

ENGENDERING ACCOUNTABILITY:

Upholding Commitments to
Maternal and Newborn Health



Global Health
Visions



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This report does not provide a full review of theories, interventions, data, or findings related to MNH accountability efforts. It relied heavily on contributions of interviewees and, as a result, may include generalizations or differences of opinion. Any mistakes or discrepancies are the sole responsibility of the authors.

List of Acronyms

AAFP	Association for the Advancement of Family Planning	CEmONC	Comprehensive Emergency Obstetric and Newborn Care	DHS	Demographic and Health Surveys
ADHO	Additional Director of Health Services	CHC	Community Health Center	DHT	District Health Team
AGCA	National Advisory Group for Community Action	CHETNA	Center for Health, Training, and Nutrition Awareness	DSW	The German Foundation for World Development
AHBN	African Health Budget Network	CHESTRAD	Center for Health Sciences Training, Research, and Development	E4A	MamaYe: Evidence for Action
ALMA	African Leaders Malaria Alliance	CHN	World Vision Uganda's Child Health Now!	EAC	East African Community
AMHIN	Accountability for Maternal, Newborn, and Child Health in Nigeria	CHR	Community Health and Research Initiative	ECOSOC	United Nations Department of Economic and Social Affairs
APR	Child Survival Call to Action: A Promise Renewed	CHSJ	Centre for Health and Social Justice	EmONC	Basic Emergency Obstetric and Newborn Care
ARROW	Asian-Pacific Resource and Research Centre for Women	CIFF	The Children's Investment Fund Foundation	ENAP	Every Newborn Action Plan
ARTH	Action Research and Training for Health	CISLAC	Civil Society Legislative Advocacy Center	EPMM	Ending Preventable Maternal Mortality
AU	African Union	CM	Citizen's Manifesto	ESA	Eastern and Southern African Region
AUC	African Union Commission	COIA	United Nations Commission on Information and Accountability for Women's and Children's Health	ESSPIN	Education Support Program in Nigeria
BAN	Budget Advocacy Network	CommonHealth	The Coalition of Maternal-Neonatal Health and Safe Abortion	EWEC	Every Woman, Every Child Initiative
BMAU	Budget Monitoring and Accountability Unit	COPASAH	Community of Practitioners on Accountability and Social Action in Health	EWRs	Elected Women Representatives
BMGF	Bill & Melinda Gates Foundation	CS	Civil Surgeon	FCI	Family Care International
BPL	Below the Poverty Line	CSBAG	Civil Society Budget Advocacy Group	FIGO	International Federation of Gynecology and Obstetrics
C-3	Center for Catalyzing Change (formerly CEDPA)	CSO	Civil Society Organization	FIT	Facility Improvement Team (Sierra Leone)
C4C	Champions for Change	DANIDA	The Danish International Development Agency	FOWODE	Forum for Women in Democracy
CAF	Country Accountability Framework	DevComs	Development Communications Network	FP2020	Family Planning 2020
CARMMA	Campaign on Accelerated Reduction of Maternal Mortality in Africa	DfID UK	Department for International Development	GAPPD	Global Action Plan for Pneumonia and Diarrhea
CBGA	Centre for Budget and Governance Accountability	DHIS2	District Health Information Software	GFF	Global Financing Facility
CBM	Community Based Monitoring	DHMT	District Health Management Team	GHV	Global Health Visions
CBMES	Community Based Monitoring and Evaluation System	DHO	District Health Officer	GOI	Government of India
CBMP	Community Based Monitoring and Planning			GON	Government of Nigeria
CBO	Community Based Organization			GOU	Government of Uganda
CDC	Centers for Disease Control			GVAP	Global Vaccine Action Plan
CEHURD	Centre for Health, Human Rights and, Development			HCIII	Health Center IIIs
				HCIV	Health Center IVs
				HEPS	Coalition for Health Promotion and Social Development
				HMIS	Health Management Information System

HMIS	Health Management Information System	MSAM	Mahila Swasthya Adhikar Manch (Women's Health and Rights Forum)	Sida	Swedish International Development Cooperation Agency
HRLN	Human Rights Law Network	NAMHHR	National Alliance for Maternal Health and Human Rights	SLAM	State Level Accountability Mechanisms
HUMC	Health Unit Management Committee	NENAP	Nigerian Every Newborn Action Plan	SOGON	Society of Gynecology and Obstetrics of Nigeria
ICASA	International Conference on AIDS and STIs in Africa	NGO	Non-Governmental Organization	SPARC	State Partnership for Accountability, Responsiveness, and Capability
ICT	Information and Communication Technology	NHM	The National Health Mission	SRHR	Sexual and Reproductive Health and Rights
IEC	Information, Education, and Communications Materials	NIAM	Nigeria Independent Accountability Mechanism	SUN	Scaling up Nutrition
IERG	Independent Expert Review Group	NRHM	The National Rural Health Mission	UNCoLSC	United Nations Commission on Life Saving Commodities for Women's and Children's Health
IHP+	International Health Partnership	OPM	Office of the Prime Minister	UNDP	United Nations Development Programme
IPPF	International Planned Parenthood Federation	PATHS2	Partnership for Transforming Health Systems Phase II	UNF	United Nations Foundation
IPU	Inter-Parliamentary Union	PFI	Population Foundation of India	UNFPA	United Nations Population Fund
ISA	International Stillbirth Alliance	PHC	Primary Health Center	UNICEF	United Nations Children's Fund
IVR	Interactive Voice Response	PHI	Public Health Institute	USAID	United States Agency for International Development
JIMAF	Jigawa State Maternal, Newborn, and Child Accountability Forum	PIL	Public Interest Litigation	USSD	Unstructured Supplementary Service Delivery
JS	Jan Sunwai	PMNCH	Partnership for Maternal, Newborn, and Child Health	VBC	Village Budget Club
JSY	Janani Suraksha Yojana	PRI	Panchayats Raj Institutions	WARD C	Women Advocates Research and Documentation Centre
KYB	Know Your Budget Partnership	PRRINN	Partnership to Revive Routine Immunization in Northern Nigeria	WHA	World Health Assembly
LGL	Let Girls Lead	QoC	Quality of Care	WHARC	Women's Health Action Research Centre
M&E	Monitoring & Evaluation	QUIC	Quality of Institutional Care	WHO	World Health Organization
MCSP	USAID's Maternal Child Survival Program	RAPID	Resources for Awareness of Population Impact on Development	WHRAP	Women's Health and Rights Advocacy Partnership
MDGs	Millennium Development Goals	RDC	Residential District Commissioner	WRAI	White Ribbon Alliance India
MDR	Maternal Death Reviews	RHU	Reproductive Health Uganda	WRAN	White Ribbon Alliance Nigeria
MDSR	Maternal Death Surveillance and Response	RMC	Respectful Maternity Care	WRAU	White Ribbon Alliance Uganda
MHTF	Maternal Health Task Force	RMNCH	Reproductive, Maternal, Newborn, and Child Health	Y2Y	Youth-to-Youth Initiative
MKSS	Mazdoor Kisan Shakti Sangathan	RRI	Reproductive Rights Initiative		
MMR	Maternal Mortality Ratio	RSBY	Rashtriya Swasthya Bima Yojana		
MNH	Maternal and Newborn Health	SATHI	Support for Advocacy and Training to Health Initiatives		
MoHFW	Ministry of Health and Family Welfare	SAVI	State Accountability and Voice Initiative		
MP	Member of Parliament	SHoA	State Houses of Assembly		
MPoA	Maputo Plan of Action for the Operationalization of the Sexual and Reproductive Health and Rights				

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Photo: Kelly Ramundo/USAID

Executive Summary

Over the past decade, impressive strides have been made to improve the health of women, children, and newborns across the globe. Accessible and affordable healthcare is on the rise and communities are increasingly demanding that governments fulfill their promises to citizens.

The shift towards more equitable and available services highlights the need for additional accountability through both government systems and civil society engagement in the planning, review, and implementation of health services. Improved policies and programming on the part of government does not guarantee effective implementation, nor does it ensure that adequate resources – both human and financial – are allocated to deliver on these commitments.

Transparency and accountability initiatives play an important role in providing input and oversight to government programs, particularly when citizens and civil society participate in the monitoring and measurement of achievements. Without listening to the populace and understanding the real barriers to effective implementation, successful outcomes will remain elusive. Through citizen engagement, civil society advocacy, and strategic accountability mechanisms, the most vulnerable can have a voice and communities can be empowered to drive government action.

With the rise in global attention and the need to further accelerate progress on maternal and newborn health (MNH), and reproductive, maternal, newborn, and child health (RMNCH) writ large, the international community has become increasingly focused on accountability to ensure that commitments by all stakeholders are realized. At the same time, global,



Photo: Abhijit Bhatlekar/Bill & Melinda Gates Foundation

regional, and national landscapes have become cluttered with various accountability approaches that are often disjointed or incomplete.

To better understand the landscape of MNH accountability programs, this report reviews key global and regional programs and processes and describes potential intervention models that are currently being utilized at the national and sub-national levels in India, Nigeria, and Uganda. With a particular focus on civil society-led accountability approaches, this paper outlines the role that citizens, civil society, and government can play in building partnerships and programs that encourage health system accountability.



Photo: Tanya Axisa/Department for International Development

Global Mechanisms

Global accountability mechanisms provide a foundation for RMNCH accountability efforts at the regional, national, and sub-national levels. These initiatives provide a roadmap for local and global partners to develop accountability systems that clearly define government commitments and measure progress against these promises.

From the **Sustainable Development Goals** to the **Every Newborn Action Plan**, global initiatives can enhance in-country government processes by

lending support and creating an enabling environment for civil society to push for improved accountability.

The number of global initiatives across the RMNCH continuum of care is extensive. While they provide a sound and comprehensive initial platform for effective country-led accountability, these mechanisms have critical limitations that impede progress for national and sub-national efforts. Global mechanisms provide a framework for government officials to make country commitments, yet these commitments are often not translated into policies and, in many cases, are unknown among citizens and civil society organizations (CSOs) who work to improve health services and hold governments to account. A lack of follow-up and limited linkages to country-level action creates further challenges to successful implementation and uptake. In addition, these mechanisms, which are intended to be country-driven, often do not adequately include or address in-country priorities and community needs.

Some of the most promising advancements in the global sphere come from improved consultation processes under the **Sustainable Development Goals**, which fully embrace the value of accountability. **A Promise Renewed** has also made concerted efforts to ensure that program plans are grounded in country ownership and are linked with successful initiatives, such as **African Leaders Malaria Alliance**, which develops **RMNCH Scorecards** that include actionable indicators to link state, national, and international reporting. The **International Health Partnership** has placed country governments in a leading role, coordinating partners and integrating efforts across health, including sub-national reporting. And new methods

for enhancing civil society engagement are being implemented under the umbrella of **Every Woman Every Child** with the advent of Citizens' Hearings that elevate citizens' voices to the national and global levels.

Despite this, however, more coherent and collaborative actions are needed to increase understanding, reduce the reporting burden, and maximize the attainment and effectiveness of international commitments in country. These commitments need to be communicated beyond high-level officials at the national level, and global indicators need to be reviewed by government and civil society and then integrated into systems that are already in place. Evaluation of global actors – including donors, non-governmental organizations (NGOs), and the private sector – must move beyond self-reporting to institutionalizing transparency and accountability into their own procedures and making this information available to partners. This, linked with in-country enforcement mechanisms, will help pave the way for improved transparency, governance, and advocacy for maternal and newborn health.

Regional Mechanisms

Regional accountability mechanisms, such as the **Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA)** and the **Asian-Pacific Resource and Research Centre for Women (ARROW)**, have made progress in legitimizing the importance of country collaboration and governance and have the potential to facilitate country to global linkages. African governments and partners have called upon the **African Leaders Malaria Alliance (ALMA)** to provide technical assistance in monitoring and evaluating health services and outcomes, and the **African Health Budget**

Network aims to create linkages between CSOs and governments while promoting budget advocacy and transparency.

Through regional mechanisms, global-, national-, and state-level players could find ways to better coordinate, but the activities of these organizations will need to expand outside mutual learning and information exchange to providing capacity strengthening, regional dialogue, and country oversight.

Country Mechanisms

Country accountability mechanisms are essential to improving MNH outcomes, prompting transparency, empowering citizens, supporting good governance, and fostering democracy. ***Civil society must be placed at the heart of accountability campaigns to achieve these goals, and they must be resourced and supported to play this important role.***

Civil society-led campaigns raise citizen awareness of their rights and entitlements, motivate civic participation, support mutually beneficial citizen-state partnerships, construct common ground for voice and empowerment, and create the future change agents of tomorrow.

Photo: Liz Gillbert/Bill & Melinda Gates Foundation



GUIDING PRINCIPLES OF SUCCESSFUL CIVIL SOCIETY-LED ACCOUNTABILITY CAMPAIGNS

Six guiding principles should inform the development of successful accountability campaigns. These principles contribute to informed, impactful, and sustainable accountability movements at the country level.

1) Build from the grassroots and know your context.

Start local and build linkages to sub-national, national, global. Understand the political, economic, and stakeholder landscapes.

2) Create diverse coalitions.

Partnerships and alliances can help reinforce internal and external organizational transparency.

3) Develop and disseminate the evidence.

Gather data that are meaningful to civil society, useable by government, and accessible to citizens.

4) Engage with partners and create space for meaningful dialogue.

Build off of systems that are already in place for public input into government

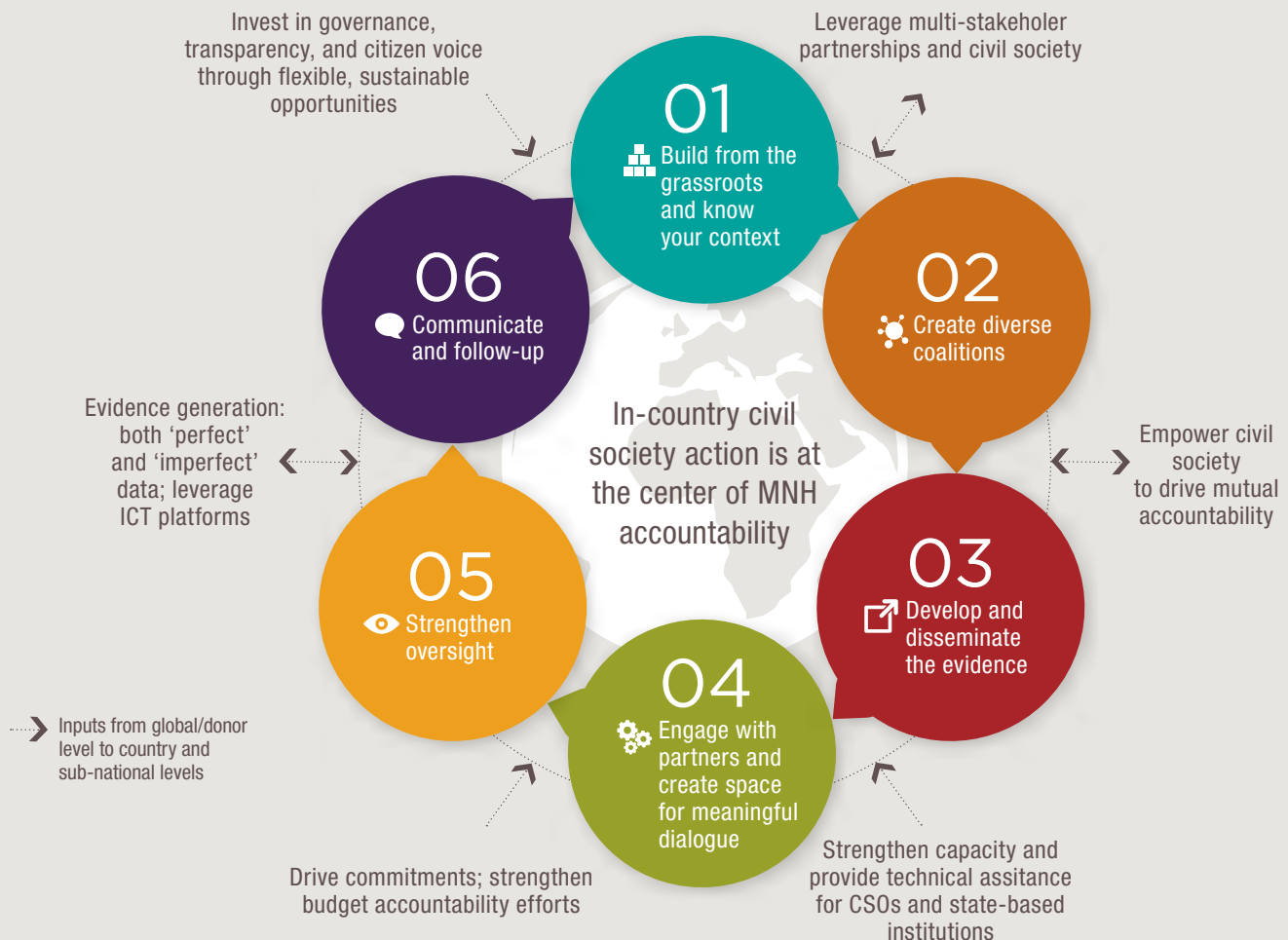
processes or community-based platforms or create new spaces for citizen engagement and advocacy.

5) Strengthen oversight.

Rewarding accountable behavior and sanctioning unaccountable behavior can help enforce government recommendations and response to civil society campaigns.

6) Communicate and follow-up.

Recognize that accountability is a continual process.



India

From engaging the legal system, the media, and elected representatives, MNH accountability efforts in India have pursued numerous avenues to improve the health and wellbeing of communities. Research, monitoring, budget analysis, and advocacy are just some of the tools that have been employed by civil society and government partners. And while accountability for MNH is still in a nascent phase, it has much to draw from India's long history of civil society activism.

Government-led initiatives, such as **Community Action for Health**, implemented under the **National Health Mission**, provide a unique opportunity to engage citizens in monitoring and evaluating health services through state supported programs. Specifically, they create a mechanism in which citizen complaints can be heard at the village level and then moved up the 'accountability chain' to the primary health center and on to the block, district, and state administration, as needed. However, one drawback is that these government-led programs place the majority of responsibility on citizens to identify, evaluate, and respond to issues. To truly make community action a fruitful accountability endeavor, the government needs to offer more support for citizen and community engagement.

The majority of the MNH civil society-led accountability work in India has been at the level of community mobilization, focusing primarily on social accountability strategies. National level alliances, including the **White Ribbon Alliance India (WRAI)** and **Commonhealth**, have facilitated advocacy campaigns and supported collective action in pushing for policy change. Various organizations working at the state level have helped raise awareness,

highlighted the voices and experience of women, strengthened citizen capacity, and engaged with government at the local level. While these efforts have brought change at the block or district level, collaboration among civil society actors across districts and states is limited.

These localized accountability activities take time and consistent effort. They require that coordinated local to national action be matched with government responses that adequately address societal demands. Judiciary action can bring about concrete action and legal empowerment, as seen through the **Human Rights Law Network's (HRLN) Reproductive Rights Initiative (RRI)**. HRLN uses the legal system to combat violations of reproductive rights, ensure implementation of reproductive rights schemes, and demand accountability where implementation is left wanting. Legal cases, however, can be long and arduous.

Nigeria

The state of accountability efforts in Nigeria reflects a system that is drawing on global initiatives to develop country mechanisms, engaging multiple partners as an essential component to success, and utilizing a variety of tools and tactics that are effective and provide important checks and balances.

The **Nigeria Independent Accountability Mechanism (NIAM)**, which falls under the umbrella of **Accountability for Maternal, Newborn, and Child Health in Nigeria (AMHiN)**, with support from **MamaYe: Evidence for Action (E4A)**, is a valuable platform to assess a country's ability to make global commitments a reality. Designed as a process to review progress against national commitments and those under the Global Strategy for Women and



Photo: Barbara Kinney/Bill & Melinda Gates Foundation

Children's Health, NIAM has created a multi-stakeholder platform for connecting voices, experts, partners, and leaders from across states to influence and accelerate progress in maternal, newborn, and child health. As a result, the government is more receptive to CSOs' involvement in accountability and citizens are demanding more from their governments. Other organizations and partnerships, such as **White Ribbon Alliance Nigeria (WRAN)**, **the Partnership to Revive Routine Immunization in Northern Nigeria/ Maternal Newborn and Child Health (PRRINN-MNCH)**, **the Association for the Advancement of Family Planning (AAFP)**, **Advocacy Nigeria**, and **The Free Maternal and Child Health Partnership**, have a strong focus on advocating for supportive maternal and newborn health programs and policies.

In contrast to national efforts, state-level civil society-led accountability efforts for RMNCH in Nigeria have historically been more scattered and less successful. However, a number of CSOs and CSO-led programs are promoting dialogue between state actors, health-care providers, and citizens in order to

improve governance, involve the media, and strengthen the evidence-base to advance accountability for RMNCH. These include **Women Advocates Research and Documentation Centre (WARD C)**, **Civil Society Legislative Advocacy Center (CISLAC)**, **Development Communications Network (DevComs)**, **Advocacy Nigeria**, **Community Health and Research Initiative (CHR)**, and the **UK's Department for International Development (DFID)-funded MNCH2** and **Partnership for Transforming Health Systems Phase II (PATHS2)**.

The **Know Your Budget Partnership (KYB)**, a CSO network engaged in budget analysis and advocacy, has been able to expand their understanding of a country's political economy and enhance engagement with government and media, with support from the **State Accountability and Voice Initiative (SAVI)**. KYB was built on local priorities and has utilized creative multi-media strategies such as public forums, radio, and TV discussion programs to reach elected representatives and key members of the state government and successfully advocate for budget reforms and accountability.

Nigeria has particularly excelled in connecting global and national accountability efforts, and there are some strong state-level accountability efforts; however, the connection from national to state (and vice versa) remains weak and citizen-level accountability mechanisms could be strengthened.

Uganda

In Uganda, maternal and newborn health accountability programs have worked to implement decentralization policies across the country, both through government programs and civil society partnerships.

