health interventions. Inputs may be limited to the cost of dedicated facilitators⁵, meeting space, training, IEC materials and/or stipend/transport support to facilitators and government officials.

Institutionalisation

Most evidence for social accountability is based at community or sub national levels and attention is now needed to address how best to scale up and sustain social accountability efforts at national levels in a range of contexts. Some large INGOs have experience scaling across multiple countries and contexts using similar approaches, highlighting the possibilities for standardized approaches through consortium platforms as has been trialed by the World Bank in Cambodia. Indonesia appears to have one of the most advanced frameworks with further significant investment planned by the World Bank in 2019. There are many promising examples of Low Middle Income Country (LMIC) Governments interest and support to promote social accountability practice.⁶

Global actor alignment

The World Bank’s Global Partnership for Social Accountability (GPSA) is a small facility, which directly supports CSOs, in partnership with national governments, to undertake social accountability interventions. GPSA is now turning its focus to mainstreaming best practice examples into bank sector programming. There are limited other dedicated funding opportunities and only relatively small budgets available within sectorial programming. While social accountability work is relatively low cost when compared to traditional health interventions, many donors baulk at funding the primary input - volunteer facilitators. This is despite the recognition of the significance of these facilitators by the research and some country governments, including Indonesia, which funds more than 30,000 village facilitators nationwide to support empowerment and inclusion.

The emerging UHC agenda provides a potential environment in which social accountability frameworks could be adapted and scaled up. Civil society can play a critical role in better aligning GHI efforts with the needs of vulnerable communities. This may include using and scaling up well-documented tools used for strengthening social accountability⁷, and / or strengthening the political and policy ‘savvy’ of civil society actors engaged with social accountability to improve political and policy processes, which may only be best led by indigenous stakeholders. Institutionalizing such practices is important, not totally by the state, due to risk of co-option.

Recently, some major health initiatives (notably WHO HRP, PMNCH, GFF) have piloted social accountability and begun to develop social accountability frameworks and tool kits. There is also in-depth knowledge among a range of health and social accountability practitioners and researchers of how social accountability works to strengthen systems and support equity, notably through a WHO facilitated Community of Practice.

Dominican Republic and his co-authorship of a literature review undertaken for USAID on scaling grassroots reform.

⁵ There is growing evidence and demand for recognition of the importance of facilitators

⁶ India, Brazil, Indonesia, Philippines, Uganda, Kenya. The community health care strategy of Afghanistan 2015 promotes the use of community scorecards based on the experience of health officials seeing these approaches in practice and hearing from health workers and authorities how they have worked.

⁷ Such as community services scorecards, social audits and participatory budgeting
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Application in fragile contexts

Given the shifting donor focus to fragile contexts in recent years, the World Bank, DFID and USAID have supported expansion of social accountability approaches in these contexts, notably through the World Bank’s Community Driven Development (CDD) programming\(^8\), the GPSA and USAID’s large scale food security and livelihoods programming.

There is preliminary evidence to suggest that social accountability can support social cohesion and legitimacy. For example, a multi country research project by Tufts University found that the legitimacy of local authorities improved in the perception of communities when they involved communities in the design of services. This was the case even when services didn’t improve, suggesting that the mere effort of inclusion influenced a key outcome of interest to donors. [15] This finding is reinforced by 2017 research suggesting that certain aspects of the way in which services are delivered and experienced can influence the way people think about government. “Social accountability emerges as particularly important, with grievance mechanisms linked to positive perception change present in a number of cases.” [16]

Annexes

How Citizen Voice & Action changes power relationships

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\(^8\) Note CDD, as a general rule, usually promotes participatory planning rather than social accountability approaches such as social audits, community scorecards and participatory budgeting. But there is more documented on the role of CDD programming at scale in fragile contexts. A large research program at IDS is currently underway to understand, if and how, social accountability - or empowerment and accountability approaches - can be adapted in fragile contexts, but many NGOs have been adapting these approaches in fragile contexts for several years.
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How Citizen Voice & Action strengthens systems

References
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