

IMAP Statement

on social accountability to achieve high quality service provision

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Introduction

This Statement has been prepared by the International Medical Advisory Panel (IMAP) and was approved in November 2015.

Over the last decade, the accountability of national governments to provide health services has received increasing attention as a way to improve health programmes and outcomes.¹ Slow progress in achieving anticipated outcomes has been attributed to the failure of the state to fulfil its obligations because the intended beneficiaries are excluded from the policy and programme process.² Increased citizen and community participation through accountability and oversight mechanisms shows great promise in locating and addressing health sector inefficiencies and corruption, improving the allocation of resources and cost-effectiveness of interventions, and improving how the state fulfils its obligations to its citizens.^{3, 4, 5}

Governments are elected and/or supported by citizens to serve them, through developing and implementing legislation, policies and budgets, and delivering information and services in a range of areas, including infrastructure such as roads as well as health and education. Elected governments, from ministries to district officials, have a duty to their citizens, including all other persons the state is obliged to serve, and citizens have the right to hold their government representatives accountable for their duties. Along with transparency and participation, this accountability is part of basic good governance in which the state respects the civil liberties of its citizens and is accountable to them, and where all formal or informal institutional arrangements across civil society, the private sector and government are recognized and are used to promote equity and growth.⁶

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What is accountability?

Accountability can take many forms:

- *Horizontal (formal) accountability:* This represents the formal relations within the state that grant one state actor the power to demand explanations from, or impose punishment on, another state actor. These internal checks and oversight processes include procedures such as internal audits and parliamentary hearings.
- *Vertical (informal) accountability:* This involves citizens and their associations directly holding the duty bearers responsible for their acts or face sanctions. Among other measures, this includes elections, mass protests, civil suits or criminal charges for violations of national laws or policies, shadow reports and investigative news reports.
- *Diagonal (mixed) accountability:* This represents the alliances between citizens and public institutions to improve the oversight of state and institutional actions such as participatory budgeting, civil society representation on governing boards or community representatives on health committees.

Accountability is also an obligation of the private and non-governmental sectors, including IPPF Member Associations, where public and private funds are combined to provide services to clients that are consistent with their rights as consumers and citizens. Many Member Associations are already actively involved in vertical and diagonal accountability initiatives to hold the public sector and governments to account. They are also working to hold themselves accountable to their clients through beneficiary feedback mechanisms and volunteer participation in their governance.

Good government generates mechanisms to allow citizens, civil society and the private sector to subject leaders, governments and public institutions to scrutiny. This means that the people in power must explain and justify their behaviour to citizens or face appropriate actions through an institutionalized relationship; these may differ depending on the political system of a country.

Since 2000, emerging evidence from across different sectors demonstrates improvements in health service attendance, provider attendance, provider quality of care, district level funding disbursements and allocations, and community capacity to provide oversight and monitoring of health services, and working to ensure accountability for such services.⁷ In some cases, there have been significant increases in both uptake of services and satisfaction with service provision in the communities where accountability tools were implemented.⁸ In relation to sexual and reproductive health programmes, accountability interventions have been effective in encouraging citizen participation in public policy implementation, budgeting processes, improving service performance, quality, accessibility and relevance of services, reducing theft of public goods, proposing reforms and improving health-seeking behaviour.⁹

Purpose of this Statement

IMAP acknowledges both the intrinsic and instrumental benefits of accountability. In addition, IMAP recognizes that accountability efforts are already being implemented to varying degrees in a number of countries and by IPPF Member Associations and their partners. The evidence-based recommendations in this Statement aim to support accountability initiatives undertaken by Member Associations and their partners to improve the delivery of high quality sexual and reproductive health services.

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Intended audience

This IMAP Statement is primarily intended for use by IPPF Member Associations. It is also aimed at all organizations, activists and researchers, as well as policy and decision makers who are working to improve sexual and reproductive health coverage in resource-poor settings by making more efficient use of existing human resources for health and, at the same time, seeking to ensure the rights of clients to the highest possible standard of care.

Why is social accountability integral to high quality service provision?

Accountability in the sexual and reproductive health and rights field builds on a rich history of community and civil society involvement that has spanned decades. This began with the 1978 Alma-Ata Declaration on primary health care and the 1994 International Conference on Population and Development which stipulated that states should work with communities and their civil society representatives to enact policy and design and to implement programmes to meet local needs, including reproductive health needs.^{10, 11} Communities are now encouraged to engage in programme planning, design and implementation, as well as evaluation, both of which ensure that local health needs are met and that governments perform as desired. This creates a feedback loop in which programmes for which communities advocate are implemented and evaluated.¹² There are demonstrated benefits:

- *Service quality assurance and improvement:* Through community monitoring of services we are in a better position to monitor and gauge the availability, accessibility, acceptability and quality of services. This can include community engagement and feedback.
- *Responsive planning and programming:* This process contributes to strengthening the existing institutional mechanisms for participation in health sector policy or programmes (including, for example, committees, consultative meetings or task forces) to better define health priorities, policies and budgets and/or strengthen programmes.