A number of functions that were once performed by the central government, including the provision of health services, are now performed by districts. As a result, citizens are engaging through various government avenues, and CSOs and state partners are working to develop and implement interventions that address key gaps in maternal and newborn healthcare.

Government partners that work through national channels include the **Health Sector Management Working Group**, **Budget Monitoring and Accountability Unit (BMAU)** within the **Ministry of Finance**, **Office of the Auditor General**, **Ministry of Public Service**, **Office of the Inspectorate General of Government**, **Ministry of Local Government**, **Office of the Prime Minister**, **Parliament Public Accounts Committees**, and the **Joint Assistance Framework**. These partners work to monitor, collect, and analyze data on spending and performance (among others), and incorporate citizen views through sector planning and budgeting processes that engage with civil society and impact government programs.

Barazas, an initiative of the **Government of Uganda** that is coordinated by the **Office of the Prime Minister**, creates space for public dialogue for citizens' voices to influence planning, monitoring, and evaluation of government services.

Ugandan civil society accountability players and programs, including the **White Ribbon Alliance Uganda**, **World Vision Uganda's Child Health Now! (CHN)**, **Centre for Health, Human Rights, and Development (CEHURD)**, **Coalition for Health Promotion and Social Development (HEPS)**, **Civil Society Budget Advocacy Group (CSBAG)**, and **Reproductive Health Uganda (RHU)** are tracking resources, monitoring performance, engaging with

media, and conducting advocacy and awareness-raising activities.

White Ribbon Alliance Uganda (WRAU) launched a campaign, *'Act Now to Save Mothers,'* to hold the government accountable to its commitment to provide basic and comprehensive emergency obstetric and newborn care. Using data from participatory health facility assessments, WRAU conducted evidenced-based advocacy to ensure government promises were fulfilled. Monitoring and follow-up was conducted through community and district health team scorecards, which were discussed, recorded, and responded to during citizen hearings. The **Uganda Debt Network** has conducted similar activities focused on implementing a **Community Based Monitoring and Evaluation System (CBMES)** that utilizes a variety of tools to improve service delivery and quality of care. **Village Budget Clubs**, organized by the **Forum for Women in Democracy**

Photo: UNHCR / F. Noy



(FOWODE), develop budget literacy at the grassroots level by training community members to monitor the expenditure of public resources, identify potential corruption among public officials, and ensure the delivery of quality services.

Findings and Recommendations

Through partnership, citizens, government representatives, and health officials can work together to monitor, evaluate, and overcome the tough issues that communities face when accessing government programs and services. By developing citizen-centered, strategic accountability mechanisms, civil society organizations can capitalize on the ‘accountability toolbox,’ selecting the approaches that best fit their goals and reflect the environment they are hoping to influence.

Situation analysis, including stakeholder mapping and analyzing the political economy, can help identify potential allies and opponents and understand the way power and wealth is distributed within society; **maternal death reviews** and scorecards can help evaluate and improve service delivery and policy implementation; **budget tracking** can assess resource efficiencies and priority setting; **public hearings and dialogues** can empower and elevate citizen voices; **policy and political advocacy** can push governments to fulfill commitments; **legal empowerment** can reinforce judiciary actions; and **strategic media engagement** can support feedback loops between government, civil society, and its citizens. While government partners may have good intentions, what is measured and evaluated is more likely to be done, and evidence must be used to drive and strengthen accountability and enhance transparency of results.

Yet scorecards, public hearings, and other tools are only as strong as the

data and information they contain, and government and citizen awareness doesn’t guarantee action. Collaboration and confrontation must be weighed against the country’s political and social context. Capacity strengthening of organizations and individuals must be matched with robust goals and objectives. Support to established CSOs must be complimented with outreach to new and non-traditional partners. Power dynamics must be assessed and adequately addressed. Accountability mechanisms must be institutionalized with continual follow-up and action, as well as sufficient and sustained funding, in order to embed accountability at the country level. Sub-national accountability efforts are at the crux of successful campaigns, but challenges remain in strengthening these mechanisms. While some countries have strong national and global linkages, others fail to move beyond local government. In many settings, there is a disconnect between grassroots accountability programs and district and state accountability systems and, in turn, with national mechanisms. This gap is a critical challenge facing program implementers at the country level.

The report recommendations summarized on the next page provide concrete steps that can be taken to help bridge this gap and support civil society and government actors in promoting accountability.

Together, citizens, civil society, and government can support ongoing efforts to comprehensively address maternal and newborn health through citizen action, civil society advocacy and monitoring, government oversight, and global support. By creating context-specific strategies, partners can leverage one another’s comparative advantage to develop coordinated and deliberate collective action.

Now, more than ever, accountability mechanisms must be strengthened to not only sustain the progress that has been made, but to also advance maternal

and newborn health, empower the state and citizens to act, increase government effectiveness, and strengthen democracy.

SUMMARY OF RECOMMENDATIONS: CONCRETE ACTIONS TOWARD DESIGNING EFFECTIVE ACCOUNTABILITY MECHANISMS

Data, Transparency, and Governance

1. Invest in **governance** and **transparency** writ large.
2. Improve the quality and availability of both ‘imperfect’ and ‘perfect’ **MNH data**.
3. Develop **MNH indicators** in partnership with countries and include significant input from civil society actors.
4. Combat government restrictions to **citizen voice and action**.

Multi-stakeholder Partnership and Civil Society Leadership

5. Build strong **partnerships** between government, civil society, and other key stakeholders
6. Engage, strengthen, and collaborate with **parliamentarians**.
7. Ensure **state-based institutions** have the support they need to be effective.
8. Support and amplify **civil society voices**.

Capacity Strengthening

9. Support strategic, needs-based **capacity building programs** that address both civil society and state needs.

Strategy, Tools, and Tactics

10. Invest in a strategic and multi-faceted approach to accountability, with **civil society** at its core.
11. Strengthen RMNCH **budget monitoring and accountability** and align with other budget accountability efforts.
12. Leverage **ICT platforms** and build on the experience of partners across a range of issue areas.

Global Initiatives and Actors

13. Go beyond **commitment tracking and performance targets**.
14. **Align global processes** in-country, including developing common data sets and reporting processes and creating fiscal incentives for collaboration at the country level.

15. **Support comprehensive reviews** of existing in-country accountability mechanisms to identify institutions, organizations, and partners both internal and external to the state.

16. Establish **global linkages** from the bottom-up.

Donor Engagement

17. Create flexible, sustainable **funding opportunities** for CSOs that increase financial, institutional, and capacity support for accountability efforts.

Mutual Accountability

18. Empower civil society to drive **mutual accountability** efforts, including donor accountability processes.

Concepts and Research

19. Invest in **research** to strengthen the evidence base and catch-up with current practices.
20. Learn, partner, and capitalize on experience from accountability efforts **beyond RMNCH** to create innovative programs that go to scale.



Photo: Nick Cunard / Department for International Development

Introduction

With the rise in global attention and commitments to RMNCH, the international community has become increasingly focused on accountability to ensure that commitments by all stakeholders are realized.

At the same time, while there is tremendous value in this increased attention on accountability, global, regional, and national landscapes have become cluttered with various accountability approaches that are often disjointed or incomplete. In addition, there are vast inequities across geographies when it comes to the existence and quality of accountability efforts.

While RMNCH advocates have a good awareness of global accountability frameworks and mechanisms, there is a lack of understanding of regional, national, and sub-national accountability efforts. This is particularly true for interventions that are led by or involve civil society, as well as those that are created and funded in country. Evidence shows that independent, multi-sectoral participation in accountability programs is critical to ensuring commitments are realized and fully implemented.¹ With the recent launch of the Every Newborn Action Plan (ENAP) and the Ending Preventable Maternal Mortality (EPMM) strategy, there is a need to: (1) explore how existing RMNCH accountability mechanisms can help drive progress towards these goals at the national

and sub-national levels; and (2) define clear recommendations for scaling up accountability efforts for MNH.

In response to this need, The Children's Investment Fund Foundation (CIFF) and the Bill & Melinda Gates Foundation (BMGF) commissioned Global Health Visions (GHV) to design, research, and compile an independent, impartial landscaping of regional, national, and sub-national RMNCH accountability efforts. The landscaping paid special attention to maternal and newborn health (MNH) accountability efforts and to civil society-led mechanisms at the national and sub-national levels. It also explored examples of programs that include adolescent health and representation, as well as those that are utilizing information and communication technology (ICT) tools.¹ The overwhelming response to this study clearly shows the need and desire to understand what accountability looks like in 2015 and beyond.

This report provides an overview and specific examples of frameworks, tools, systems, and partners currently working in the area of accountability, particularly as it relates to MNH. It does not

¹ Additional information on emerging ICT that could be leveraged for accountability efforts as well as a brief review of adolescent accountability programs can be found in the appendix B.

comprehensively document all RMNCH accountability efforts. Rather, it seeks to synthesize key themes, including gaps, overlaps, and opportunities, and develop recommendations for future action and program design based on selected experiences from the field.

The introduction to this report includes an overview of the methodology used to conduct the landscape, followed by a section titled *What is Accountability?* (beginning on page 12), which represents the authors' efforts to grapple with the many meanings of the term and arrive at a working definition for purposes of this study. The paper then provides an overview of key accountability mechanisms at the global, regional, and country levels, with relevance to MNH.

Summaries of three country case studies² (beginning on page 39) – **India, Nigeria,**

and **Uganda** – provide concrete examples of the kinds of accountability mechanisms, tools, and programs working at the country level. The nexus of the report is the *Findings and Recommendations* section (beginning on page 71), which synthesizes the landscape findings and puts forward a series of recommendations based on these findings. The conclusion draws together what all of this means for the future of MNH accountability and offers six guiding principles for successful accountability campaigns. Although it is clear that there is no 'one-size-fits-all' approach to accountability work, there are a number of crucial lessons that have emerged from this research. If these lessons can be thoughtfully applied to existing and emerging accountability mechanisms, we will see commitments to mothers and newborns upheld to an unprecedented degree.

STUDY DESIGN AND METHODS

Aims

The study aims to document and evaluate relevant accountability mechanisms design, implementation, and strengths/weaknesses, with a particular focus on Sub-Saharan Africa and South Asia (specifically, Nigeria, Uganda, and India – including the states of Rajasthan and Uttar Pradesh).

Objectives

- Build knowledge of current accountability programs

and structures at the global, regional, national, and sub-national levels.

- Ascertain accountability mechanisms' strengths and weaknesses, identifying approaches for improvement and model scale.
- Develop recommendations on next steps, lessons learned, and promising models. Develop specific recommendations to the commissioning organizations for their own investment portfolios.

Methods

The study used a mixed-method qualitative evaluation that included:

- Global, regional, and country desk reviews;
- In-depth interviews (IDIs) with experts and key stakeholders; and
- Country case studies

Over 70 stakeholder IDIs were included in the analysis. Initial interviewees were identified based

² The full country case studies commissioned under this project are available at www.globalhealthvisions.com

Study Design and Methods (cont'd)

on input from the researchers and study funders, and a snowball sampling technique was used to identify additional research participants. Country consultants were employed to develop case studies, and final recommendations were developed based on an in-depth analysis of findings.

Limitations

- Research methods focused primarily on civil society advocates and did not include a full review of all types of stakeholders involved in MNH accountability, such as government officials.
- Due to the extensive number of accountability-related programs, theoretical concepts, research, and pilot programs, this report is not comprehensive. It heavily relies on expert input, web-based information, and interviewee responsiveness that may have created a bias in study findings.

What is accountability?

Although **accountability** and its various components and approaches have been defined by a wide range of health and development organizations as well as a host of individual experts and researchers,ⁱⁱⁱ there continues to be a lack of comprehensive knowledge and/or conflicting understanding of its components among those working in the RMNCH field. Many interviewees indicated a need for a clear, agreed-upon definition and understanding of the term ‘*accountability*.’ Even when there is familiarity with the term, many find it difficult to operationalize accountability or understand exactly how to implement it. The section below seeks to outline some of the key concepts and components that define accountability programs. These explanations are meant to provide a common understanding of *what*, *how*, and

who is involved in the pursuit of transparent and accountable governance. The rest of the report aims to illuminate specific examples of accountability implementation in order to illustrate how these concepts and components are being put into practice with respect to RMNCH.

Accountability ensures that actions, decisions, programs, and policies made by public officials and other decision-makers are (1) implemented, (2) meet their stated objectives, and (3) respond to the communities they aim to benefit. In the context of RMNCH, the relationship between the state (from the national to local level) and its people is the most relevant. However, accountability can and should apply to all partners (e.g. donors, the private sector, multilateral organizations, NGOs) and not just governments. Accountability is about civilizing power and balancing engrained and unequal dynamics that exist between power-holders and those affected by their actions.

Accountability involves several key components:

- **Monitoring & Transparency** includes finding out what is happening where and to whom. Successful monitoring depends on transparency – allowing the

ACCOUNTABILITY ensures that actions, decisions, programs, and policies made by public officials and other decision-makers are implemented, meet their stated objectives, and respond to the communities they aim to benefit.

public and other agents of the state to oversee compliance with policies and rules. This includes, for example, access to parliamentary committee sessions and invited participation in budgetary and policy processes, as well as media scrutiny. Although critically important, monitoring and transparency alone do not constitute accountability.

- **Answerability** is the legal and political obligation of public officials and decision-makers to justify decisions to the general public, other state entities, and the communities they aim to benefit in order to ensure decisions remain within their administrative or constitutional mandate. It involves making power-holders explain their actions. When this ‘explanatory’ component is combined with the provision of information to the public, such as evidence for decision-making (e.g. data reports), then external parties can provide additional analysis to legitimize or dispute decisions.^{iv}
- **Enforcement & Action** includes rewarding good behavior and the possibility of penalties or consequences when duties and commitments are not met or do not go as promised or planned. It also involves having the measures or tools to put things right – an essential but often neglected component to the successful implementation of complete accountability mechanisms. Without adequate capacity of accountability actors to make things right, even the best enforcement processes will be ineffectual.^v To combat these gaps, stakeholders should assess the power of the current system to

- (1) deter disreputable actions (i.e. corruption),
- (2) uphold justice to its citizens, and
- (3) enforce rulings and follow-up actions through oversight and sanctioning bodies.

Within the RMNCH community, ‘accountability’ often refers to the system and process that allows citizens to request and receive responses to problems they encounter when using health services. Conceptually, however, accountability is generally described in terms of directionality.

Horizontal and Vertical Accountability^{vi,vii}

Accountability mechanisms that involve the state are typically viewed in two key ‘planes’ – horizontal and vertical – that explain their relationship and function within state bodies and with outside players and processes.

- **Horizontal or Government-led Accountability** refers to formal mechanisms *within* the state itself, including internal checks and oversight processes. This happens at various levels:
 - **Political** – e.g. constitutional constraints, separation of powers, legislative investigative commissions
 - **Fiscal** – e.g. formal systems of auditing and financial accounting
 - **Administrative** – e.g. hierarchical reporting, public service codes of conduct, rules and procedures of transparency and public oversight
 - **Legal** – e.g. corruption control agencies, ombudsmen
- **Vertical or Civil Society-led Accountability** originates *outside* the state, where citizens and civil society³ play a direct role in holding

³ “Civil society is commonly understood as the arena outside of the family, the state, and the market where people associate to advance common interests—where citizens become aware of and may raise issues to get the attention of public authorities. The term “civil society” refers to both organized and unorganized citizens acting independently from government, political parties, and for-profit organizations in order to transform society and governance. Civil society includes religious and professional organizations, labor unions, grassroots organizations, and nongovernmental organizations (NGOs), but also reaches beyond these groups to include the participation of citizens outside of formal organizations.” (Ackerman 2004, 2005).

decision-making individuals and bodies to account. This includes:

- **Formal Processes** – e.g. elections and referendums, written in laws, (e.g. a law may require citizens to form a citizens’ board to review the budget or to oversee a project), codes of conduct, or through government institutions (e.g. ministries, legislatures)

- **Informal Processes** – e.g. those through which citizens and civil society organize themselves, lobby governments, and demand accountability. These are initiated and maintained by non-state actors (e.g. petitions and advocacy campaigns) and are often guided through cultural norms and unwritten rules that are enforced outside of official channels.



VERTICAL AND HORIZONTAL MECHANISMS OF STATE ACCOUNTABILITY



- **Hybrid Accountability**⁴ – e.g. when civil society takes on roles and/or attributes of the state with respect to monitoring and enforcement. This may occur when formal accountability mechanisms lack credibility or resources. Examples include participatory budget monitoring and citizen report cards on public services.

Tactical vs. Strategic Accountability^{vii}

Approaches to accountability can be characterized as either tactical – limited to a tool or tools – or strategic, representing a more comprehensive and systematic approach to tackling anything from local service delivery issues to national policy while utilizing a variety of tools and tactics. This key distinction can be understood as follows:

- **Tactical Accountability (Single Tools):**

This is essentially the use of tools that are limited to civil society-driven, local-level efforts focusing on voice and information.^{ix} This approach contends that access to information regarding specific service delivery outcomes and resource allocation will lead to collective action, and that these voices will have the ability to influence public services.^x

- **Strategic Accountability (Tools, Coalitions, Political Analyses, etc.):**

These approaches utilize a combination of tactics to strengthen coordinated civil-society participation and action to improve government responsiveness. While tactical accountability has had limited success, strategic accountability that leverages both ‘voice’ and government capacity to respond (or ‘teeth’) have potential.^{xi} These approaches focus on providing information to civil

MUTUAL ACCOUNTABILITY requires that different stakeholders are accountable to each other, for example through shared goals between donors and recipients, or governments and civil society, supported by reciprocal commitments and monitoring. Mutual accountability is central to two key development compacts: the Paris Declaration on Aid Effectiveness (2005) and the Accra Agenda for Action (2008).

¹ AccountAbility. 2007. Development as Accountability: Accountability Innovators in Action.

society that is seen as actionable and matched with channels that enable collective action, while incentivizing improved performance and shared decision-making power (e.g. multi-stakeholder coalitions). Here, the goal is to move beyond local participation to sub-national and national influencing, recognizing the role that government can play in providing downward pressure. Empowering external coalitions of accountability stakeholders, including state and civil society participants, can lead to increased empowerment and capacitate government institutions to respond and act.^{xii} Together, strategic accountability campaigns create an enabling environment that aligns partners for collective action, moves beyond just national or local accountability efforts, and improves government capacity to respond to civil society demands.^{xiii}

⁴ Also referred to as ‘diagonal’ or ‘transversal’ accountability.

“Voice needs teeth to have bite – but teeth may not bite without voice...”

In short, this method takes a ‘sandwich’ approach that utilizes a variety of tactics to create pressure from above and below.^{xiv} Working through multiple layers of governance and across multiple geographies, strategic accountability approaches seek to create a broad social base that is inclusive, capable of conducting monitoring and advocacy, and willing and able to engage with government institutions to create accountability systems that allow for both ‘voice’ and ‘teeth.’^{xv}

Social Accountability represents a particular approach or set of tools for exacting accountability (as opposed to being a type of accountability). This approach facilitates the collective efforts of citizens and civil

society organizations to hold public officials, decision-makers, service providers, and governments to account for their obligations. The goals of social accountability may be narrow and targeted, or aim to contribute to a broader agenda, as shown in the Social Accountability figure on the next page.

Comprehensive Accountability

Mechanisms: For the purposes of this paper, a comprehensive accountability mechanism includes those systems and processes that strategically link local, state, and national accountability tools and tactics to government programs, ultimately resulting in enforcement, redressal, and action. Examples include policies, regulations, guidelines, and budget allocations. This process and its components are displayed in The Accountability Process figure on the next page.

Photo: Paul O’Driscoll/Bill & Melinda Gates Foundation

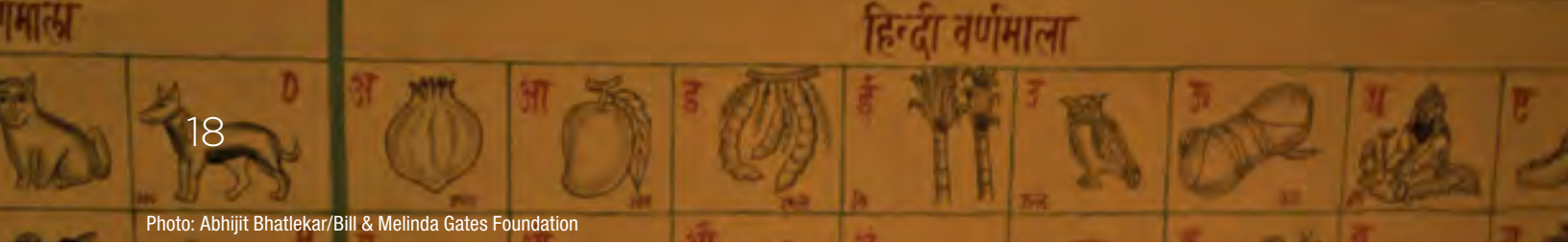


SOCIAL ACCOUNTABILITY^{XVI, XVII, XVIII}



THE ACCOUNTABILITY PROCESS





PART

FROM PRINCIPLES TO PRACTICE:

A Review of Accountability in
Maternal and Newborn Health



Global Mechanisms⁵

Global accountability mechanisms lay an important foundation for RMNCH accountability efforts, and MNH accountability more specifically, at the regional, national, and sub-national levels.



Photo: Paul O'Driscoll/Bill & Melinda Gates Foundation

These initiatives provide a roadmap for local to global partners to develop accountability systems that clearly define government commitments and measure progress against these promises. This review of global initiatives is critical to understand the current landscape and clearly assess opportunities and challenges to promoting accountability at the regional, national, and sub-national levels.

The following section outlines the **key RMNCH global level initiatives**, their contributions towards accountability (particularly at the country level), and their associated strengths and weaknesses as identified through research and interviews.⁶

Global Development Frameworks: Millennium Development Goals and the Sustainable Development Goals

Since 2000, the primary means by which accountability has been integrated into the global arena is through the MDGs. At

the global level, the UN Secretary General makes annual reports to the UN General Assembly on the implementation of the Millennium Declaration. Every five years, the report includes a complete review of the progress towards the MDGs.^{xix} In addition, the ECOSOC Annual Review and the Development Cooperation Forum are used for intergovernmental review on the MDGs; this includes a report by the Secretary General.^{xx} Notably, the Annual Review is optional and has played a limited role in improving accountability efforts and MDG implementation.

For the post-2015 framework, details on the specific targets and indicators are still being debated. However, there is broad consensus that accountability is slated to be a critical and grounding component of the SDGs, which will be presented to the UN General Assembly in September 2015. Quality and accessible data will be critical to a robust accountability framework. In May 2013, the High Level Panel on the post-2015 agenda called for a data revolution, and in September 2014, the UN

⁵ Other processes and mechanisms that are beyond the scope of this review include peer review mechanisms (African Peer Review, WTO Trade and Policy Review, OECD DAC Peer Review), human rights treaty bodies, as well as international judicial institutions.

⁶ For the purposes of this research, the strengths and weaknesses identified are related primarily to how the initiatives are able to influence and impact country accountability efforts.



Photo: Barbara Kinney/Bill & Melinda Gates Foundation

Secretary General asked an independent expert advisory group to make concrete recommendations to bring about a data revolution in sustainable development.^{xxi} Others have called for greater transparency, engagement of civil society and marginalized groups, open government, monitoring of spending, mutual accountability, country ownership, minimizing reporting burdens, and other essential components to ensure a robust and actionable accountability framework in the post-2015 era.

STRENGTHS

MDGs: Country Governments' Review Reports Create Space. Reports provide public information and create space for social mobilization. In fact, stakeholders who participated in the April 2014 EPMM meeting indicated the importance of the MDGs in focusing attention on MNH issues. Although the targets were not met, the processes helped mobilize resources and galvanize decision-makers to prioritize issues.

SDGs: Broad Consultation Process.

Unlike the MDGs, which were created through a top-down process, the development of the SDGs has been a process of wide consultation, participatory planning, and multi-stakeholder engagement, with a range of opportunities for providing input into the development of the framework and its specific goals, targets, and indicators.

SDGs: Embracing Accountability. Though the MDGs provided the world with the first widely recognized and measurable targets, they did not address monitoring, evaluation, and accountability. The SDGs, by contrast, reflect accountability as a central underpinning to ensuring their success, with a growing recognition that civil society-led accountability should be at the center of the accountability framework.

WEAKNESSES

MDGs: Process Was Voluntary and Not Systematic.

Accountability is recognized as one of the greatest weaknesses to the MDG framework. A lack of reporting, limited incentives to participate, no enforcement procedures, unsystematic review processes, and poor mutual accountability efforts failed to create a sense of answerability between donors, governments, the private sector, NGOs, and citizens.^{xxii}

SDGs: Lack of Clarity on Indicators.

Currently, the SDG indicators are under discussion, but it is unclear how countries will select, track, and utilize these indicators. Questions of consistency, country-ownership, and relevancy, as well as concerns regarding country comparability and biased selection, will likely take until 2016 to fully answer.

SDGs: Need to 'Lean-in' to Integrate

MNH Measurements. The SDGs represent a more diffuse set of goals than the MDGs.

As a result, there is a risk that MNH will not be sufficiently recognized as an important priority within this much larger framework. The MNH community will need to ‘lean in’ on the SDG indicator development process, particularly at the national level, to ensure the right MH and NH measures are included in national sets.

Global Strategy for Women’s and Children’s Health and Every Woman Every Child

Just as there has been a rise in global attention to accountability at large, so too has the RMNCH community become increasingly focused on accountability to ensure that commitments by all stakeholders are realized.^{xxiii} This started with the launch of the **Global Strategy for Women’s and Children’s Health** by the UN Secretary General in 2010 and the accompanying **Every Woman, Every Child (EWEC)** initiative.

Accountability Mechanisms

The accountability system put in place by the Global Strategy created a multi-layered framework focused on commitment generation, tracking, and action by partners at the global, regional, and country levels.^{xxiv} These commitments were then translated into annual targets that could be used to hold donors accountable while developing action plans based on the results of the annual reviews.^{xxv}

Two complementary accountability bodies were born out of the Global Strategy and were responsible for its implementation: the **Commission on Information and Accountability for Women’s and Children’s Health (COIA)**, and the **Independent Expert Review Group (iERG)** – itself one of COIA’s 10 recommendations. The iERG served to provide

global oversight on the implementation of COIA’s recommendations, and on progress under the Global Strategy. In addition, to support the implementation of the other nine recommendations, COIA stakeholders together with WHO and IHP+ developed a **Country Accountability Framework (CAF)**^{xxvi} tool for countries to review current country accountability efforts, develop a costed roadmap, and track implementation progress.

Since the launch of the Global Strategy and EWEC in 2010, various global initiatives and efforts that fall under the EWEC framework have further elevated each element of the RMNCH ‘continuum of care’ and have spurred donor and developing country stakeholders from across sectors to make commitments to improve RMNCH, including: the **Child Survival Call to Action: A Promise Renewed (APR)**, **Born too Soon, Family Planning 2020 (FP2020)**, **UN Commission on Life Saving Commodities for Women’s and Children’s Health (UNCoLSC)**, **Scaling up Nutrition (SUN)**, the **Global Vaccine Action Plan (GVAP)**, the **Global Action Plan for Pneumonia and Diarrhea (GAPPD)**, **Ending Preventable Maternal Mortality estimates (EPMM)**, the **Every**

Photo: UNICEF Ethiopia/Nesbitt



Newborn Action Plan (ENAP) and others. (Note: Below we specifically address ENAP, EPMM, and APR given their relevance in the landscape of MNH accountability.)

Though the accountability systems put in place by these various initiatives vary, they typically include: (1) generating and tracking commitments; (2) developing targets and indicators; (3) collecting data and monitoring financial resources, implementation, and service delivery; and (4) global reporting.

In addition, numerous leadership bodies and partnerships have contributed to EWEC and other RMNCH accountability

efforts, including the **Partnership for Maternal, Newborn, and Child Health (PMNCH)**, **Countdown to 2015**, **1,000 Days Partnership**, the **RMNCH Steering Committee and Strategy and Coordination Group**, the **International Budget Partnership**, and the **International Health Partnership**.

These various partnerships and initiatives collect an extensive amount of data to report against global commitments. While data collection and reliability is limited in some low-income countries,⁷ international data collection and reporting on RMNCH is widespread.^{8,xxvii}



TOOL HIGHLIGHT: COUNTDOWN TO 2015

Countdown to 2015 was established as a multi-stakeholder initiative to provide clear and comprehensive data and peer-reviewed analyses that would support international and national efforts to improve RMNCH and achieve MDGs 4 and 5. Countdown aims to make data accessible and comprehensible in order to promote evidence-based action and accountability.

The signature Countdown Country Profiles were the first of their kind, and laid the groundwork for the development of future scorecards

and dashboard tools by many other partners. Countdown has been a critical player in accountability for the Global Strategy, by tracking progress on core COIA indicators. It also works closely with the Inter-Parliamentary Union (IPU) to support parliamentarians' engagement and action in holding governments accountable for commitments to RMNCH.

“Accountability is what Countdown is about.”

Countdown's recent country case studies, developed in coordination with in-country partners, are promising accountability tools. Challenges with dissemination and use have arisen in some countries when academic and statistical partners are not well connected to other stakeholders; however, in those countries where Countdown has succeeded in facilitating strong partnerships and relationships between academics, government representatives, and civil society, the country case studies may prove to be a strong accountability tool.

⁷ Due to limited infrastructure, poor HIMS, lack of personnel, incomplete reporting etc (PMNCH 2011).

⁸ National Millennium Development Goals reports, UN agency reports (World Health Report, State of the World's Population, State of the World's Children), Countdown 2015, IHME, World Population Prospects database, DHS, UNICEF's Child Mortality Estimates, WHO Making Pregnancy Safer, IHP, World Health Statistics, other global monitoring such as Human Development Index, Multidimensional Poverty Index, the Gender Empowerment Measure and the environment Performance Index (PMNCH 2011), as well as initiative-level reporting (e.g. FP2020, SUN, ENAP, etc.).

A New Phase: The Global Strategy for Women's, Children's, and Adolescents' Health

Currently, the UN Secretary General is leading a process to update the 2010 Global Strategy and re-launch it alongside the SDGs in September 2015. The updated strategy will build upon new evidence and ensure that key populations are addressed including newborns, adolescents, and those living in fragile and conflict settings. It will also discuss the critical intersections between RMNCAH and health-enhancing sectors such as education, water, sanitation and hygiene, and women's empowerment.

The new Global Strategy will align itself with the SDG framework and make specific recommendations for implementation and accountability in an accompanying implementation plan. It will also seek to align with the **Global Financing Facility (GFF)**, which has been designed to mobilize funds and facilitate financing of RMNCH interventions at scale (including adolescent health). By utilizing performance-based financing and seeking to reduce fragmentation across financial systems, the GFF will play a key role in supporting the new Global Strategy^{xxviii} and financing the health SDGs. The GFF has included accountability within its key objectives: (1) financing RMNCAH scale-up plans and tracking results, and (2) strengthening Civil Registration and Vital Signs (CRVS) systems.

The following strengths and weaknesses are assessments of the first Global Strategy, as it is too soon to evaluate the impact of the Global Strategy 2.0, which was still in draft form at the time of this report's writing.

STRENGTHS

An 'Environment of Accountability.'

EWEC, iERG, and COIA have created an 'environment of accountability' that had previously not been a part of international and country discourse, often bringing technical and financial attention.

"It has gotten partners engaged in discussing the issue. It has brought the issue of women and children very much into UN discussions, as well as among high-levels of government."

Catalyzing Progress. In addition, EWEC has fostered substantial global attention to RMNCH. COIA and the iERG have catalyzed strong progress in data and information tracking, and oversight and accountability for RMNCH at global and national levels. New accountability efforts came out of the CAF process⁹ in some countries, with the limited catalytic funding from international donors.^{xxix}

"In a number of countries, when we go, we have to explain what the government has signed on to or committed to..."

WEAKNESSES

Minimal Country Awareness and

Engagement. The main weaknesses faced by EWEC are the continued lack of country awareness of the Global Strategy, iERG, and COIA; weak national accountability mechanisms; a lack of data transparency; minimal civil society engagement; and low health system capacity to respond to country commitments. With respect to the various RMNCH initiatives, some initiatives

⁹ CAFs have now been developed in 63 out of 75 priority countries.



Photo: Abhijit Bhatlekar/Bill & Melinda Gates Foundation

have identified a country point person to aid in accountability efforts or have developed issue-specific accountability frameworks and associated action plans. Overall, however, state and non-state actors have little incentive to contribute to global monitoring.

No Accountability Plan at the Outset.

This failure was due in part to EWEC's global campaign, which was launched with enthusiasm but had no associated implementation plan. Although there was an effort to play 'catch-up' through COIA and the iERG, and attempts were made to incorporate accountability, the effects of limited implementation and accountability

“In terms of national resonance, I'm not sure it's penetrated the walls of any home in the communities we care about.”

planning remained. One result was the rise of numerous, issue-specific initiatives (e.g. FP2020, ENAP, APR, EPMM) that intended to fill the 'accountability gap' due to ineffective monitoring on the part of EWEC and its partners. While these initiatives were able to focus the global community on key components in the short-term, the long-term effects left countries confused and partners fragmented, with little coordination to facilitate successful collective action. There were also concerns raised about the independence of the iERG, given its linkages to WHO as the implementing body for COIA (in effect, creating a mechanism to evaluate itself).

Limited Civil Society Engagement at the Country Level. The Global Strategy and its associated programs have been criticized for not meaningfully involving civil society at the country level.

“[At the] COIA regional workshops, there was not much civil society at all; [it was] mostly people who all knew each other from WHO, H4+, etc.”

COIA and CAF processes were primarily conducted by WHO and national government representatives, and feedback provided by international bodies on civil society input is unclear, with many noting the reluctance of ministries and the WHO to engage in multi-stakeholder dialogue. Civil society engagement in these processes has been limited for several reasons; for example, countries were asked to develop 2-year work plans and spend down funds in 3 months in order to be eligible for new funding, resulting in little opportunity for outside input.



MECHANISM HIGHLIGHT: CITIZENS' HEARINGS

Partners have emphasized that the concept of accountability needs to be institutionalized in the post-2015 framework, going beyond any single tool or mechanism. In order for this shift to take place, citizens must know their rights, and there must be a system of identifying issues and developing shared solutions with all stakeholders in a collaborative way. This context was the inspiration behind the 2015 Citizens' Hearings hosted by partners including the White Ribbon Alliance, International Planned Parenthood Federation, Save the Children, and World Vision.

Citizens' Hearings have taken place or are in process at the national and community levels in more than 25 countries across Africa, Asia, and Latin America. They are bringing together community and government leaders to hear citizens' views

on national health priorities for women, children, and newborns.

“Governments are not biting; they are not interested.”

The key objectives^{xxx} of the national Citizens' Hearings are to:

1. Discuss the proposed SDG targets for RMNCH and how these will be addressed nationally, with key recommendations included in the intergovernmental negotiation process;
2. Inform new national accountability mechanisms for women's, children's, and newborns' health in the post-2015 framework and new Global Strategy 2.0; and
3. Develop a clear pathway for citizen engagement in accountability mechanisms at national and global levels.

These national hearings fed into a Global Citizens' Dialogue during the World Health Assembly, at which citizens and CSOs pushed for a strong accountability framework for the new EWEC strategy (Global Strategy 2.0) and within the SDGs. Another Global Citizens' Dialogue will follow at the UN General Assembly in September 2015.

“There could be real potential here...”

While the hearings have generated momentum in elevating citizen voices, some partners have indicated concerns that national governments view the Citizens' Hearings as donor-driven efforts carried out by INGOs, and that there is no clear follow-up plan to those that have already taken place in the international space.

Child Survival Call to Action - A Promise Renewed (APR)

In June 2012, the governments of Ethiopia, India, and the United States convened the Child Survival Call to Action in Washington, D.C., in support of EWEC, to rejuvenate the child survival agenda. At that event and since then, 178 governments and hundreds of CSOs have committed to *A Promise Renewed* to end preventable maternal and child mortality through five priority actions. To date, 20 governments have held national APR launches and almost all of them have developed tools

to track and monitor progress, such as Ethiopia, India, Nigeria, Sierra Leone, Malawi, and Liberia – a critical first step towards accountability. In other parts of the world, such as Latin America, many national governments are also developing scorecards to track key indicators in support of their APR commitments.

STRENGTHS

Strong Momentum, Country Ownership.

With 178 governments having signed onto APR, it is clearly a global movement with strong momentum and these commitments should serve an important step

towards accountability. In many APR countries, governments are implementing comprehensive and outcome-focused accountability mechanisms, using scorecards¹⁰ to track key indicators and then using the data for management, review, and action. There is strong government ownership for these scorecards and for the trends and gaps they reveal because they are developed and led in country.

Increasing CSO Engagement. APR is working closely with some key CSOs and multi-stakeholder partners including **The Partnership for Maternal, Newborn and Child Health (PMNCH)**, **White Ribbon Alliance**, **Evidence for Action-MamaYe (E4A)**, and some national coalitions. It is also in the process of coordinating with key INGOs – including **World Vision** and **Save the Children** – to begin strengthening its accountability work and ensuring that tools are truly being used for multi-stakeholder action. In addition, APR is working more with CSOs on the development of community-level scorecards, aiming to leverage the reach and experience of civil society.

Photo: Nathalie Bertrams, Bill & Melinda Gates Foundation



Initial Steps to Align with ENAP. APR and ENAP have taken some initial steps to integrate and align efforts. UNICEF was a co-lead on ENAP and ensured co-branding with APR, and they have aimed to explain to countries that “*ENAP is one strand to get to the goal of ending preventable maternal and newborn deaths.*” Some countries are integrating ENAP indicators into their RMNCH scorecards, and many of the country APR launches highlighted ENAP, emphasizing that newborns account for at least 44% of child mortality (more in some high-burden countries).

WEAKNESSES

Limited Involvement of In-country CSOs to Date. Despite increased efforts, involvement by CSOs in RMNCH scorecards and APR accountability remains nascent. The **African Leaders Malaria Alliance (ALMA)** has had limited civil society involvement, as its focus lies almost exclusively on heads of state. The ideal for APR in supporting RMNCH scorecards is to work with existing coalitions that have national legitimacy and a wide reach, but the in-country realities vary. Countries also vary widely in how well they involve CSOs in the process and methodology of determining the indicators, scorecards, and accountability systems. Tanzania, Uganda, and Malawi stand as examples of countries where CSOs were particularly vocal in advocating that specific indicators be included in scorecards.

Weak Link from Data to Action. The link to action through RMNCH scorecards and the broader APR accountability mechanism has been a challenge. APR is disjointed and unarticulated as an accountability

¹⁰ In Africa, these scorecards have been mostly designed jointly by APR and the African Leaders Malaria Alliance (ALMA), together with country governments. See page 27 for a more in-depth description of this tool. In other countries (e.g. in Latin America), countries are designing their own scorecards, which may or may not include the full RMNCH continuum of care.

framework, with unclear objectives and questionable funding available for national and sub-national accountability work.

Lack of Coordination with ENAP and EPMM. Though some initial steps have been taken to align APR and ENAP, this alignment is reserved to global discourse rather than national action. While ENAP advocates have succeeded in getting key newborn indicators included in RMNCH scorecards in some countries, there has not been a concerted effort on the part of either initiative to support collaboration and mutual, participatory planning. To

date, APR engagement with EPMM has been minimal.

Waning Attention in Light of New Developments. The leaders of the APR movement, including UNICEF and USAID, have begun to decrease their use of APR branding, signifying a slow distancing from this initiative by some key donors and INGOs. This reflects, in part, a pivot toward the new framework to be provided by the SDGs and the Global Strategy 2.0. However, it remains to be seen whether this will adversely affect gains achieved under APR to date.



TOOL HIGHLIGHT: RMNCH SCORECARDS (AFRICAN LEADERS MALARIA ALLIANCE)

Inspired by the effectiveness of the ALMA Scorecard for Accountability and Action, increased interest emerged in supporting country-led RMNCH scorecards. The ALMA scorecard stands as an exemplary model for Africa-led development of an accountability tool. It was created in response to a need expressed by African heads of state for a mechanism that facilitated increased transparency for malaria-related commitments by tracking progress and comparing outcomes across countries.

Given this experience, and the recognition of a need for strong accountability tools for RMNCH, a range of global and regional actors have supported the development of country RMNCH scorecards, led jointly by ALMA and APR. In October 2013, a Coordinated

RMNCH Scorecard workshop was held in Nairobi, Kenya. Hosted by ALMA and in partnership with WHO, UNICEF, USAID, CIFF, and the East African Community (EAC), the workshop included stakeholders from 20 countries.

The RMNCH scorecards have been a key tool utilized under APR, an example of the type of global commitment that can represent a first step in improving accountability processes. Each country drives the creation and evolution of its scorecards (which can include national, sub-national, and community-level scorecards) and determines which indicators it will capture to monitor national and sub-national progress on RMNCH outcomes. In so doing, they also support accountability to global initiatives, including APR.

Indicators are selected based on national priorities as well as internationally recognized measures, such as COIA and ENAP indicators (though in practice, the degree of integration of ENAP indicators varies widely). The scorecards generally use HMIS for quarterly data, followed by DHS data that can be used to gauge the accuracy of HMIS estimates, and identify trends. The scorecards utilize a web-based tool for regular reporting, and generally feed into quarterly health team reports at the sub-national level as well as semi-annual national reviews. Some countries also have an ‘action item tracker’ to follow progress against commitments by national and sub-national partners.



Photo: Prashant Panjari/Bill & Melinda Gates Foundation

Every Newborn Action Plan (ENAP)

ENAP was launched in 2014 to galvanize global and national action for newborn health, with newborns now accounting for more than 40% of all child mortality. ENAP provides a road map for governments, civil society, and other stakeholders to accelerate efforts to reduce newborn mortality, and it outlines clear and robust targets and indicators for tracking progress that align with the proposed SDG framework. ENAP has three working groups in support of *Country Implementation, Data and Metrics, and Advocacy*.

STRENGTHS

Data and Metrics Progress. The Data and Metrics group has made notable progress, having identified and defined 10 core indicators. It is now focusing on improving measurement tools, the quality and quantity of data, and linkages between maternal and newborn health indicators. The 2014 World Health Assembly Resolution in support of ENAP called for the development of a

monitoring and evaluation framework. This process is underway at WHO with input from the ENAP Data and Metrics group.

Country Implementation Assessments.

The country implementation group has focused on leveraging the connections of key partners – such as Saving Newborn Lives – to support countries to develop national newborn plans. To date, 15 countries have developed, or are in the process of developing, national newborn plans to strengthen the newborn component of their national RMNCH plans.^{xxxi} The working group has also assessed which plans are costed and have key targets included. Now it is focusing on gathering more detail around implementation plans so that it can offer appropriate support to countries. These national plans will be critical for setting the stage for robust accountability efforts.

Initial Steps to Align with APR.

In some countries, ENAP and APR have made small steps towards alignment. For example, in some countries, such as Uganda and Zambia, partners have used the ENAP consultation process to inform APR launches and efforts. And in some countries, ENAP partners have successfully advocated to get the right newborn and stillbirth indicators included in APR's RMNCH scorecards, though interviewees couldn't identify which countries specifically.

WEAKNESSES

Limited Involvement of In-country CSOs to Date. ENAP in-country technical working groups are typically led by Ministry of Health staff. The involvement of civil society and the engagement of stakeholders outside of a technical audience is generally minimal, though it varies from country to country.