- *Creating demand:* Where accountability activities have taken place, an additional benefit is increased rates and timeliness of health-seeking behaviour.^{13, 14} Accountability activities generate awareness among both men and women of their right to health and to services, and can also lead to service use becoming more acceptable in a community.
- *Empowerment and rights:* The focus on communities and citizen participation as a central part of accountability interventions builds people's skills and their confidence to assess and engage in improving service delivery and in government processes. This has the intrinsic value of increasing people's capacity to make their own choices, demand change and contribute to desired outcomes. This focus on empowerment and rights could be particularly beneficial for young people.

There is a move away from accountability activities that simply apply a specific tool, such as a facility report card or budget monitoring. Instead, there is a move toward understanding accountability as a change process. Accountability interventions that lead to more positive outcomes are those that centre on strategic interactions across three components: information, citizen action and official response.^{15, 16} In addition, in many health systems a change at the facility level requires changes further up the administrative chain: these often impact on decisions about training, supplies or staff allocations. Accountability strategies need to respond to the arrangements typical of health systems with coordinated actions at different levels.¹⁷ This poses a particular challenge in centralized systems where responses to local needs are often delayed, but it remains a challenge even in decentralized systems where the capacity for management and the availability of resources is still evolving.

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There are sector-specific considerations related to accountability for sexual and reproductive health and rights services that need special attention:

- More so than in other sectors, there is a tension between the personal nature of sexual and reproductive health and rights services and the public nature of many social accountability interventions. The need to maintain privacy and confidentiality for service users can conflict with the inherently public nature of social accountability.
- Sexual and reproductive health and rights services are provided through a variety of service delivery points. Many accountability interventions currently focus on improving public, facility-based service delivery. However, we need to recognize the roles of public, non-profit and commercial service providers as well as outreach and community-based distribution programmes in expanding access to services.
- Communities are intrinsically complex in their diversity of perspectives, often with marginalized groups left out of key social and political decision making. As a result, sexual and reproductive health and rights programmes may not receive widespread community support, which may in turn complicate or compromise efforts to engage all citizens.
- A particular challenge is how to engage systemically with traditionally marginalized groups, as social norms about gender, age, ethnicity and religion often limit the ability of the intended beneficiaries to contribute with their voices, experiences and preferences.

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Putting accountability into action: some recommendations

Bearing sector-specific considerations in mind, here are some key recommendations for how to put accountability into action:

- Work in a coordinated way across health systems, in the private, public and non-governmental sectors:
 - work at a systems level where policy decisions and institutional arrangements affect allocation and use of human and financial resources at the local level
 - work, in addition, at the service level where the interface between the infrastructure, client and provider determines the quality and coverage of services
- Support communities and clients to have a real voice in shaping official priorities:
 - promote access to regular, reliable and relevant public information and transparency
 - develop the capacity to understand and use the information
 - support the engagement of the most vulnerable, where services are not provided equitably
 - offer civic education on, for example, the right to health, to participation, to information, so that citizens can claim and realize their rights
 - support community mobilization, including the skills and confidence to take action
- Monitor and report on the effective delivery of public and private services:
 - demand, collect and share information on coverage, quality and affordability across service delivery points
 - develop tools to assess and share information so it is understandable and usable, engaging local media such as local radio, print media and web-based outlets
 - engage service providers to actively participate in accountability efforts

- Strengthen local participation in government and private sector processes:
 - identify and participate in 'invited space' such as health committees, and create 'claimed spaces' in government processes such as public hearings
 - support the state's capacity to respond to citizens' demands by making it aware of its obligations and its authority to act, and ensuring that it is aware of the repercussions of its actions and of inaction
 - share experiences on accountability with state and private sector partners, as well as other Member Associations, to gain confidence in the effectiveness of this approach to improving care

Recommendations for Member Associations

- Get involved in policy development. Participate actively in the design of a specific policy or plan to ensure, firstly, that civil society can participate and, secondly, to make sure that the content responds to the needs of communities.
- Regularly monitor public services and budgets to ensure that policies and their corresponding resources are being applied in practice.
- Routinely include community feedback in quality assurance/quality improvement interventions to ensure that service providers are aware of how users experience the facilities.
- Reach out to governance experts to learn from their knowledge about transparency and accountability activities.

The evidence-based recommendations in this Statement aim to support accountability initiatives undertaken by Member Associations and their partners to improve the delivery of high quality sexual and reproductive health services.

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WHO WE ARE

The International Planned Parenthood Federation (IPPF) is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working with and for communities and individuals.



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