No Accountability Mechanism. There has been strong progress in setting the stage for accountability through the focus on indicator development, data quality, and national plans. However, little thought has been given to a comprehensive accountability mechanism at the national and sub-national levels and what immediate steps could be taken to enhance accountability, even as indicators are further developed and data quality is strengthened.

Lack of Coordination with APR and EPMM. As mentioned above, linkages between ENAP and other global initiatives

working at the national level, such as APR and EPMM, have generally been limited. Statements in global reports suggest that these initiatives aim to align and support one another, but in reality the stakeholders engaged in the implementation of ENAP and APR in country are not sitting together in one room to figure out opportunities to work together, align measurement and accountability efforts, or streamline implementation. ENAP and EPMM have begun initial efforts to align at the global level, but little thought has been given to overlapping country level advocacy and accountability efforts for the two initiatives.



TOOL HIGHLIGHT: MATERNAL DEATH SURVEILLANCE AND RESPONSE (MDSR) NETWORK

Founded in 2012, the MDSR Network is a global coalition of more than 400 members from over 70 countries. It is led and hosted by Evidence for Action (E4A) on behalf of the WHO's Maternal Death Surveillance and Response Working Group. It aims to connect a range of stakeholders with the common goal of ending preventable maternal deaths through MDSR. Members include the UN Population Fund (UNFPA), the International Federation of Gynecology and Obstetrics (FIGO), the Centers for Disease Control (CDC), the UK Department for International Development (DfID), the International Stillbirth Alliance (ISA), healthcare providers and professionals, academics, decision-makers, advocates, and

more. Membership is open to anyone with an interest in MDSR.

The MDSR Network supports knowledge sharing and links members to capacity building initiatives, compiles existing resources on MDSR, connects experts and implementers, and improves access to knowledge products and materials. In the long term, the network aims to provide direct training and interactive support to answer member questions. Currently, country level networks linked to the global MDSR Network are being developed, which aim to bring together country level policymakers, health managers, health professionals, and civil society representatives to strengthen MDSR at the country level.

There is a substantial amount of literature focused on challenges with maternal death reviews (MDRs), but little attention has been paid to the lack of action associated with many of the current MDR systems in countries. The MDSR Action Network and its host, E4A, are aiming to change the focus to encourage stakeholders to look beyond the gathering of maternal death data, and focus on collaborative review and analysis of that data, to determine specific facility and system gaps and decide on actionable next steps. Actions might include improvements to supply chain bottlenecks at the national or district level, facility-level trainings, or addressing funding shortfalls.

Ending Preventable Maternal Mortality (EPMM)

In April 2014, the WHO, Maternal Health Task Force, Family Care International, UNFPA, USAID's Maternal Child Survival Program (MCSP), and representatives from 30 countries agreed on a global target for a maternal mortality ratio (MMR) of less than 70/100,000 live births by 2030, with no single country having an MMR greater than 140. These targets and the broad strategic framework for their achievement were included as an annex to the ENAP. Following a broader consultation process, a comprehensive report outlining *Strategies Toward Ending Preventable Maternal Mortality* was published in February 2015 and officially launched on the global stage at a side event to the May 2015 World Health Assembly (WHA).

STRENGTHS

Creation of Agreed-upon, Evidence-based Targets. EPMM brought together key technical experts to agree upon global targets for maternal mortality. This paved the way for the inclusion of a robust, evidence-based target (reduce the global MMR to less than 70 per 100,000) in the draft SDG framework. The EPMM strategy also includes national targets for countries at different baseline MMRs and it outlines five strategic objectives to serve as a guide for program planning. The current focus of the EPMM working group is on defining the metrics and indicators that will allow measurement of progress towards those targets and strategies.

Initial Steps to Align with ENAP at the Global Level. Recent efforts are underway to bring the ENAP and EPMM communities together at the global level. The recent

EPMM launch on the sidelines of WHA was a joint event with ENAP, showcasing a combined strategic approach to advance progress, and featuring examples of successful country-level maternal-newborn integration efforts.^{xxxii} EPMM working group members from the **Maternal Health Task Force (MHTF)** have recently been added to the ENAP management group to ensure synergies between efforts. And partners from both groups have begun to discuss how to create better linkages in country implementation of both strategies. Planning is underway for a Global Maternal Newborn Health conference in October 2015, the first of its kind and a notable departure from previous technical conferences focused on maternal or newborn health.

WEAKNESSES

Not Widely Known Outside Technical Audience. Unfortunately, EPMM is not widely known about outside of technical stakeholders. The recent global launch event should mitigate this challenge to a degree, but strategic, targeted, coordinated advocacy and engagement is needed at the country level to galvanize support for the EPMM targets among government and civil society stakeholders alike.

No Accountability Mechanism. It is unclear what EPMM wants countries to be reporting on and/or held accountable to besides progress towards the MMR target. Accountability efforts do exist at the national and sub-national levels focused on maternal and newborn health (see country case studies), but it is apparent that these efforts have not been strategically linked with EPMM.

TOOL HIGHLIGHT: WHITE RIBBON ALLIANCE'S RESPECTFUL MATERNITY CARE CHARTER - THE UNIVERSAL RIGHTS OF CHILDBEARING WOMEN

Respectful Maternity Care (RMC) builds on the premise that safe motherhood must be inclusive of women's basic rights. RMC focuses on a woman's personal experience and seeks to combat the disrespect and abuse that women often face when receiving care, including physical abuse, non-consented clinical care, non-confidential care, non-dignified care (including verbal abuse), discrimination based on specific patient attributes, abandonment or denial of care, and detention in facilities.^{xxxiii} Grounded in international human rights instruments, the Respectful Maternity Care Charter defines seven rights to support childbearing women.^{xxxiv}

Every woman has the right to:

1. Freedom from harm and ill treatment
2. Information, the right to provide informed consent and refusal to consent, and respect for choices and preferences, including companionship during maternity care
3. Privacy and confidentiality
4. Dignity and respect
5. Equality, freedom from discrimination, and access to equitable care
6. Healthcare and the highest attainable level of health
7. Liberty, autonomy, self-determination, and freedom from coercion

It is intended that this Charter be used to:^{xxxv}

- Raise awareness of the problem in a way that avoids blaming and/or shaming individuals;
- Illustrate that the rights of childbearing women have already been recognized in guarantees of human rights;
- Provide a tool for advocacy at all levels and a basis for accountability; and
- Provide a platform for building childbearing women's sense of entitlement to quality maternity care by aligning it with international human rights.

International Health Partnership (IHP+): Joint Annual Health Sector Review

The main accountability mechanism of **IHP+** is the Joint Annual Health Sector review, a country-led process coordinated by the Ministry of Health. Through these reviews, IHP+ encourages use of a single platform and plan for collecting data on performance indicators. Followed by the plan, an annual report and performance evaluation should be conducted, as well as a joint annual review meeting – an opportunity to engage all stakeholders, including civil society, donors, government, private sector, INGOs, and service providers working toward the common goal of improved health service delivery. A memorandum of understanding

or country compact outlines the structure of the review and the involvement of partners. There is sometimes a theme selected for a given year (e.g. maternal health, health workforce, etc.) about which an independent evaluation is conducted, in addition to the overall review.

At the sub-national level (district/province/state) there is a similar process, in which a performance review is conducted to determine how the district/province performed against its plan and to identify bottlenecks and challenges. Following the review, partners and personnel at the sub-national level often come together to review the data, discuss progress, understand the challenges, and decide on changes that are necessary for the coming year.

STRENGTHS

Country Governments in a Leading Role.

The Joint Annual Reviews succeed in putting developing country governments in a leading role and in bringing all partners together to provide a common view of the system's problems so that they can be tackled in a more coordinated way.

Addresses Broad, Systemic Health Issues.

While this process does not focus exclusively on the RMNCH continuum, this is part of its appeal. It can be easier to understand these challenges underlying poor results in RMNCH and other health programs (e.g. insufficient human resources for health) by looking at the health system holistically, rather than at individual health/disease areas. This mechanism allows partners to uncover precisely which aspects of the health system are contributing to the failure, rather than evaluating only outcomes.

Sub-national Accountability. The process presents an opportunity for sub-national accountability, which is critical in an era of increasing devolution. Sub-national governments can be required to present their own results at the Joint Annual Reviews and are then subject to questions from the assembly.

WEAKNESSES

Limitations of Self-evaluation. Because the Joint Annual Health Sector Review is government-led, stakeholders in many countries question how effectively this mechanism can be used to hold governments accountable. While the review holds the potential to include a wide range of stakeholders, in many countries the limited involvement of CSOs is a key shortcoming.

Too Political, Too Broad. While the holistic view of the health system is valuable, the risk of looking so heavily at the health

system and its processes is that there may be insufficient emphasis on outcomes. Likewise, with so much to cover, it is difficult to address all areas in the sufficient depth in a three-day review meeting.

Lack of Remedial Action in Some Countries.

While remedial action occurs in some countries, it is often the case that the problems identified are not adequately incorporated into the next year's action plan, or they are incorporated but not effectively implemented, undermining the effectiveness of the review.

CONCLUSION

The number of global initiatives across the entire RMNCH continuum is extensive. They provide a sound and comprehensive initial platform for effective country-led accountability. However, a review of these mechanisms highlights critical limitations that exist and directly hamper progress for national and sub-national citizen-led accountability. Specifically, these global mechanisms provide a framework for government officials to make country commitments to improve, an essential component to spur progress and ensure governments will act. However, these commitments are often not known by in-country citizens or CSOs. Further, while global mechanisms are intended to be country-driven, spark change, and set the stage for robust accountability, there has been little engagement of country-level civil society groups in the design or follow-up of these initiatives at the country level. Greater participation from country stakeholders is needed in the planning and development of global frameworks, and global partners must support the alignment of global initiatives at the country level and the meaningful involvement of civil society in meeting their country commitments to global initiatives.

Regional Mechanisms

Regional accountability mechanisms often provide a platform to increase country collaboration and governance as well as create important linkages to global efforts.



Photo: Frans Peeters

That said, the landscape of regional accountability mechanisms is scarce and increased coordination is needed. Further, there is a critical need to expand beyond a platform for learning and information exchange only. These mechanisms have the potential to play a larger role in providing capacity strengthening, regional dialogue, and country oversight. The following section provides an overview of regional accountability mechanisms that support RMNCH in the global south.¹¹ This section is not comprehensive but does provide insights into the ways in which regional mechanisms could be strengthened.

Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA)

In May 2009, the African Union (AU) launched CARMMA to trigger concerted and increased action towards improving maternal and newborn health and survival across the continent. CARMMA is not a new initiative, but rather it is derived from the key priority areas enshrined in the AU Policy Framework for the promotion

of Sexual and Reproductive Health and Rights in Africa (2005), and the Maputo Plan of Action (2006). The focus is not to develop new strategies and plans, but to ensure coordination and effective implementation of existing ones. CARMMA uses policy discussions, advocacy, and community social mobilization to enlist political commitment. It aims to increase resources and bring about societal change in support of maternal health. All African countries that launch CARMMA must develop a follow-up implementation plan as well as monitor progress. It is unclear what the guidelines are that assist countries in monitoring progress and it is likely that they vary from country to country.

CARMMA is housed in the **Department of Social Affairs of the African Union Commission (AUC)** in Addis Ababa, Ethiopia, but it is a country-led, multi-sectoral effort. To date, 44 countries have launched CARMMA, with three more preparing to do so. Driving the launches are senior political leaders (Presidents, Vice Presidents, First Ladies, and Ministers), together with UN bodies (e.g. WHO, UNICEF, and UNFPA), the World Bank, bilateral donors (USAID, DFID),

¹¹ Regional mechanisms for Africa and south Asia are the focus of this section. Additional information on other various networks and communities of practice are available in global and regional literature reviews, available upon request.

academia and civil society (IPPF, WRA, etc.). Together, these partners work to mobilize the country response and commitment to specific actions that reduce maternal mortality in their countries.



Photo: Ryan Lobo/Bill & Melinda Gates Foundation

Other major stakeholders in national launches have been parliamentarians, community and religious leaders and institutions, professional associations, artists, the media, and the private sector. In some countries, the launch of CARMMA has been used to mobilize additional domestic resources for maternal and newborn health. CARMMA's principle accountability tool are its country scorecards, developed in conjunction with E4A, which provide comparable data in visual formats across countries using common indicators such as neonatal mortality rate, maternal mortality rate, proportion of births attended by skilled health personnel, contraceptive prevalence rate, antenatal care coverage,

and spending on health as a percentage of total government expenditure.

STRENGTHS

Legitimacy Among African Governments. CARMMA has a very high degree of acceptance and legitimacy among African countries, with the vast majority having domesticated the initiative. CARMMA tools and programs are used extensively by ministries of health in accountability efforts and the country scorecards are especially prized for being AU-driven rather than donor-driven.

Accessible Data Promotes Transparency and Health Competition. The availability of accessible data and comparable indicators across countries stimulates healthy competition and fuels advocacy efforts at both the regional and country levels. It is also useful for celebrating progress and results.

WEAKNESSES

Funding Challenges and Limited Global Attention. The landscape found that many of CARMMA's weaknesses stem from their interaction (or lack thereof) with the global community. Limited donor involvement, while helpful in building country legitimacy, leads to limited funding, and most feel that CARMMA is under-resourced. In addition, there appears to be political tension between the various EWEC initiatives and CARMMA rather than coordination and collaboration, given the larger share of resources and attention received by initiatives driven from the global level and by donors.

“We say ‘country-driven,’ ‘country-led’, ‘country-developed,’ but then Africa goes and develops CARMMA and everyone ignores it.”

TOOL HIGHLIGHT: AFRICANHEALTHSTATS.ORG

Building on the CARMMA website, the AU commissioned E4A to help develop a tool for Africans to learn more about what is happening in their countries. AfricanHealthStats.org is an online platform that provides data on progress made toward a range of commitments, including the Maputo Plan of Action (MPoA) for the Operationalization of the Sexual and Reproductive Health and Rights (SRHR) Continental

Policy Framework, and the Abuja Call for Accelerated Action Towards Universal Access to HIV and AIDS. This online data visualization tool allows users to create charts that compare data on key indicators across all 54 AU member states. It features over 30 indicators, a dozen of which relate directly to RMNCH. The website has two inter-related aims:

1. To serve as a tool for packaging data for efforts by citizens

and CSOs to hold their governments accountable to commitments; and

2. To allow AU member states to engage with the African Union Commission on progress toward their MPoA and Abuja Call commitments, providing the AU Commission with the data and evidence needed to help influence its member states to act on these commitments.

African Health Budget Network

The African Health Budget Network (AHBN) is an initiative of E4A, funded by UKAid. It is a membership-based group comprised of international and African organizations and individuals who are interested in using budget advocacy to improve health service delivery in Africa. Its role is to promote the use of budget advocacy, provide learning opportunities, connect members with tools and resources, and facilitate coordination.

AHBN mobilizes CSOs in Africa to engage African leaders at the regional and national levels to promote budget transparency and accountability. It also provides capacity building to CSOs – through trainings and knowledge-sharing – to improve their ability to understand and engage with accountability frameworks such as CAFs and COIA recommendations, both in-country and at the AU-level, and to demand that leaders uphold commitments such as the Abuja declaration, Maputo Plan of Action, and initiatives under the EWEC umbrella. AHBN has published a regional scorecard comparing African governments on five

measures of health budget transparency, by interpreting Open Budget Index data, as well as other scorecards on health spending (in partnership with Government Spending Watch) and tax capacity (using WHO and Overseas Development Institute data).^{xxxvi}

Photo: Barbara Kinney/Bill & Melinda Gates Foundation





Photo: Ryan Lobo/Bill & Melinda Foundation

STRENGTHS

Positive Response from Governments.

Despite the inherent political risks, reaction from government representatives to AHBN's work has been largely positive.

For example, **Accountability for MNCH in Nigeria (AMHiN)**, a coalition of CSOs striving to improve accountability and

transparency in Nigeria, has asked for AHBN technical support in the development of the 2014 Nigeria CAF Scorecard to monitor the Nigerian government's performance in the implementation of the recommendations of COIA.

Engagement with Global Initiatives. On the global stage, AHBN has provided input to the finalization of the GFF business plan by engaging with the World Bank GFF team directly and submitting a position paper.

WEAKNESSES

No Clear Framework for Accountability.

As an emerging initiative, AHBN is still working to identify partners and does not yet have a clear framework for accountability. Nevertheless, it represents a promising model for building capacity in the area of budget accountability.



TOOL HIGHLIGHT: AFRICA MNCH COALITION'S AFRI-DEV.INFO

Afri-dev.info is an African CSO-led accountability platform, which publishes a range of multisectoral data, analyses, and evidence on health and development in Africa, with scorecards as its primary tool. Afri-dev's scorecard on maternal health and maternal mortality,^{xxxvii} published in collaboration with the African Coalition on Maternal, Newborn, and Child Health and the Pan African Campaign to End Forced 'Marriage' of Under Age Children, was seen by regionally-engaged respondents as a useful tool in

regional and country advocacy and accountability processes, having been taken forward by other African CSOs. However, more robust linkages with CSOs at the country-level remain an aspiration. The scorecard ranks countries by lifetime risk of maternal death, maternal mortality ratio, percentage of births attended by skilled personnel, and provides key contextual information on causes of maternal mortality. Afri-dev.info also published a 2014 Contextual Scorecard & Factsheet on HIV, Sexual, and Reproductive

Health and Rights and Universal Health Coverage, with a focus on young people ages 15-24.^{xxxviii} Afri-dev is supported by a small advocacy-focused organization with limited technical capacity for data evaluation and interpretation. As such, they illustrate the key finding that even 'imperfect' data, or no data at all, remains an important piece of the accountability puzzle. This can sometimes be the key to stimulating discussions around the need for more and better data to track progress.

Asian-Pacific Resource and Research Centre for Women

The **Asian-Pacific Resource and Research Centre for Women (ARROW)**, an Asia regional organization working on RMNCH issues, is based in Malaysia and has been working on monitoring and accountability for a number of years. They use research and evidence to monitor government commitments and provide the perspective of the Global South, especially women. One of their programs focusing on monitoring and accountability is the Women's Health and Rights Advocacy Partnership (WHRAP) in South Asia. ARROW partners with rights based civil society organizations working on RMNCH issues.

WHRAP-South Asia's strategy is unique in that it pushes for joint and complementary strategic planning, monitoring, and evidence based advocacy for accountable health governance and SRHR issues at the local, national, regional, and international levels. At the local level, WHRAP-South Asia aims to empower and overcome gaps in accessing SRHR services. At the same time, WHRAP-South Asia integrates locally generated evidence with national level advocacy and partnership building in order to reorient policies and programs related to SRHR so they are more accurate in addressing the needs of marginalized grassroots women, including young girls. Finally, WHRAP-South Asia aims to create synergies between national-level advocacy and the regional and international arena to influence decision-making processes with regard to SRHR agenda and international development aid. WHRAP focuses on mobilized voice, active civil society networks, responsive public, responsible health institutions, and responsible political action.

STRENGTHS

Capacity Building – Connecting

Grassroots to Global. ARROW's role has been facilitative, providing capacity building, conducting capacity assessments, and giving financial support to civil society organizations. They also participate in regional, global, UN, and other forums and are linked to global accountability mechanisms, such as IERG and FP2020. Through WHRAP, they are working on accountability across all levels – local, national, regional, and international.

Giving Voice to the Marginalized.

ARROW and WHRAP – which sees itself as a movement rather than a program – operate with a rights-based perspective on SRHR as well as across the continuum of care. It demonstrates a deep commitment to the grassroots by focusing on giving voice to the most marginalized women and adolescent girls.

WEAKNESSES

Need for More Strategic Engagement.

ARROW supports WHRAP in its work at the regional and international levels, but regional engagement consists largely of conference presence and is not well-linked

Photo: UN Photo/Albert Gonzalez Farran



to member organizations' national advocacy plans. Despite some gains at the national level in four countries, ARROW and WHRAP have not yet shown a consistent ability to influence policy at the regional and international levels. WHRAP's focus on educating women on their rights and building the capacities of CBOs requires a long-term view, at the expense of some more short- and medium-term advocacy outcomes.

Single Donor Dependence. The **Danish International Development Agency (DANIDA)** is the principle funder of WHRAP, which is relatively under-resourced and in need of increased funding. ARROW receives significant funding from the **Swedish International Development Cooperation Agency (Sida)**.

Conclusion

Regional accountability mechanisms are an important piece of the accountability landscape, and hold significant potential for country accountability. The regional level has been especially noteworthy for the number of scorecards that have been developed: CARMMA, the ALMA/APR RMNCH scorecard, Afri-dev, and AHBN are all examples of the effective development and introduction of scorecards for accountability in the MNH space. There is clear room for improvement in the ways that global institutions interact with regional mechanisms, as well as ample opportunity to improve the ways that regional mechanisms are used to drive in-country action.

Photo: Warren Sare/Bill & Melinda Gates Foundation



Country Mechanisms

Three country case studies were commissioned for this landscape in **India**, **Nigeria**, and **Uganda**.



Photo: Pippa Ranger/Department for International Development

These case studies were included to provide concrete examples of the kinds of accountability mechanisms and tools that are in place at the country level, given the impossibility of cataloging all country accountability efforts across the Global South. These three countries were chosen to represent a diverse set of national

contexts while being responsive to the strategic priorities of the commissioning organizations. While each of the three countries has some established accountability programs in place, the mechanisms available vary widely in sophistication, completeness, and the degree of remedial action achieved.

Photo: Abhijit Bhatlekar/Bill & Melinda Gates Foundation





Photo: Barbara Kinney/Bill & Melinda Gates Foundation

India Case Study Summary^{12,13}

Table 1: Key Players, Programs, and Tools Highlighted in the India Case Study (not exhaustive)

NATIONAL ACCOUNTABILITY MNH PROGRAMS AND KEY PLAYERS

- GOI National Health Mission's Community Action for Health (CAH)
- White Ribbon Alliance for Safe Motherhood India (WRAI)
- CommonHealth
- NAMHHR
- COPASAH India

STATE ACCOUNTABILITY PROGRAMS AND KEY PLAYERS

Uttar Pradesh

- SAHAYOG
- Mahila Swasthya Adhikar Manch

Rajasthan

- Prayas
- Center for Health, Training, and Nutrition Awareness (CHETNA)
- SUMA- White Ribbon Alliance for Safe Motherhood Rajasthan
- Mazdoor Kisaan Shakti Sangathan (MKSS)

TOOLS AND TACTICS

Maternal Death Reviews

- Government of India
- CommonHealth
- Sahaj
- WRAI
- UNICEF
- WRAI
- SAHAYOG
- SUMA- WRA Rajasthan

Public Hearings or Jan Sunwai

- Government of India's CAH
- WRAI
- CommonHealth
- Center for Health and Social Justice (CHSJ)
- Society for Health Alternatives (Sahaj)

Legal Empowerment & Human Rights Approaches

- Human Rights Law Network (HRLN)

Budget Tracking and Analysis

- Centre for Budget and Governance Accountability (CBGA)
- International Budget Partnership (IBP) India

Information and Communication Technology

- SAHAYOG's Mera Swasthya Meri Awaaz campaign
- WRAI, Gram Vaani, Merck for Mothers, Jharkhand
- Pahal – Bihar (Centre for Catalyzing Change)

¹² A copy of the full case study is available for download, along with the full report, on globalhealthvisions.com. This case study does not comprehensively document all RMNCH accountability efforts but highlights key players, mechanisms, and tools for MNH accountability in the country, particularly among civil society. The summary included herein is based on the original author's report, but adapted for consistency.

¹³ Since April 2015, according to media reports, the government has cancelled over 9,000 licenses of organizations with alleged irregularities in their declaration of donations from abroad. This has resulted in a chilling effect on civil society movements that are seen as dissent.

Introduction

India has made considerable progress in lowering maternal and newborn mortality rates. The Government of India's National Health Mission (formerly NRHM) has made both program and financial commitments to ensure safe birthing and better neonatal health. In this context, civil society organizations have been engaged in accountability efforts to make the health system more responsive and efficient in order to ensure that the government is meeting the needs of India's diverse population.

Over the past 10 years, civil society accountability and monitoring efforts have existed at the local, state, and national levels. Accountability efforts within the health sector began when civil society first became involved in monitoring health services throughout small pockets of the country. By the time the Government of India's flagship health program, the National Rural Health Mission, launched in 2005, community monitoring was being implemented and included in many government social service programs. In regards to maternal and newborn health, social accountability mechanisms, such as making women and communities aware of their rights and entitlements and conducting maternal death reviews, have been prominent and often driven by civil society. In fact, many of these organizations have pioneered innovative approaches to citizen-based accountability that have been studied and adapted throughout India and in other countries.

Despite this progress, however, new linkages between government and community accountability programs are needed to continue progress towards improving maternal and newborn health outcomes. To do so, additional review

of current accountability efforts was conducted to better understand promising practices and emerging models. The sections below summarize national- and state-level programs and players that could be leveraged for future MNH accountability efforts.

National-level Accountability Programs and Players

The **National Rural Health Mission (NRHM)**, launched by the Government of India in 2005, was tasked with decreasing maternal and child mortality by providing quality health services to rural areas, and increasing community engagement in health service planning. This task continues under the **National Health Mission (NHM)** that consolidated NRHM and the **National Urban Health Mission** in 2013. Through the **NHM**, new spaces have been opened for civil society involvement in community monitoring and accountability efforts.

Under the **NHM**, the **National Advisory Group for Community Action (AGCA)**, hosted by the **Population Foundation of India**, was created to explore ways to increase community participation, which in turn led to the creation of the Community Based Monitoring and Planning (CBMP) Framework that is now implemented under the name Community Action for Health. CBMP bridges the gap between people and services by involving citizens in their monitoring and assessment. Through CBMP, citizens are able to contribute to a 'social audit' process designed to improve health services through active participation in system oversight.

Alliances and coalitions, such as the **White Ribbon Alliance for Safe Motherhood India (WRAI)** and **CommonHealth (The Coalition of Maternal-Neonatal Health**

and Safe Abortion) have been working on MNH accountability, though often more focused on maternal health. For the most part, problems and solutions are generated at the local level, with more limited engagement at the state- and national-levels. These coalitions have been critical to expanding government accountability across India, as it is felt that working on accountability as a collective, rather than

as individual organizations, leads to more effective programming. Other alliances like the **National Alliance for Maternal Health and Human Rights (NAMHHR)** have focused on policy advocacy, while the **Community of Practitioners on Accountability and Social Action in Health (COPASAH)** seeks to share experiences, learning, knowledge, and build the capacity of partners.



MECHANISM HIGHLIGHT: COMMUNITY ACTION FOR HEALTH

Community Action for Health (or Community Based Monitoring and Planning, CBMP) is a key strategy of the NHM,¹⁴ which seeks to monitor various levels of the public health system by engaging civil society organizations and citizens. At its core, CBMP is people-centric, focused on tracking, recording, and reporting of public health services that citizens themselves experience. CBMP is designed to ensure that the health needs and rights of the community are being fulfilled through data collection on local health services, report cards, dialogues, hearings with health services providers and officials, and state-level issue raising.

The primary aim of CBMP is to improve service delivery. By making people aware of their rights and entitlements, increasing

knowledge about schemes like the Janani Suraksha Yojana¹⁵ (JSY) and the Rashtriya Swasthya Bima Yojana (RSBY)¹⁶, and understanding the roles and responsibilities of service providers, CBMP seeks to empower citizens to demand quality healthcare services.

To roll out CBMP, in 2005 the **Ministry of Health and Family Welfare (MoHFW)** constituted the **National Advisory Group on Community Action (AGCA)** – comprised of 17 eminent civil society representatives and public health experts – to provide guidance and technical support for community action under NHM. MoHFW also supports **Population Foundation of India (PFI)** to host the national secretariat and provide technical assistance to states on Community Action for Health.^{xxxix}

CBMP processes are organized at the village, primary health center (PHC), block, district, and state levels. A state-level CSO typically coordinates community based monitoring and planning activities in coordination with district and block CBOs, as well as the state health department.^{xi} Monitoring committees at each level of the system are responsible for (1) reviewing and aggregating information from the level below; (2) monitoring healthcare service provision at its current level using tools such as report cards or budget monitoring lists; and (3) passing results up to the next, higher level. To ensure that effective linkages across committees from the village, PHC, block, and district levels, representative members participate in each of the committee levels.

¹⁴ Previously a program of the NRHM which has since been expanded to include urban and rural services

¹⁵ JSY is a safe motherhood intervention under the National Rural Health Mission (NHM). Its objective is to reduce maternal and neonatal mortality by promoting institutional delivery among poor pregnant women.

¹⁶ RSBY is the Indian National Health Insurance Programme for the poor that provides hospitalization coverage up to 30,000 Rs.

Community Action for Health (cont'd)

Sub-state committees then link to the state and national committees via representation.^{xii}

Once data has been collected at the district level and community partners have identified key gaps, information is disseminated and shared through public dialogues, hearings, and village health meetings. Authorities are expected to respond to citizen concerns and indicate how key issues will be addressed. Media coverage has also been utilized by a number of CBMP programs. In doing so, public awareness around rights, entitlements, and service quality increases, placing pressure on district health officers and other government officials to respond.

Coalition building is another key process to successful CBMP programs. Collective action on the part of CSOs working across the various levels drives implementation and government action. These organizations work together with the government to find common ground and develop solutions

at the community, district, state, and national levels. Alliances are formed to provide input into policy and planning and collectively ensure that maternal and newborn health and rights are being addressed.

STRENGTHS

Raises Community Awareness of Rights and Entitlements. The process can help to empower citizens and communities to participate in their country's governance, while providing an avenue to collect and document real issues that are affecting their lives.

Strengthens Civil Society Alliances and Partnerships with Government. Dialogues allow for mutual understanding between citizens, providers, and government officials. The evidence that is generated creates meaningful feedback to duty bearers and, as a result, encourages continued collaboration and quick government response and remedial action. However,

communities from across districts and states need to be better connected in order to better address high-level officials.

WEAKNESSES

Capacity Needs and Tools Have to be Tailored to Each Community. Community needs and capacity vary greatly, so solutions must be context-specific. For example, where literacy is low, questionnaires and report cards may not be appropriate. Furthermore, CBMP is a constant process that requires continued training, technical support, and follow-up to make an impact.

Ideas That Look Good on Paper Don't Always Translate to Action. While the concept of CBMP has been good on paper, in practice implementation has varied across districts and states. When done systematically, the success of CBMP is clear; however, without clear planning on the part of the state, implementation may be met with varied results.

Community of Practitioners on Accountability and Social Action in Health (COPASAH) is a global community (coalition) where practitioners who share an interest and passion for the field of community monitoring for accountability in health interact regularly and to exchange experiences and lessons. They share resources, capacities, and methods in the production and dissemination of conceptual, methodological, and practical outputs towards strengthening the field, and in

networking and capacity building among member organizations. This community of practitioners was established in 2011 in Johannesburg, South Africa. The secretariat is currently located at **Centre for Health and Social Justice (CHSJ)**, New Delhi, India. There are three hubs in Latin America, South Asia, and Africa. The COPASAH website is a source for knowledge, capacity building, learning, and peer to peer sharing, as well as a forum for learning resources with blogs, reports,

and newsletters. They encourage practitioners to write and share experiences and stories, giving voice to the people. A new blog series with the **Maternal Health Task Force (MHTF)** started in May 2015 and will focus on social accountability and community mobilization strategies for maternal health.

State-level Accountability Programs and Players

Uttar Pradesh. In the north Indian state of Uttar Pradesh, there has been limited engagement in maternal and newborn health accountability. **SAHAYOG**, an organization working on promoting gender equality and women's health, has been a pioneer. They have worked closely with community based organizations (CBOs) and larger civil society networks to increase awareness, strengthen capacity, build partnerships, and promote research and policy change to improve reproductive health and rights, both locally and nationally. For example, SAHAYOG has supported the formation of a grassroots organization of rural marginalized women called **Mahila Swasthya Adhikar Manch (Women's Health and Rights Forum;**

MSAM). MSAM has been at the forefront of accountability work by exercising 'active citizenship' through monitoring and advocacy for better health services.

Rajasthan. In the state of Rajasthan, the key players working on MNH citizen-led accountability have been **Prayas**, the **Center for Health, Training, and Nutrition Awareness (CHETNA)**, the **secretariat of WRA Rajasthan-SUMA**, and **Mazdoor Kisan Shakti Sangathan (MKSS)**. Organizations such as **Action Research and Training for Health (ARTH)** have worked on the strengthening of health services. The main accountability processes used for improving maternal and newborn health have been social accountability strategies, including raising awareness of rights and entitlements, highlighting women's voices and experiences, using checklists and community scorecards, strengthening health services, and undertaking maternal death reviews and fact-finding missions.

Tools and Tactics

The key accountability tools and tactics that are used in India include:

- Maternal death reviews or verbal autopsies
- Checklists, scorecards, and report cards
- Public hearings
- Legal empowerment and human rights
- Budget tracking and analysis
- Information and communication technology

1) Maternal Death Reviews (MDRs) and Verbal Autopsies. Organizations and alliances have used maternal death reviews and/or verbal autopsies to better track and understand: (1) maternal mortality; (2) institutional delivery; and (3) social disparities in mortality. The Government of India (GOI) mandated

Photo: Abhijit Bhatlekar/Bill & Melinda Gates Foundation



MDRs at the district level starting in 2010. While the GOI's efforts to institutionalize MDRs has tended to focus on medical causes, CSOs have used MDRs to evaluate the underlying social and human rights determinants that impact mortality outcomes. CommonHealth, an alliance of civil society actors across 10 states, has led many of these efforts through the development and implementation of a social autopsy tool designed to document maternal deaths by capturing health system gaps and contextual factors (i.e. barriers to care, poor birth preparedness, transportation) that can contribute to maternal mortality. By elevating the experiences of women who have died unnecessarily, civil society is able to more effectively engage in public dialogues and hearings with government.

2) Checklists, Scorecards, and Report Cards. Checklists and community/citizen's scorecards or report cards¹⁷ are used to monitor health services at the health facility level. For example, the **Center for Catalyzing Change (C-3, formerly CEDPA)** has been training elected women representatives (EWRs) and other community members to play a critical role in monitoring health facilities. EWRs are trained on service-level benchmarks and equipped with checklists that they administer at different levels of the healthcare system. The checklists that are used at the facility level assist in identifying systemic gaps that hinder the delivery of quality maternal health services. Broadly, these checklists look at logistics, availability and functionality of equipment, availability of supplies, medicines, and staffing. Information is typically collected during health care visits or during 'Village

Health Sanitation and Nutrition' days. The data are then analyzed and translated into report cards for dissemination at the facility, block, and district levels. Innumerable other organizations are also utilizing checklists, report cards, and other monitoring tools within their various programs.

3) Public Hearings. Public hearings, or Jan Sunwai, have been used extensively by civil society organizations for accountability on issues such as education, employment guarantee, and healthcare. Organizations such as **CHSJ, SAHAYOG, WRAI, SATHI,** and **Sahaj** have been involved in these efforts. Typically, the findings from maternal death reviews, verbal autopsies, checklists, and scorecards are shared at these public hearings to engender discussion. The event is usually held in the public health facility itself or at a common place easily accessed by people. A Jan Sunwai proactively seeks accountability of the state, which can bridge horizontal and vertical forms of accountability by energizing intra-state government (horizontal) mechanisms. These hearings cross traditional lines of citizen- and state-led accountability tools by legally mandating that: (1) non-governmental actors serve as agents of public sector oversight; (2) information be easily accessible; and (3) citizens have the right to report grievances. In addition, public hearings provide a clear set of procedures that help define exchanges between citizens and state actors, creating a forum for justice that is more accessible than the current formal justice system, which is prolonged and remains inaccessible for the rural and marginalized sections of society.

¹⁷ Different terminology is used depending on the organization and/or program.



PROGRAM HIGHLIGHT: JAN SUNWAI^{XLII}

Jan Sunwai (JS) is a process that allows citizens to voice concerns, ask questions, or provide testimony to a panel on particular issues in a formal, open forum. The panel can be made up of NGOs, government officials, experts, elected representatives, media, or other key stakeholders. Key components of this process include:

- **Mobilization of People from Communities:** Local organizations mobilize people and activate groups from their area to come for the Jan Sunwai. Citizen participation is necessary to help apply group pressure towards the fulfillment of the demands made in the JS. Surveys can be conducted door-to-door to develop a findings report for presentation at the hearing.
- **Involving and Inviting Panchayat Representatives:** Panchayat Raj is a system of governance based on elected local bodies, which range across three levels: village, block, and district. As per the Constitution, Panchayats Raj Institutions (PRIs) in their respective areas are required to prepare and execute against plans for economic development and the promotion of social justice. The presence of PRI members in the Jan Sunwais builds political pressure for resolving the issues

raised by the people, and helps to ensure interdepartmental coordination and response.

- **Inviting Government Officials:** The presence of health officials is essential for the success of public hearings. The Medical Officers of different PHCs in the region, Civil Surgeon (CS), District Health Officer (DHO), Additional Director of Health Services (ADHO), elected members of the state legislature, and others, are all invited and highly encouraged to participate.
- **Constituting a Panel of Judges:** Prominent experts from various fields such as teachers, lawyers, and healthcare professionals are invited to participate as panelists who mediate the dialogue and give an autonomous opinion or 'judgment.' This panel plays the pivotal role of listening to citizen complaints and ensuring response by government officials. Prior to a JS, the panel is briefed about the purpose and survey findings. After listening to both the sides, the panel gives their expert opinion. The opinion creates awareness among participants and also serves as a tool to pressure the government to implement its recommendations.
- **Seeking Media Attention for the Event:** Media plays a vital role in disseminating the final opinion and recommendations

of the JS. It is important to contact media in advance and sensitize them in the process in order to have their support.

- **Conducting Follow-up Meetings:** As a follow-up, a meeting is usually planned with the government officials shortly after the hearing. A targeted group of organizations and/or activists discuss and develop a plan of action to address the panel recommendations. If needed, further meetings are held to ensure the implementation.

Civil society has an important role to play in facilitating this process. By helping to establish meaningful partnerships and facilitating citizen-state interaction, CSOs can encourage civic participation in government programs that aim to improve health outcomes.

STRENGTHS

Creates a Forum for Multi-stakeholder Dialogue.

Public hearings provide an opportunity for engagement among different stakeholders, including those that do not often have a voice in policy debates.

Empowers Marginalized Women to Voice Concerns.

Hearings allow poor, marginalized women to directly interact with government officials and health service providers that often hold power over individual service users. In so doing, they provide an opportunity

Jan Sunwai (cont'd)

for community mobilization and create space for women to assert their power through collective action.

WEAKNESSES

Ensuring Government Official Participation is Difficult. At times, government officials feel

that CSOs do not have the legitimacy to conduct public hearings, and government officials are often defensive. Elected officials are hesitant to participate given the potential for political impacts and often only junior-level government functionaries participate.

Follow-up Actions are Critical. Actions that occur after the public hearings are critical not only for successful implementation of recommendations, but also to create additional motivation among key stakeholders.

4) Legal Empowerment and Human Rights. The Human Rights Law Network (HRLN) is a collective of lawyers and social activists dedicated to the use of the legal system to advance human rights in India. HRLN collaborates with human rights groups, grassroots development organizations, and social movements/alliances to enforce the rights of poor, marginalized people. HRLN provides pro-bono legal services, conducts public interest litigation, engages in advocacy, conducts legal awareness programs, investigates violations, publishes 'know your rights' materials, and participates in campaigns.

5) Budget Tracking and Analysis. Budget accountability work in India has been led by the **Centre for Budget and Governance Accountability (CBGA; a partner of the International Budget Partnership)**. One of CBGA's areas of focus has been India's Reproductive and Child Health Program, which includes maternal health funding.^{xliv} CBGA has tracked resource flows to assess whether gaps exist in the transfer of funds and to determine what money actually purchases at the district level. Budget tracking on health issues done by other organizations has mostly focused on health spending. **Support**

for Advocacy and Training to Health Initiatives (SATHI), an organization in Pune, Maharashtra, has successfully integrated budget tracking into its community-based planning and monitoring work. In some states, it is difficult to get budget utilization data. One of the key challenges faced by budget organizations is that despite strong budget analysis and tracking, advocacy, dissemination, and utilization of the findings is weak.

6) Information and Communications Technology (ICT). There are a few nascent examples of ICT and mobile technology for MNH monitoring and accountability in India. Examples include SAHAYOG's Mera Swasthya Meri Awaaz campaign that uses the Ushahidi open access software platform for tracking

Photo: Barbara Kinney/Bill & Melinda Gates Foundation



informal fees, and the data is then used to advocate at the district and state levels. Other examples include Pahel: Toward Empowering Women, an initiative by **Centre for Catalyzing Change (C-3, formerly CEDPA India)**, which aims to strengthen the voice,

participation, and leadership skills of Elected Women Representatives (EWRs) in monitoring health services. Currently, they are piloting an Interactive Voice Response (IVR) platform that will be used by EWRs to monitor the quality of service delivery at four levels of health facilities.



PROGRAM HIGHLIGHT: HRLN'S REPRODUCTIVE RIGHTS INITIATIVE

HRLN's Reproductive Rights Initiative (RRI) works toward the realization of reproductive rights as defined in the Programme of Action of the International Conference on Population and Development, including the right of women to survive pregnancy with dignity. Against this backdrop, the RRI at HRLN uses the legal system to combat violations of reproductive rights, ensure implementation of reproductive rights schemes, and demand accountability where implementation is left wanting. Currently, HRLN has fifty ongoing cases in the courts (national and state levels). Due to the Public Interest Litigation (PIL) filed by the RRI, reproductive rights have become justiciable in Indian courts and the HRLN team has had a number of successes.

Lack of functioning blood banks and blood storage facilities is of particular concern, as the lack of access to blood accounts for approximately 50 percent of all maternal deaths in India. In one case, a PIL was filed following a number of fact-finding missions that revealed that access to health facilities and quality maternal

health services was very limited. As a result, a blood bank license was granted. Furthermore, the PIL resulted in major infrastructural overhauls of water and sanitation systems and an order that all government health centers in Madhya Pradesh be equipped with electricity.^{xviii}

One of RRI's greatest successes to date has resulted from the groundbreaking order issued by the Delhi High Court in March 2010. In this case, Shanti Devi, a member of a Scheduled Caste, died delivering her baby daughter at home without any medical assistance. The Court ordered a maternal death audit be carried out with respect to her pregnancy-related death. This ruling set both a national and international legal precedent for ensuring maternal death accountability (See: Laxmi Mandal Vs. Deen Dayal Hari Nager Hospital & Ors).

In yet another example that was emblematic of the multiple rights violations suffered by Indian women and girls, RRI's PIL secured an order for the Union of India to devise a set of instructions to ensure that persons living

below the poverty line (BPL) get their entitlements to free medical care (See: Jaitun v Maternity Home, MCD, Jangpura & Ors).

STRENGTHS

Judicial Action Brings Change.

The strengths of using the judiciary for maternal health and rights are clear in the successes that have brought about judicial precedent and social change (eg. Laxmi Mandal case). When acted upon, these rulings have the ability to impact millions.

Creates Legal Professional Partnerships. This approach has allowed legal professionals to work collaboratively with alliances/coalitions and women's and health organizations. It is an alternative method to hold governments accountable and gives women a voice in the court.

WEAKNESSES

Long and Arduous Process. At times, the legal process can be very slow and prolonged, there is dependence on the judge for the verdict, and the implementation of the court order is up to the state – meaning that there is no guarantee of implementation.

TOOL HIGHLIGHT: WRAI, GRAMVAANI, AND MERCK FOR MOTHERS CROWDSOURCING STRATEGY^{XLV}

Merck for Mothers, in partnership with Gram Vaani and the White Ribbon Alliance for Safe Motherhood India, has developed a crowdsourcing strategy designed to engage and empower women to advocate for quality care. This includes the creation of an mHealth platform that allows women to rate the quality of the maternal health care they receive. The program, currently in pilot stages, includes radio campaigns and other traditional

media channels to inform women of a free phone line they can use to evaluate the services they receive at public and private health care facilities. Utilizing a pre-programmed Interactive Voice Response (IVR) scorecard, women are asked to rate the quality of care they received during their visit. Participant feedback is then made accessible via the phone system to provide reviews of service providers and facilities, in order to inform a woman's

decision on which health provider to utilize. This same information is aggregated and presented to health officials and providers in order to improve care. Over the long term, partners hope that the number of women participating will create an opportunity for communities to influence the standard of care while providing information to women that can help them determine the best provider.

Conclusion

From engaging with legal systems and the media to elected representatives, maternal and newborn health accountability efforts have tackled numerous avenues to improve the health and wellbeing of communities. Research, monitoring, budget analysis, and advocacy are just some of the tools that have been employed by civil society and government partners across India. And while accountability for maternal and neonatal health is still in a nascent stage, it has much to draw from India's long history of civil society activism. However, given the current climate of shrinking spaces for civil society voices in the country, there is a need to find new ways and structures to raise issues so that there is a more efficient health system that is responsive to the needs of poor, marginalized women and communities. Fewer and

fewer organizations are willing to work on monitoring or accountability programs and, instead, have restricted their work to health implementation, capacity building, creating program models, and supporting government efforts. While the majority of the maternal and newborn health accountability work has been at the level of community mobilizing, social accountability strategies take time and consistent effort that needs to be matched with government-led efforts that adequately address societal demands. Governments and funding agencies need to support accountability approaches that link community needs to government policies in order to protect and champion the needs of those most at risk. This commitment is essential to achieving the Millennium Development Goals and the Sustainable Development Goals thereafter.



Photo: Paul O'Driscoll/Bill & Melinda Gates Foundation

Nigeria¹⁸

Table 2: Key Players, Programs, and Tools Highlighted in the Nigeria Case Study (not exhaustive)

NATIONAL ACCOUNTABILITY PROGRAMS AND PLAYERS

- Africa Coalition on Maternal, Newborn & Child Health
- White Ribbon Alliance Nigeria (WRAN)
- Evidence for Action – MamaYe (E4A)
- Partnership to Revive Routine Immunization in Northern Nigeria/Maternal Newborn, and Child Health (PRRINN-MNCH)
- Association for the Advancement of Family Planning (AAFP)
- Advocacy Nigeria
- The Free Maternal and Child Health Partnership
- Accountability for MNCH in Nigeria (AMHiN)
- The Nigeria Independent Accountability Mechanism (NIAM)

STATE ACCOUNTABILITY PROGRAMS AND PLAYERS

- Women Advocates Research and Documentation Centre (WARD C)
- Civil Society Legislative Advocacy Center (CISLAC)
- Development Communications Network (DevComs)
- Advocacy Nigeria
- Community Health and Research Initiative (CHR)
- The Partnership for Transforming Health Systems Phase II (PATHS2)
- MNCH2
- Know Your Budget Partnership (KYB)

TOOLS AND TACTICS

Maternal Death Reviews

- Society of Gynecology and Obstetrics of Nigeria (SOGON)
- E4A
- Maternal Death Surveillance and Response Action Network
- National Primary Health Care Development Agency
- PRRINN-MNCH
- Women's Health Action Research Centre (WHARC)

Checklists, Scorecards, Report Cards

- E4A
- NIAM

Budget Tracking

- Action Aid International
- BudgIT
- African Health Budget Network (AHBN)
- The Free Maternal and Child Health Partnership
- AMHiN

ICT and Websites

- Resources for Awareness of Population Impact on Development (RAPID)
- E4A
- Countdown to 2015
- AfricanHealthStats.org
- International Budget Partnership

¹⁸ A copy of the full case study is available for download, along with the fill report, on globalhealthvisions.com. This case study does not comprehensively document all RMNCH accountability efforts but highlights key players, mechanisms, and tools for MNH accountability in the country, particularly among civil society. The summary included herein is based on the original author's report, but adapted for consistency.

Introduction

Since the launch of the Global Strategy for Women's and Children's Health in 2010 and the Government of Nigeria's subsequent commitment to it, Nigeria has made notable strides and additional commitments towards the achievement of several RMNCH goals. In October 2012, it launched the Saving One Million Lives Initiative outlining strategies to scale up access to life saving commodities and delivery of basic health services. This initiative also provided an opportunity to integrate some of the goals, targets, and strategies of global initiatives such as the Child Survival Call to Action: A Promise Renewed, Family Planning 2020, and UN Commission of Information and Accountability (COIA) into one country level plan. More recently, the Nigerian government launched a call to action for saving newborn lives, setting the stage for the development of a Nigerian Every Newborn Action Plan (NENAP), which will build off of the global Every Newborn Action Plan with country-specific goals and strategies.

The global RMNCH accountability frameworks, COIA and the iERG, have catalyzed some important progress in accountability for RMNCH at the global and national levels. In Nigeria, new national, state, and community level efforts were born out of COIA Country Accountability Frameworks (CAFs)^{xlvi} and have been developed and funded with limited catalytic funding. At the same time, independent accountability efforts have been developed and implemented by civil society and strengthened in recent years with support from international partners.

National-level Accountability Programs and Players

Early RMNCH advocacy efforts were directed at ensuring that there were health sector networks, coalitions, and partnerships to advocate for RMNCH. These include the PMNCH-supported national CSO coalition for RMNCH, launched in 2012 and co-hosted by the Nigerian chapter of the **Africa Coalition on Maternal, Newborn, and Child Health** and the **White Ribbon Alliance Nigeria (WRAN)**. Others include the **Partnership to Revive Routine Immunization in Northern Nigeria/Maternal Newborn and Child Health (PRRINN-MNCH)**, **Association for the Advancement of Family Planning (AAFP)**, **Advocacy Nigeria**, and **The Free Maternal and Child Health Partnership**. These networks were formed to ensure that all of the key components of the RMNCH continuum of care are adequately provided or advocated for. However, very few of these groups focus primarily on advocacy and even fewer have a particular focus on accountability.

Accountability for MNCH in Nigeria¹⁹ (AMHiN) is a national coalition of CSOs, media, and professional bodies committed to promoting accountability and transparency in the health sector through regular media engagement and the generation of evidence to advocate for better accountability to reduce maternal, newborn, and child deaths in Nigeria. AMHiN uses a range of accountability tools to advance its objectives, including a quarterly interactive health forum with government officials, media, and CSOs; scorecards to track commitments and key performance indicators; media engagement; national and state-level multi-stakeholder seminars; and social media engagement.

¹⁹ At the time of publication of this report, AMHiN had recently submitted an application to register as an NGO in Nigeria.



MECHANISM HIGHLIGHT: NIGERIA INDEPENDENT ACCOUNTABILITY MECHANISM^{XLVII}

NIAM was created by AMHiN as an accountability mechanism to review progress against national commitments and the Global Strategy for Women and Children's Health, with particular focus on the COIA CAF Roadmap. It was proposed by a number of CSOs supported by E4A, at the 2013 national CAF workshop, and unanimously endorsed by members of government, WHO, and civil society. Civil society presence at that meeting was essential for their participation in the CAF process from the beginning, and for the formation of NIAM. Membership of NIAM includes media, civil society, development partners, and health professional associations across Nigeria's six geopolitical zones. NIAM coordinates with the government-led National Steering Committee, which guides implementation of the CAF Roadmap.

In 2013, NIAM developed an MNCH indicators scorecard to measure progress on the CAF Roadmap. A draft of the scorecard was presented at a consultative meeting with AMHiN

members and government officials and the scores were validated. In 2014, NIAM produced a progress report as a comparison with the 2013 scores. The results of the two efforts were disseminated via seminar and extensive media engagement.

STRENGTHS

Support from Government and CSOs. NIAM has received approval of both government and CSOs as an independent mechanism for accountability, uniquely positioning it to advance mutual accountability efforts in Nigeria and support accountability for international platforms such as the GFF and the Global Strategy 2.0.

Multi-stakeholder Platform.

NIAM provides a platform for connecting voices, experts, and influencers from across regions and stakeholder groups to influence and accelerate progress in maternal, newborn, and child health.

WEAKNESSES

Cost and Slow Process.

Progress can be slow and costly, particularly with multiple

stakeholders involved, and when careful attention is given to ensuring the institutionalization of NIAM via strong leadership and resources among participating members.

Challenges with Data

Availability and Scope. NIAM requires MNCH data across the seven thematic areas of the CAF Roadmap, which are not always available. NIAM has also been criticized for not covering other related social and economic indicators for a more robust analysis, though this could come at a cost of diluting the focus on RMNCH issues.

Room for Improvement in Multi-sector Involvement.

Though it is a model multi-stakeholder accountability effort, NIAM host, AMHiN, recognizes that full inclusion of civil society, media, professional associations, and the private sector still needs to be strengthened by engaging more partners representative of the different stakeholder groups, particularly from varying geographies.^{XLVIII}

State-level Accountability Programs and Players

State-level civil-society-led accountability efforts for MNCH in Nigeria have historically been scattered and unsuccessful.

However, a number of CSOs are promoting voice and dialogue between state actors, healthcare providers, and citizens, aiming to improve governance, involve the media, and strengthen the evidence-base to advance accountability. Governments at

the national, state, and local levels are becoming more receptive to CSOs and their involvement in accountability, and critical ‘wins’ are being recorded in various states, such as increased budget allocations for RMNCH.

Key Nigerian RMNCH accountability players working at the state and local levels include **Women Advocates Research and Documentation Centre (WARD C)**, **Civil Society Legislative Advocacy Center (CISLAC)**, **Development Communications Network (DevComs)**, **Advocacy Nigeria**, **Community Health and Research Initiative (CHR)**, **E4A** and the DFID-funded **MNCH2** and **Partnership for Transforming Health Systems Phase II (PATHS2)**. These partners use a range of tools and approaches to advance accountability for RMNCH through litigation, legislative advocacy, media engagement, capacity building, and leveraging citizens’ voices for tracking facility-level quality of care and for advocacy with government leaders.

In addition, the **State Accountability and Voice Initiative (SAVI)** is a DFID-funded program operating in 10 states that aims to “build sustainable, replicable, and influential processes of citizen engagement in governance.”^{xix} SAVI works with civil society, citizens, **State Houses of Assembly (SHoA)**, and the media. It is focused on capacity building, supporting robust political analyses, brokering relationships, and establishing local teams to provide ongoing support and technical assistance. SAVI facilitates advocacy, accountability, and action on locally-driven priorities, usually focused on education, health, and state budgeting. SAVI also has the advantage of interfacing with a range of DFID-funded governance and transparency programs, including **SPARC (State Partnership for Accountability, Responsiveness and Capability)**, a partnership between the Nigerian and UK governments to support good governance; **PATHS2**, which focuses on improving health governance; **ESSPIN (Education Support Program in Nigeria)**, which aims to improve education governance; and other sector-specific programs.



PROGRAM HIGHLIGHT: KNOW YOUR BUDGET PARTNERSHIP, KADUNA STATE

KYB was formed as a CSO network engaged in budget analysis and advocacy. With support and technical assistance from SAVI, KYB was able to expand their understanding of the political economy and enhance engagement with government and the media. In 2011, after extensive budget analysis, KYB utilized creative multi-media strategies

such as public forums, radio, and TV discussion programs to reach elected representatives and key members of the state government. As a result, KYB succeeded in getting the government to adjust its over-inflated budget. The process set a precedent for citizen budget oversight and sent a message to the government that non-state actors, who were

informed and able to galvanize public opinion, were watching.

The KYB partnership has since evolved and expanded its membership to include zonal groups, which support better engagement with local governments and better representation from citizens on issues that are close to them. KYB is striving to operate with minimal support as

Know Your Budget Partnership, Kaduna Statel (cont'd)

SAVI approaches completion in the first quarter of 2016. Other SAVI and DFID programs and coalitions have learned from the KYB experience. In April 2015, MNCH2 set up an accountability mechanism in Kaduna focused on MNCH issues, which is made up of representatives from government, civil society, media, and development partners, and is based on learnings from KYB.

STRENGTHS

Creative Multi-media

Approaches for Accountability.

KYB utilized creative multi-media strategies such as public forums, radio, and TV discussion programs to reach elected representatives and key members of the state government who are

then held to account for what they promised publicly.

Built on Local Priorities. Though it was donor supported (through SAVI), the members were highly motivated because it was based on their issues, which they had been working on for a number of years prior to SAVI.

Opportunistic and Fluid.

Because the SAVI support model is built around supporting local priorities, KYB had the flexibility to be somewhat fluid in its structures and priorities and respond opportunistically to advocacy openings as they arise.

WEAKNESSES

Initial Challenges with Government Relations.

The initial effort was not sustainable, as the partnership had not cemented a constructive relationship with the government. A 'naming and shaming' approach impacted the trust between state and non-state actors.

Reliance on 'Professional

Activists.'

When SAVI began supporting KYB, it brought in professional civil society activists to lead the work. The majority were academics who did the analyses and were given basic support for their work and that of KYB, but they didn't necessarily have support or endorsement from citizens. In addition, they were quick to move on, creating an unsustainable model.

Tools and Tactics

Across all the various accountability efforts, key tools that have been utilized by CSOs in Nigeria for RMNCH accountability include:

- Maternal Death Review (MDR)
- Scorecards
- Information, Communication, and Technology (ICT)
- Budget Tracking

1) Maternal Death Review. Maternal death reviews are initiated by MDR Review Committees. Membership includes the **Society of Gynecology and Obstetrics of Nigeria (SOGON)**, health facility providers, community members, CSOs, advocates, media, and

government representatives. In line with national guidelines for instituting and managing MDRs instituted in 2014, the MDR process includes immediate notification of deaths in the facility and to the MDR Review Committee. Ideally, analysis and interpretation of aggregated findings from the reviews would be reported to state and federal Ministries of Health for state and national actions, though this is still a work in progress. Actions, such as staff trainings, addressing supply chain issues, or tackling transportation challenges, aim to address problems at the community, facility, or multi-sectoral level. To-date, five organizations have been involved in institutionalizing MDRs in Nigeria. E4A has been spearheading efforts across its

six program countries²⁰ and the region at-large – through the **Maternal Death Surveillance and Response (MDSR) Action Network** (see Global section of this report) – to institutionalize MDSR as a best practice to improve the quality of health services and help avert further deaths. The **National Primary Health Care Development Agency** works closely with E4A and SOGON on MDR implementation and institutionalization in Nigeria. PRRINN-MNCH supports the implementation of MDR in the north and **Women’s Health Action Research Centre (WHARC)** implements MDR in selected states.

2) Scorecards. Scorecards are one of the strongest and most useful tools for accountability, and quite acceptable by both CSOs and the government. Various scorecards have been developed to measure different commitments, such as E4A’s state scorecard measuring MNCH progress, the MDR scorecard, and NIAM’s CAF scorecard. Scorecards are often part of a complete feedback loop when coupled with multi-stakeholder meetings focused on validation, participatory review, and action. Weaknesses of scorecards include the high level of reliance on data and evidence, when in some instances there are no data available. However, this lack of data can actually stimulate advocacy for improved/better data. Scorecards can also be used as a comparison tool to compare data and trends across countries or states.

3) ICT Tools and Websites. A range of ICT tools and websites have emerged in recent years that have supported CSOs

to collect, access, and analyze data and information in support of evidence-based advocacy and accountability efforts. For example, CSOs have used Resources for Awareness of Population Impact on Development (RAPID) – a computer simulation program designed to show the impact of fertility and population growth on key social and economic factors – to generate data for advocacy. Key websites and web-based tools have increased access to information in Nigeria, such as the MamaYe website, Countdown to 2015, AfricanHealthStats.org, the International Budget Partnership’s Open Budget Survey Tracker, and the MDSR Action Network website.

4) Budget Tracking. Budget tracking remains one of the most misunderstood approaches among CSOs, who have limited capacity in this area. However, budget tracking is happening at national, state, and local levels. For example, **Action Aid International**

Photo: Lindsay Mgbor/Department for International Development



²⁰ E4A is active in six countries: Nigeria, Sierra Leone, Malawi, Ghana, Tanzania, and Ethiopia.

supported efforts in five states in Nigeria to enhance CSO capacity to implement health budget tracking and participatory budget planning. It has also recently partnered with **BudgIT** to launch a youth-focused social media campaign called #FollowTheMoneyNigeria to raise awareness about budget advocacy issues. Finally, the **African Health**

Budget Network (AHBN) works closely with AMHiN to strengthen budget advocacy and accountability efforts in Nigeria through trainings, knowledge sharing, and applying coordinated pressure on Nigerian leaders with respect to health financing commitments.



MECHANISM HIGHLIGHT: STATE LEVEL ACCOUNTABILITY MECHANISM, JIGAWA¹

At the state level in Nigeria, E4A has worked to establish and strengthen state level accountability mechanisms on MNCH (SLAMs) including the Jigawa State Maternal, Newborn, and Child Accountability Forum (JiMAF). JiMAF was built from existing state CSO coalitions and expanded to serve as a partnership with government, engaging state ministry of health representatives as well as other key stakeholders, including health professionals and the media. In the past, mistrust resulted in weak working relationships among these stakeholders, particularly between CSOs and government. In response, JiMAF has worked to strengthen the collaboration between stakeholders who are using evidence to promote accountability, transparency, and improved performance in MNCH.

JiMAF meets at least twice a year. It is structured with two co-chairs – one CSO representative and one government representative – and three sub-committees:

- The **evidence sub-committee** generates and analyzes existing evidence to feed into scorecards.
- The **advocacy sub-committee** uses the scorecards and other packaged evidence to lead strategic advocacy with a variety of stakeholders.
- The **knowledge management and communications** subcommittee documents and shares the information gathered and generated in connection with JiMAF.

JiMAF first presented its scorecard (developed with support from E4A) at the 2014 Jigawa State Joint Annual Review, introducing MNCH evidence into this process for the first time. The scorecards helped to demonstrate that withdrawn funding for consumables in maternity wards and stock-outs of essential commodities had worsened maternal mortality in the state. As a result, the government was responsive to JiMAF's recommendations to

reinstate the funding and improve commodity security.

Currently, JiMAF participates directly in government strategic planning and review meetings, effectively institutionalizing multi-stakeholder consultation in MNCH policy. It has also served to strengthen the advocacy capacity of CSOs and the media, leading to JiMAF's success in a campaign to increase funding for the free MNCH policy and yielding an increase from 250 million Naira in 2013 to 350 million in 2014. Furthermore, the state has seen improvements in transparency, organization, and use of evidence that extends beyond MNCH.

E4A has also supported the establishment of SLAMs in Kano, Bauchi, and Ondo States, as well as the national accountability mechanism for MNCH (AMHiN). The ultimate intention is to include a representative from each of the SLAMs in AMHiN to improve connections between state and national accountability efforts.

Conclusion

Overall, the state of accountability efforts in Nigeria reflects a system that is drawing on global initiatives to develop country mechanisms, engaging multiple partners as an essential component to success, and utilizing a variety of tools and tactics that are useful and provide checks and balances. Nigeria has excelled particularly in connecting global and national accountability efforts, and there are some strong state level accountability efforts. However, the connection from state to national (and vice versa) remains weak, and citizen-level accountability mechanisms are also very limited. The number of CSOs and additional partners working

on accountability in Nigeria reflects a foundation of knowledge that accountability is critical to progress. Further, each of the accountability mechanisms and tools, while not without challenges, has added value to CSO accountability efforts. As a result, the government is more receptive to CSOs' involvement in accountability and citizens are demanding more from their governments. Moving forward, capacity building, budget accountability, fostering multi-stakeholder partnerships, investing in promising accountability models, and understanding the political environment will be essential to build and strengthen accountability programs based on lessons learned and best practices.

Photo: Frederic Courbet/Bill & Melinda Gates Foundation





Photo: Olivier Asselin/Bill & Melinda Gates Foundation

Uganda²¹

Table 3: Key Players, Programs, and Tools Highlighted in the Uganda Case Study (not exhaustive)

NATIONAL ACCOUNTABILITY PROGRAMS AND PLAYERS

Government

- Uganda Decentralization Policy (1992)
- Health Sector Management Working Group
- Ministry of Finance
- Office of the Auditor General
- Ministry of Public Service
- Office of the Inspector General of Government
- Ministry of Local Government
- Office of the Prime Minister
- Parliament Public Account Committees
- Joint Assistance Framework

Civil Society

- White Ribbon Alliance Uganda (WRAU)
- World Vision Uganda
- Center for Health, Human Rights, and Development
- Coalition for Health Promotion and Social Development
- Civil Society Budget Advocacy Group
- Reproductive Health Uganda
- Uganda Debt Network (UDN)
- Forum for Women in Democracy (FOWODE)
- Uganda National NGO Forum

TOOLS AND TACTICS

Community Based Monitoring

- UDN

Budget Planning and Tracking

- Ministry of Finance
- Health Sector Working Group
- Office of the Auditor General
- Ministry of Local Government
- Office of the Prime Minister
- Parliament Public Account Committees
- Civil Society Budget Advocacy Group
- WRAU
- UDN
- FOWODE

Political Advocacy

- Uganda National NGO Forum

Scorecards and Checklists

- WRAU
- World Vision Uganda
- HEPS
- Ministry of Public Service

Information, Communication, and Technology

- mTRAC
- District Health Information Software
- Mobile Vital Registration System
- inScale
- UReport
- UWatch

²¹ A copy of the full case study is available for download, along with the fill report, on globalhealthvisions.com. This case study does not comprehensively document all RMNCH accountability efforts but highlights key players, mechanisms, and tools for MNH accountability in the country, particularly among civil society. The summary included herein is based on the original author's report, but adapted for consistency. Editors included Robyn K. Sneeringer and Endel Liias.

Introduction

While Uganda is on course to meet some of its commitments under the MDGs, it will miss all key targets that address maternal, newborn, and child deaths. Nevertheless, the health sector has seen improving trends – especially over the last six years. These gains have been supported by concerted efforts of civil society, government, and the private sector. Despite these successes, much more needs to be done to strengthen the overall healthcare system.

The Government of Uganda (GoU) has an institutional framework to ensure public accountability in the provision of social services, which includes MNH. After gaining independence in the 1960s, accountability was a mandate for state authorities, as well as district internal audit and accounts committees. Over the years, this evolved as more responsibility was placed on the inspectorate function of the government. To complement state-led efforts, CSOs designed their own accountability programs implemented mainly at the district and community levels.

Since 2000, the issue of public accountability has risen on the development agenda and, as a result, within Uganda itself. Together with CSO efforts focused at the national level, the government has emphasized grassroots programs to enhance accountability. The sub-county (lower district level) has become the node of local service delivery, helping to delineate the community-level accountability programs that can be supported by the government.

The Ministry of Health, in partnership with other internal government oversight institutions, has focused specifically on RMNCH accountability, with significant influence from CSOs. Due to resource constraints, advocacy efforts have been

concentrated at the national level, while grassroots accountability has focused on service delivery. Since 2009, the conversation around RMNCH, accountability, and grassroots-to-global initiatives has grown, particularly among CSOs that are focused on improving the healthcare system.

Government-led Accountability Programs and Players

Government programs and processes have aided in increasing accountability in Uganda. Programs have worked to implement decentralization policies across the country. A number of functions, including health services provision, that were once performed by the central government are now performed by districts. As a result, citizens are discussing health systems priorities through various government avenues, such as budget conferences during the district planning and budget process. CSOs and government partners are working to develop and implement interventions in response to health system decentralization efforts, recognizing that these district-level processes are the first entry point for bottom-up accountability.

Key government partners that work at both the national and district levels include the **Health Sector Management Working Group, Budget Monitoring and Accountability Unit (BMAU)** within the **Ministry of Finance, Office of the Auditor General, Ministry of Public Service, Office of the Inspectorate General of Government, Ministry of Local Government, Office of the Prime Minister (OPM), Parliament Public Accounts Committees**, and the **Joint Assistance Framework**. These partners work to monitor, collect, and analyze data on spending and performance (among others), and incorporate citizen views through sector planning and budgeting processes that engage civil society.



PROGRAM HIGHLIGHT: GOVERNMENT OF UGANDA BARAZAS¹¹

In 2009, the GoU piloted Barazas (or public meetings) as a presidential directive. This program mandated that Residential District Commissioners (RDCs), who represent the President at the district level, hold meetings at the sub-county level where local leaders face the citizens and engage in dialogue on aspects of service delivery. The objectives of the Barazas are to: (1) provide a community-level platform for public dialogue where citizens can engage their local leaders and hold them accountable for the resources the community received for health and other services; (2) act as a public information-sharing mechanism where district leaders can provide updates to citizens about what is planned and what resources are available to implement government

programs in their localities; and (3) build a culture of constructive feedback and dialogue that helps improve the government's responsiveness to citizen demands and public service delivery concerns.

Following the presidential directive, Barazas have been held twice a year at the sub-county level. Every district in Uganda has had an opportunity to be a part of the Baraza pilot program either in one sub-county, town council, or municipality. The Baraza concept, depicted below, is based on a community-driven process that holds district leaders accountable to explain whether resources that were planned for local service delivery were available and how services are being improved.

At a Baraza meeting, district and political leaders make a

presentation about what services were planned and what resources were received. They provide an update on current program implementation and then solicit feedback from community members. The issues discussed are recorded and sent to respective departments at the district or national level for action, depending on who is best positioned to respond. At subsequent Barazas, district leaders report on action taken to address prior items that were identified.

Records from Barazas are sent to the Office of the Prime Minister (which oversees implementation of this program) for overall monitoring of results, while RDCs are obliged to ensure follow-up by responsible parties and communication back to the communities on action to be taken.

For instance, if a Baraza meeting identifies poor workmanship in the construction of a health unit or a water source, the complaints

Grassroots participation in demanding that services needed are planned for and delivered in a timely manner, and in expected quality and quantity

Accountability and provision of feedback on services delivered against plans and budgets; explanations for failure where services were not delivered

Follow up on concerns and provision of feedback; input into district plans and implementation

Improved civic participation and public accountability

Government of Uganda Barazas (cont'd)

are recorded for action by the district health office and the works departments, respectively. If an issue like drug stock-outs are recorded and districts are unable to respond, the complaint is forwarded to the National Medical Stores at the ministerial level.

In addition, Baraza reports are aggregated and sent to the OPM, which then disseminates findings to the respective districts.

The Barazas program has concluded its pilot phase and was scheduled for full implementation across all districts beginning in the 2014/15 financial year. Due to resource constraints, however, the Office of the Prime Minister has not been able to hold Barazas in all sub-counties of the 111 districts in Uganda. Despite this, the OPM plans to support districts to eventually carry out Barazas as a component of their annual planning, monitoring, and evaluation processes under the supervision of the resident district commissioners.

STRENGTHS

Civil Society and Government Partnership. CSOs, if well

established at the community level, are able to participate with local and district authorities in the organization and implementation of the Baraza event and benefit from the discussion without having to incur substantive financial costs.

Barazas Can Support On-going Advocacy Efforts. Information from Baraza events can feed into CSOs own work by validating existing knowledge about trends in health service delivery (especially information on financing for health projects and progress on contracted work).

Aggregated Information Can Inform National Planning. All Baraza events can provide a national picture of the status of health service provision, which can critically inform CSO-led accountability efforts at the national level while informing government officials of key gaps and challenges.

WEAKNESSES

Government Programs Show Conflict of Interest. Barazas are organized by the government

and the focus of their reporting is on government programs. As a result, some grassroots CSOs feel that there is a conflict of interest, particularly when feedback from citizens is not in sync with the political landscape (and hence may be ignored). Similarly, there is concern from CSOs that the dissemination of Barazas' findings remains on a very limited scale.

Government Systems Are Not Required to Respond to Issues Raised During Barazas.

A system for implementing government responses to issues raised at Barazas has not been created. Therefore, there is no guarantee that citizen priorities are influencing planning, budgeting, and program implementation. Follow-up by the OPM is constrained by time, technical, financial, and human resource handicaps.

Government Acceptance of Civil Society Voice is Unclear.

It remains to be seen if government-led Barazas can continue to appreciate the role of civil society in helping to identify needs within communities.

Civil Society-Led Accountability Programs and Players

Over the last decade, Uganda has seen rapid growth in civil society-led efforts advocating for improvements in RMNCH service provision. While much of this action remains concentrated at the national level, partnerships between government and civil society are being implemented and CSOs are becoming interested in building and sustaining grassroots accountability mechanisms.

Key Ugandan civil society accountability players and programs include **White Ribbon Alliance Uganda (WRAU)**, **World**

Vision Uganda's Child Health Now! (CHN), **Centre for Health, Human Rights and Development (CEHURD)**, **Coalition for Health Promotion and Social Development (HEPS)**, **Civil Society Budget Advocacy Group (CSBAG)**, and **Reproductive Health Uganda (RHU)**.

These organizations are working to ensure that the government is accountable in addressing key gaps in maternal and newborn healthcare. Through resource and performance tracking, media engagement, advocacy, awareness raising, and rights-based empowerment, civil society is leading the way to improve the health and well-being for women and children.



MECHANISM HIGHLIGHT: WRAU'S 'ACT NOW TO SAVE MOTHERS' CAMPAIGN

In 2013 WRAU launched the 'Act Now to Save Mothers' campaign to hold governmental authorities accountable to their commitments to provide (1) basic emergency obstetric and newborn care (EmONC) at all health centers and (2) comprehensive emergency obstetric and newborn care (CEmONC) in at least half of the health center IVs (HCIV).²² The campaign was implemented in three districts: Lira, Mityana, and Kabale.

As part of the campaign efforts, WRAU, in partnership with the local governments of

the three districts, organized participatory Health Facility Assessments aimed at evaluating the provision of EmONC. WRA developed checklists to assess the quantity and quality of RMNCH service provision, particularly at health center IIIs²³ and HCIVs. District health teams were able to see for themselves how assessment scores were generated and comment on any discrepancies. Overall, this process has enabled various stakeholders – including district officials, health care providers, and community members – to

collaboratively conduct assessments and identify critical gaps in EmONC provision.ⁱⁱⁱ

Equipped with service delivery information and data collected from the community-level, assessment teams (which include the WRA technical team and the district health officials) have been able to address immediate concerns related to shortfalls in healthcare service delivery, while also advocating for increased budgets at the district and national levels in order to fulfill the government's commitments on maternal and newborn health.^{iv}

²² A health center IV facility serves a country. It provides the same services as a health centre III facility, but also has in-patient services. It should also have separate wards for men, women, and children.

²³ A health center III facility should be available in every sub-county in Uganda. These centres should include an outpatient clinic and a maternity ward, as well as a functioning laboratory.

WRAU's 'Act Now to Save Mothers' Campaign (cont'd)

Evidenced-based advocacy, played a pivotal role in pushing government to act. In 2014, using evidence from facility checklists, WRA advocated for improved district financing and focused on operations and maintenance of infrastructure stock, like ambulances and generators at HCIVs. Local and district officials described the assessments as “*eye-opening*” and “*more comprehensive and useful than institutionalized processes.*”

This participatory approach was also applauded for avoiding the blaming culture often associated with facility assessments. In the Lira, Mityana, and Kabale districts, district health teams noted their appreciation of the approach aimed “*not just at finding out what is not right, but what can be done to make it right.*”

In follow-up to the facility assessment, WRAU developed a Community Scorecard and a District Health Team (DHT) Scorecard to help citizens

hold their local government and members of parliament accountable. WRA has been able to evaluate the efficacy of community and DHT scorecards since they provide a record of service delivery performance and track the issues as identified by both citizens (who receive) and district health teams (who are in charge of service provision).

STRENGTHS

Civil Society is Critical in Bridging the Knowledge Gap.

Citizens, service providers, and health administrators alike often lack information about rights, entitlements, service quality, and resourcing. However, CSOs are able to gather, analyze, and present information that other stakeholders are unable to access.

Multi-stakeholder Partnerships and Learning.

Inclusion of media, community members, political leaders, and health management teams from the district level make the model a comprehensive peer-learning experience.

WEAKNESSES

A Strong Enabling Environment is Essential. Promoting citizen-led accountability efforts requires support from power holders. Unfortunately, duty bearers are often defensive of critiques and/or are more interested in showcasing successes. Officials may view accountability activities as ‘fault-finding,’ rather than ‘fact-finding.’

Agreement on Scorecard Parameters.

For scorecards to be effective, all key stakeholders must agree on the parameters. Since assessments “*put the health services providers on the spot,*” they are often defensive and not as cooperative as required.

Time and Resources are Needed for Impact.

To build meaningful partnerships, time is needed to prepare minds and attitudes towards accountability processes. In addition, resources are needed to support an enabling environment by helping build knowledge, skills, and abilities around accountability strategies and practices.

Tools and Tactics

Across all the various accountability efforts, key tools that have been utilized by CSOs in Uganda for RMNCH accountability include:

- Community Based Monitoring (CBM)
- Scorecards and Checklists
- Budget Planning and Tracking

- Political Advocacy
- Information and Communication Technology (ICT)

1) Community Based Monitoring.

Civil-society-led accountability approaches have often centered on community monitoring, particularly in regards to service delivery. Community-based monitoring (CBM)

is the “systematic documentation and review of the availability, accessibility, and quality of health services against specific government commitments or standards by actual beneficiaries of services, for the purpose of doing advocacy with providers and policy makers to improve the services.”^{iv} Using tools such as case studies, in-depth interviews, citizen report cards, community scorecards, complaint mechanisms, social audits, and maternal death reviews, community monitoring can be used to generate evidence to support advocacy and accountability efforts. Nearly all organizations working in the accountability space are conducting some type of community-based monitoring, although not all include multiple tools to address various aspects of government transparency, accountability, and performance (see Scorecards and Checklists section below).

2) Scorecards and Checklists.

Scorecards, checklists, and other community-based tools can be used to

enhance CBM and reporting of service quality and facility budgets at the community level, as well as national and state level commitment tracking. These types of tools are being utilized by a number of CSOs across Uganda, (e.g. **White Ribbon Alliance, World Vision, Uganda Debt Network, Reproductive Health Uganda**), and include scorecards, checklists, and community dialogues (see more information below). In addition, the **Ministry of Public Service** and **Ministry of Health** have implemented Client Service Charters to document user satisfaction. These same organizations, as well as others, are also working to track resource allocation and budget expenditures to ensure government promises are being met.

3) Budget Planning and Tracking.

Budget information and analysis is a critical tool for strengthening advocacy efforts to increase healthcare spending, identify government priorities, mobilize resources, and ensure that funds are being used efficiently and effectively. Government-led efforts by internal departments and programs such as the **Health Sector Management Working Group, Ministry of Finance, Office of the Auditor General, Ministry of Local Government, Office of the Prime Minister, Parliament Public Account Committees**, and other implementing arms of the Decentralization Policy help lead these efforts, though information is not always publicly available. Among civil society partners, the **Civil Society Budget Advocacy Group, White Ribbon Alliance, the Ugandan Debt Network**, and the **Forum for Women in Democracy**, as well as many others, have incorporated budget tools into their advocacy and accountability programs.

Photo: World Bank/Arne Hoel





MECHANISM HIGHLIGHT: UGANDA DEBT NETWORK^{LVI}

UDN is implementing a Community Based Monitoring and Evaluation System (CBMES) that begins with the identification of volunteer community monitors that (1) perform oversight and monitoring of service delivery and (2) organize and receive complaints from whistleblowers on related matters. Information that is gathered throughout this process is submitted to sub-county officials for action and a copy is sent to the district for reference. According to UND's 2013 *A Source Book for Community Based Monitoring and Evaluation System*, a CBMES aims to:

- **Empower communities through learning** processes, skills, and knowledge formation that enables them to articulate their development agenda.
- **Mobilize communities to participate** fully and effectively in identifying and monitoring the quality of service delivery by government agencies. CBMES seeks to involve the people at the grassroots in measuring the performance of government agencies.
- **Provide knowledge and skills** to citizens in the community to track and monitor government decision-making.
- **Involve grassroots people in decision-making, broad participation, and consensus building** with various stakeholders in order to have their voices incorporated into the policy process.

- **Build the capacity of the grassroots** to engage policy makers and planners at the local levels on emerging issues related to improving local service delivery.

CBMES seeks to encourage collective ownership of local service delivery by rights-holders/citizens by creating a system that allows community monitors to participate, follow-up, and verify the quality of service they are provided against their needs and aspirations.

CBMES communities identify community monitors who are organized in groups of approximately eight. These groups then undergo training in community monitoring and evaluation by UDN officials. This training covers four main areas: (1) how to use checklists to assess health service provision at health centres in the community; (2) understanding how Health Unit Management Committees (HUMCs) work and what they do; (3) appraising the work of contractors, including assessing the quality of their services and workmanship; and (4) writing reports and communicating results. Once CBMES monitors have completed health unit visits, they document their findings via written reports and request a meeting with local leaders. Dialogues are then facilitated between monitors and officials, where they provide feedback on progress and challenges in the implementation of service delivery projects.

Results of CBMES analytic and accountability work are shared at district and national level dialogues, attended by district- and sector-level officials, that convene when the sub-county council meets. Once the information is submitted to sub-county leaders, CBMES monitors follow-up to ensure (1) actions are made on recommendations and (2) that finances are allocated to implement these actions.

In many instances, however, resource constraints have not permitted actions on the part of government officials.

STRENGTHS

Early Evaluation Shows Promise. In Eastern Uganda, where this model has been implemented, there have been some good results. For example, the CBMES has developed contingency plans and submitted them to the district for approval on areas such as disaster preparedness. In this case, one district responded with provision of about 1,000 tree seedlings for community members to plant as windbreakers.

Monitors Feel Empowered to Voice Concerns. CBMES monitors have become vocal in reporting irregularities in health service provision to those in charge of health units and district health teams.

CBMES Paves the Way for a New Generation of Leaders. Some CBMES monitors have

Uganda Debt Network (cont'd)

gone on to become local leaders in their communities and, in turn, these communities now have more faith in the work of their monitors. This has also helped community members change their views of the CBMES, away from political affiliations/motives.

WEAKNESSES

Local Political Leaders Feel Threatened. When CBMES

was implemented, the political elite saw community monitors as duplicating or attempting to replace their constitutional mandate. In response, CSOs are reaching out to district and sub-district officials on how this system can complement rather than overlap existing government administrative structures.

Most of the Selected Community Members Are Elders. These representatives may not have the necessary skills to provide technical and analytic assessment and, as a result, significant investments are needed during training before CBMES monitors begin their work.

4) Political Advocacy. During the 2011 elections, the **Uganda National NGO Forum** developed a political statement, the Citizen's Manifesto (CM), which articulated the demands of Ugandans to the next generation of government leaders.^{lvii} The CM was created with the intent of putting Ugandan citizens at the forefront of electoral politics, with the goal of encouraging civic participation to better articulate citizen demands and enable more effective political response. The idea of the Manifesto was to capture the aspirations of citizens in a way that would demand responsiveness, respect, and commitment from leaders in pursuing and working towards them. It provides a framework for CSOs to foster a culture of civic responsibility and encourage political accountability throughout Uganda.

Based on the CM, a Citizen's Manifesto Charter for Parliament was created, which included 11 standards that citizen thought should be addressed by parliament and ultimately assessed. In addition, civic education about roles and responsibilities of leaders and citizens was conducted. The manifesto country-wide consultative process reached over

160,000 Ugandans directly and about 6 million indirectly. The indirect tools included media; information, education, and communications materials (IEC); forum theatre; public launches; and a Citizens Manifesto caravan that crossed the country disseminating information to citizens.

With another election pending in 2016, the NGO Forum will update the manifesto after reflecting on new issues that have emerged over the last five years. The Manifesto is intended to create impact at three levels: (1) leadership and governance; (2) civil society; and (3) citizens. At the leadership/governance level, the approach has been used to evaluate whether or not political leaders are meeting citizen demands, as well as if campaign commitments have been realized. At the CSO-level, the NGO forum has rallied civil society to ensure that they accelerate the push and demand that political leaders at all levels be accountable to their citizens. Lastly, at the citizen-level, the goal has been to raise civic awareness that suggests to all Uganda that service delivery is not a gift but a right.



PROGRAM HIGHLIGHT: FORUM FOR WOMEN IN DEMOCRACY VILLAGE BUDGET CLUBS^{LVIII}

For more than 10 years, the **Forum for Women in Democracy (FOWODE)** has been at the forefront of empowering women and men to demand accountability from their leaders on public service delivery and equal opportunity. They have challenged decision makers to create gender equitable budgets that favor vulnerable groups and have continually sought to give voice to the voiceless, particularly where opinions of the disadvantaged should matter most yet are not well represented. FOWODE empowers communities to achieve equitable budgets and service delivery by:

- **Demystifying budgeting** so citizens and local leaders can understand the practical factors behind the numbers and thereby contribute to the process from the bottom up;
- **Strengthening the capacity** of communities to track budgets and resource allocation so local counselors make budgetary decisions with the most vulnerable in mind;
- **Engaging in the policy and political process** to influence leaders in creating gender equitable budgeting and legislation;
- **Creating opportunities for the vulnerable** (especially women) to influence leaders and be

part of the process of creating equitable budgets; and

- **Establishing gender responsive budget groups** as advocacy partners with local and national legislators.

To achieve these goals, FOWODE created **Village Budget Clubs (VBCs)** to lead advocacy efforts that address the needs of poor women, men, children, and people with disabilities, among others. The VBCs were developed after a realization that budget literacy was low at the grassroots level. The clubs work to ensure that their issues are included in local government plans and budgets.

In addition, VBCs monitor the expenditure of public resources to identify potential corruption among public officials and ensure the delivery of quality services. VBCs are non-partisan groups composed of 20 members – 12 women and 8 men. Some of the VBC members are community opinion leaders and others hold positions of responsibility (e.g. leaders of faith based organizations). The graphic below depicts the VBC monitoring model.^{ix}

Due to resource constraints, FOWODE has not been able to implement this model in all districts. In areas where the VBCs are being implemented, however, there are indications

that this approach will go a long way to ensuring funding for critical interventions that support RMNCH at the lowest level of service provision.

Examples of results of VBC action in communities include: (1) members who have petitioned district leadership to repair broken water sources in Kasaala parish of the Luweero District; (2) local authorities that responded to a petition by VBC and financed construction of a bathroom for female patients at a health facility at Obalanga sub-county, Amuria District; and (3) latrine facilities at Isuunga HCIII in Kibaale District that were constructed after a VBC petition.

STRENGTHS

Diverse Membership Enhances Legitimacy. Not only does the structure of the VBC increase the quality of their functioning, it also enhances the acceptability and legitimacy of FOWODE's work in the public domain.

Trainings Equip Club Members for Action. Through the VBC training program, club members are equipped with the knowledge and skills to understand budgets and question how resources are mobilized and allocated.

WEAKNESSES

Local Leaders Can Only Do So Much. Officials who are working

Forum for Women in Democracy Village Budget Clubs (cont'd)

to respond to VBC needs are only able to do so much with the resources they have been provided by the government. Budget allocations have to be matched with what can realistically be provided.

Policy Engagement Remains Low. Most policymakers are not well informed of key service delivery expectations. For instance, in one of the districts an ambulance was provided to a Health Centre IV. It quickly

became apparent, however, that there were insufficient resources for its maintenance, fuel, driver welfare, and licensing. VBCs and policymakers alike need to think beyond the budget to ensure holistic service care packages.

A Sustainable Village Budget Club Monitoring Model

01



Village Budget Club (VBC) Formation and Training

- Mobilize and organize community members into VBCs to participate in government budgeting processes
- Build capacity of VBCs in gender responsive budgeting techniques & service delivery monitoring
- Support VBCs to interface with and petition their leaders

02



Village Budget Club Monitoring Exercise

- Develop action plans to monitor service delivery
- Conduct monitoring visits to inspect service delivery in communities e.g. water and sanitation, schools, health
- Document key findings from the monitoring to be discussed with duty bearers in the community

04



Engaging Media for Public Awareness

- For information sharing and increased lobbying for greater accountability, arrange media dialogues and media programs to discuss monitoring programs and key findings with the media and public

03



Interface Meetings

- Organize interface meetings with duty bearers to present issues that need to be addressed e.g. lack of facilities in health centers, schools
- Duty bearers commit to intervene and address the problems
- VBC records commitments by duty bearers and makes follow up plans to ensure commitments are fulfilled



Recreated from: FOWODE'S Village Budget Club Model: A successful community led advocacy for equitable service delivery, pro-poor, and gender responsive budgets, FOWODE (2013), (p.4)

5) Information and Communication

Technology. ICT has been created and utilized by CSOs and government officials to help define and better understand implementation gaps. mTRAC^{ix} is a text-message-based (i.e. SMS) platform that enables health care workers to submit mobile reports and data on disease surveillance, and it is fully integrated into the government's Health Management Information System (HMIS). District Health Information Software (DHIS2)^{xi} is an open source,

web-based Java application that enables the collection, validation, analysis, and presentation of aggregate and transactional data. Other tools, such as MobileVRS^{xii,xiii} use the mobile technology for birth registration and for issuing of birth certificates. inScale is mobile-based system to improve supportive supervision, data submission with automated individual feedback, and regular motivational messages on how to improve performance.

TOOL HIGHLIGHT: UREPORT^{LXIV,LXV}

UReport is a free SMS-based system that enables young Ugandans to speak out on what is happening in communities across the country, and engage in dialogue with other community leaders to affect positive change. At the time of this writing, UReport had 290,062 members in Uganda, whom it engages in advocacy and accountability processes by leveraging technology. Through the use of mobile phones, information is being collected from thousands of young people – contributing to an environment of accountability and helping to aggregate voices across communities. The system distributes weekly SMS polls to which members can respond on their mobile phones. The results of the polls are made available to UReporters via

mobile phone, as well as more broadly through radio and TV features, print articles, and even community events.

UReport has a track record of functioning as an accountability tool. Parliamentarians reportedly monitor UReport closely to keep up-to-date on the experiences and priorities of young people – a political necessity in a country with one of the largest youth populations. At least one parliamentarian was reportedly motivated to start an awareness campaign to improve child vaccination levels after she learned through UReport that her district had extremely low immunization rates. Despite its clear benefits, Ureporters remain overwhelmingly students and

government employees, and it is not clear that UReport is a viable platform for giving voice to Ugandans with less education and fewer resources.²⁴

Similar to U-report, the Uganda-Watch initiative generated more than 10,000 reports via SMS sent by more than 3,000 unique users. The crowdsourced reports were manually verified and geo-tagged by a team of trained volunteers before they were published online.^{lxvi}

“Ureporters are primarily 25% government employees; 75% students. It is good at one-way dissemination, but not two-way.”

²⁴ Additional information can be found at: <http://www.theguardian.com/sustainable-business/unicef-uganda-ureport-young-people>

CONCLUSION

Throughout Uganda, government and civil society are invested in supporting good governance and accountability of health care services. Global commitments have provided additional 'push' for the government to act. This, along with parliamentary action, high-level

champions, and citizen engagement, are pivotal factors in contributing to successful accountability campaigns.

Government institutions play a key role both in providing formal oversight and supporting civil society engagement in accountability procedures. Civil society is leading the way to improve the health and wellbeing for women and children, but additional linkages need to be supported to help cross the citizen-state divide. A number of systems, tools, and processes are already in place. Programs should work to capitalize on existing accountability infrastructure, utilizing government mechanisms to better inform national decision makers as well as build awareness of communities rights and entitlements.

ICT and the media have proven successful, as have government partnerships that support decentralization planning and implementation. By strengthening capacity and improving coordination among grassroots, civil society, state, and national actors, Uganda may prove to be an example to other African nations of how flourishing government and partner accountability can be achieved.

Photo: creativecommons.org



Photo: Jake Lyell/Bill & Melinda Gates Foundation

PART 2

STRENGTHENING ACCOUNTABILITY FOR MATERNAL AND NEWBORN HEALTH:

Findings and Recommendations





Photo: Frederic Courbet/Bill & Melinda Gates Foundation

National and sub-national maternal and newborn health accountability efforts are, and will continue to be, absolutely critical for progress and impact at the country level.

And while global and regional mechanisms can provide a framework for action at the national and sub-national levels, as noted previously, coordination limitations hamper those efforts. National and sub-national policies and plans must be prioritized, with robust, participatory accountability processes fostered alongside them.

Fully understanding citizen-led efforts is complicated and there is no ‘one-size fits all’ approach. Because of the ‘ground-up’ nature of citizen-led efforts, the effectiveness and potential impact of each is dependent upon underlying contextual factors, including relationships between government and civil society, the culture of transparency and participatory planning, availability of quality data, and more. Therefore, it is essential that interventions be shaped by the local setting and not applied as a blanket solution. Goals and outcomes should be determined by civil society, with input from development and government partners.

Analysis of Findings and Recommendations

The comprehensive review of global and regional accountability mechanisms as well as case studies in key countries offer an important and in-depth review of the state of MNH accountability. And while the mere existence of these mechanisms is a sign of progress, the research uncovers critical findings that inform key recommendations to be considered to effectively strengthen country efforts. The following pages outline twenty recommendations – and the findings that led to each – across different categories, including: *data, transparency, and governance; multi-stakeholder partnership and civil society leadership; capacity strengthening; strategy, tools, and tactics; global initiatives and actors; donor engagement; mutual accountability; and concepts and research*. These recommendations should be considered in efforts to strengthen MNH accountability at the national and sub-nationals levels.

SUMMARY OF RECOMMENDATIONS: CONCRETE ACTIONS TOWARD DESIGNING EFFECTIVE ACCOUNTABILITY MECHANISMS

Data, Transparency, and Governance

1. Invest in **governance** and **transparency** writ large.
2. Improve the quality and availability of both ‘imperfect’ and ‘perfect’ **MNH data**.
3. Develop **MNH indicators** in partnership with countries and include significant input from civil society actors.
4. Combat government restrictions to **citizen voice and action**.

Multi-stakeholder Partnership and Civil Society Leadership

5. Build strong **partnerships** between government, civil society, and other key stakeholders.
6. Engage, strengthen, and collaborate with **parliamentarians**.
7. Ensure **state-based institutions** have the support they need to be effective.
8. Support and amplify **civil society voices**.

Capacity Strengthening

9. Support strategic, needs-based **capacity building programs** that address both civil society and state needs.

Strategy, Tools, and Tactics

10. Invest in a strategic and multi-faceted approach to accountability, with **civil society** at its core.
11. Strengthen RMNCH **budget monitoring and accountability** and align with other budget accountability efforts.
12. Leverage **ICT platforms** and build on the experience of partners across a range of issue areas.

Global Initiatives and Actors

13. Go beyond **commitment tracking and performance targets**.
14. **Align global processes** in-country, including developing common data sets and reporting processes, and creating fiscal incentives for collaboration at the country level.

15. **Support comprehensive reviews** of existing in-country accountability mechanisms to identify institutions, organizations, and partners both internal and external to the state.

16. Establish **global linkages** from the bottom-up.

Donor Engagement

17. Create flexible, sustainable **funding opportunities** for CSOs that increase financial and capacity support for accountability efforts.

Mutual Accountability

18. Empower civil society to drive **mutual accountability** efforts, including donor accountability processes.

Concepts and Research

19. Invest in **research** to strengthen the evidence base and catch-up with current practices.
20. Learn, partner, and capitalize on experience from accountability efforts **beyond RMNCH** to create innovative programs that go to scale.

Data, Transparency, and Governance

Recommendation 1:

Invest in governance and transparency writ large. *Frame MNH accountability efforts within the larger transparency and governance conversation in order to support access to data and information.*

Research Findings

- **Data and information are the critical underpinnings for successful accountability campaigns.** Creating mandatory reporting on the part of government reinforces mechanisms that support enforcement and can guide both short-term and long-term planning and action.
- **Access to information is necessary, but alone it is not enough.** Countries

should promote open access to all types of evidence (e.g. epidemiology, budgetary, policies, guidelines, plans). However, local dissemination of service delivery information alone will not result in collective action and responsiveness of service providers. Data must be made available in combination with governance structures that facilitate recourse.

“We need information to act.

Otherwise we are just guessing.”

- **Larger quantities of data do not necessarily lead to improved transparency and governance.**^{lxvii} However, the focus of many global initiatives (e.g. FP2020, ENAP, COIA) is on increasing the quantity of data, rather than focusing on how data can be used to drive change.



MECHANISM HIGHLIGHT: LEGAL FRAMEWORK FOR ACCESS TO INFORMATION IN BRAZIL

Brazil has a legal framework for supporting citizen access to information. Any citizen or organization can demand any government data they want, from the salary of the woman who serves coffee to state company expenditures. The government then has 30 days to respond to the request.

In addition, across numerous Brazilian cities the constitution has been changed to require elected mayors to report on

all campaign promises. Within 90 days of taking office, the mayoral office must present a work plan, including specific outcomes he intends to achieve across social sectors. Thirty days after presenting this work plan, a formal engagement is convened to discuss alignment of societal needs with the intended outcomes. Every 60 days thereafter, the office is required to report results.

The sanction in the case of Brazil is political. If the Mayor fails to achieve his or her goals, then the likelihood of re-election is slim, as was seen in Sao Paulo. This changes the logic of political campaigns and highlights the importance of the media and civil society in tracking and reporting on clear results (or lack thereof) in order to apply pressure to government.^{lxviii}

Recommendation 2:**Improve the quality and availability of both ‘imperfect’ and ‘perfect’ MNH data.**

Supplement efforts to collect population-based data with user-centric data that is accessible in real-time and that can be used to inform decision-making. Utilize data and information that are already available.

Research Findings

- **Getting data and information quickly (e.g. quarterly) allows administrators to use it for real-time decision-making and is critical for course-correction.**

It may not be perfect, but it can show general trends and allows administrators to monitor change that can influence policy change and services on a timely basis.

“Anyone can develop a plan, the key is to how to implement it.”

- **Quality, reliable data sources should complement real-time performance information.** International data sources

that occur less frequently but with more reliability are critical to comparing, correcting, or confirming trends. However, international data processes (e.g. those of WHO, IHME, UNICEF, UNFPA, UNDP) should be consolidated to reduce the reporting burden and increase efficiency.

“At the end of the day, the best thing we can do for accountability is to strengthen domestic information systems, so that you don’t have to rely solely on data with a severe time lag like DHS.”

- **Much of the global attention on data availability is currently on getting the data right, but less on how the data is being used for advocacy and accountability.** Global initiatives such as ENAP/EPMM are working to get the right indicators in place for measuring impact, mapping out current programs and policies, and developing action plans, but little attention is being paid to the steps that are needed to translate these plans into action.



TOOL HIGHLIGHT: MAMAYE-EVIDENCE FOR ACTION COMMUNITY SCORECARDS

A key tool utilized by E4A is the community scorecard. Specific scorecards vary from country to country and community to community based on local needs and priorities, but their key purpose is to give people immediate, useable information that can be fed back to service providers and community leaders on the ground as well as fed up to local and

national decision-makers. Data is reviewed in multi-stakeholder forums that include participants from local government, CSOs, media, health care professionals, citizens, and community leaders. This type of collaborative, participatory process supports buy-in and ownership of the data from the beginning.

- **Malawi District Dashboards:** In Mchinji district, E4A

worked with District Health Management Teams (DHMTs) to create dashboards using health facility district data that showed key MNCH indicators in a visually compelling and understandable format. Dashboards were used by decision-makers and local advocates to address specific system gaps, such as a lack of available blood.^{ix}

MamaYe-Evidence for Action (E4A) Community Scorecards (cont'd)

- Sierra Leone Facility Improvement Team (FIT) Assessments and the Quality of Institutional Care (QUIC)**
Tool: The FIT assessment uses checklists to review minimum standards for EmONC and BEmONC at district hospitals and community health centers (CHCs); district FIT working groups review the data quarterly and decide on actions. Data is compiled into a national scorecard, shared with the MoHS, and disseminated across districts. In the first three

years of FIT, more than 50% of government hospitals and 20% of CHCs improved their standards.^{lxx} The MoHS has since worked with E4A to adapt their QUIC tool²⁵ to the Sierra Leone context to complement the resource-intensive FIT process. QUIC offers a fast, low-cost approach for collecting facility data to inform action.

- Ghana Scorecards and MNH Councils:** In Ghana, E4A has supported a range of stakeholders to come together to review

local facility data on EmONC readiness and quality of care. Stakeholders work together to identify solutions for the gaps, rather than placing blame, and they have established MNH councils made up of community leaders to ensure action and coordination between facilities, communities, DHMTs, and district government. District governments are working with regional decision-makers to ensure they have appropriate national funding to address system gaps.^{lxxi}

Recommendation 3:
Develop MNH indicators in partnership with countries and include significant input from civil society actors. *Country needs should be at the core of indicator development, data collection, and data accessibility. Stakeholders should work to aggregate information about citizen experiences to complement statistical data, using ICTs as appropriate.*

“The key data [that civil society in countries use is data they] have found, and it may not be the same as what has been generated ... in Washington or in New York.”

Research Findings

- Top-down data requirements are burdensome and often irrelevant to countries.** Various initiatives are working to make better data available for accountability (e.g. Countdown,

MA4Health), but these efforts don't always reflect the country and community realities, the information that is collected does not align with government needs, or the data is not presented in formats that are available and understandable to multiple stakeholders. In some cases, data is inaccessible to not only civil society actors, but also officials and administrators at lower levels of the health system.

- Challenges in both the quality and frequency of population data continues to be a major issue.** Few countries have collected birth, death, and/or marriage registration; health information management systems remain weak; disaggregated data by socioeconomic status, marriage status, age, as well as information regarding the most vulnerable populations are poor outside the wealthiest countries. Specific information on regulatory, policy, and legal frameworks remain limited.^{lxxii}

²⁵ QUIC is also being piloted by E4A in Ghana, Tanzania, Malawi, Nigeria, and Ethiopia.

Recommendation 4:

Combat government restrictions to citizen voice and action. *Fear of reprisals significantly impacts CSOs' action among MNH actors as well as the accountability and transparency field more broadly.*

Research Findings

- **Threats to civic space undermine the ability of citizens to do their work.** With increasing government erosion of civic space there is a need to directly address this threat. While in some ways this reality reflects the power civil society is gaining, this realization can lead to reprisals.²⁶ Donor funding to government entities can further exacerbate this problem by unintentionally legitimizing non-inclusive states.

“Space for questioning the government is shrinking. We need more support to be able to respond to the threat.”

- **Spur collective action across partners.** Creating coalitions of external allies can help reduce risks and identify opportunities for state-citizen engagement through collective action. Campaigns can be further supported through legal empowerment, such as community paralegals.^{lxxiii}

Multi-stakeholder Partnership and Civil Society Leadership**Recommendation 5:**

Build strong partnerships between government, civil society, and other key stakeholders. *Partnerships that enhance communication, trust, and mutual accountability as well as include other sectors (i.e. private companies) and issue areas beyond MNH will strengthen impact of efforts.*

Research Findings

- **Community members, civil society organizations, service providers, traditional leaders, and government officials should be brought into multi-stakeholder relationships.** CSO accountability processes that work in tandem with government partners (as well as other key stakeholders) are usually more successful than taking an adversarial ‘name and blame’ approach.

“It’s about getting multiple stakeholders at the table together to plan, assess gaps, assess budgets and policies, and take action.”

- **Working with traditional leadership who play a large role in the political system and are attuned to civil society needs can create more scalable impact.** Traditional leaders can influence the political landscape of local, state, and national governments.

“Within political systems, elected officials often rely on a ‘headman’ within communities to garner votes. If the politician hasn’t done well, the public won’t vote.”

²⁶ Research indicates that at least 92 countries have an immediate threat to civil society space (GPSA Forum, 2015).

“Coalitions are networks in action mode with common goals.”

- **Focusing solely on civil society action is insufficient. When possible, accountability programs should be developed in partnership with government,** creating a ‘sandwich’ approach that matches internal governance reforms with external civil society demands. Programs must enhance the ability of society to engage in accountability efforts as well as improve state ability to respond and act.
- **Civic participation needs to be integrated into ‘horizontal’ accountability.** Formal (i.e. audit planning and processes, dissemination of user-friendly audit reports) and informal (i.e. monitoring and advocacy of audit institution recommendations) processes are necessary, as well as state-based institutions (i.e. Supreme Audit Institutions, ombudsmen).^{lxxiv}
- **The power dynamic between citizens and decision-makers needs to be reformed for the state-society partnership to be most successful.** Programs must seek to disrupt and reform this dynamic, often by requiring civic participation in upfront planning and/or strengthening government sanctioned accountability actors such as ombudsmen or auditors.
- **Citizens need to know what actions have been taken to see value in participating.** CSOs can play a role in brokering information between civil society and the state. Strong communication systems from local players to the government and vice versa are required for sustainability.
- **Induced participation in government-led accountability processes has been shown to be**

less effective. Public participation that is organically grown reflects better outcomes. Top-down initiatives often only capture ‘elites’ and have limited sustainability.

Recommendation 6:

Engage, strengthen, and collaborate with parliamentarians and engage in electoral politics. *These actors can play an influential role in supporting civil society-led efforts and aid in linking local to global accountability actions.*

Research Findings

- **Parliamentarians can influence funding and policy decisions.** To bolster this linkage “social accountability at the local level can be linked to parliamentary review at the national level which can in turn be linked to peer-review mechanisms at the regional level and global reporting through international bodies.”^{lxxv} Given their role in the political system, parliamentarians can help support accountability efforts by serving as champions within government. For example, parliamentary health committees are emerging as key mechanisms for accountability and possess a democratic legitimacy that CSOs do not necessarily have.
- **The role that general elections can play in enhancing accountability needs to be leveraged.** This is the time when governments are most sensitive to CSO input and can serve as a forcing mechanism for defining common goals among civil society partners and champions.

“We’ve seen success when civil society groups engage with parliament, supported by work of legislators, and champions within government.”

TOOL HIGHLIGHT: PARLIAMENTARIANS AND THE 2012 IPU RESOLUTION ON WOMEN'S AND CHILDREN'S HEALTH

The 2006 Paris Declaration Monitoring Survey recognized and recommended strengthening the role of parliamentarians in supporting planning and monitoring to improve aid effectiveness. Case studies on parliament's role in enhancing the development agenda in Tanzania and Zambia have revealed a need to: strengthen communication and engagement between parliamentarians and donors, governments, and civil society; and build the capacity of parliamentarians around budget review and advocacy.

In April 2012, a groundbreaking IPU resolution paved the way for enhanced parliamentary engagement in addressing challenges to advancing the health of women and children, with a particular focus on political will and participation in and oversight of budget processes. The resolution set the stage for action and accountability on the part of parliamentarians to increase political and financial commitment to MNCH, and “ensure availability and accessibility of essential, integrated health services for women and children” (IPU resolution on

women's and children's health, 2012). It has fostered improved collaboration among parliaments and enhanced commitment to and political will for improving MNCH. It has also highlighted an ongoing need for greater participation by parliamentarians in budgetary oversight and capacity building to do so, and a need for parliamentarians to ensure that laws and policies incorporate a gender-balanced perspective.

Recommendation 7:
Ensure state-based institutions have the support they need to be effective. *Horizontal accountability mechanisms within states must be strong in order to respond to civil society needs. Integrate MNH components into pre-existing systems.*

Research Findings

- **Governments should utilize pre-existing state systems to bolster citizen-led accountability efforts.** Internal bureaucratic reporting, ombudsmen offices, and audit institutions should be encouraged to engage with citizens.
- **CSOs can work to ‘activate’ state accountability institutions.**^{lxxvi} For example, CSOs can contribute to audit processes by providing information for field audits, in turn becoming part of the oversight mechanism and effectively

combining state-based mechanisms.^{lxxvii} They can also use information provided by audit institutions to enhance their own evidenced-based advocacy.^{lxxviii}

Recommendation 8:
Support and amplify civil society voices. *These voices are essential to improving responsiveness and accountability of governments. Efforts should ensure that these voices are linked with other accountability efforts and utilize the media to elevate knowledge and influence the agenda.*

Research Findings

- **Meaningful civil society participation requires a bottom-up approach that builds on citizen needs and social capital.** National civil society-led campaigns are often driven by local elites and fail to be socially inclusive.

“National level organizations are out of touch with state and local needs. They often need to be educated.”

This is particularly true for state-led (‘induced’) participation that requires CSO engagement.^{lxxxix}

- **Citizen-led accountability is too localized.** Local strategies should include ways to engage with higher-levels of government using local information. For example, creating collective action at the local level using community scorecards to improve quality of care (QoC) can empower the end-users and develop trust between service providers and patients, but this only addresses district-level symptoms and bottlenecks within a lower accountability track, rather than tackling root causes and systems.
- Media can play an important function in creating space for civil society engagement in accountability efforts. Media can:

- **Amplify citizen voice**, while reaching remote communities, creating opportunities for public participation, discussion, and debate on issues of import.^{lxxx}
- **Gauge public opinion**, pressure-check decisions, and help close the feedback loop between government and citizens by focusing on areas that require action.^{lxxxi}
- **“Enable mass public consumption of data**, [raise] public awareness, and [promote] understanding of... issues...ultimately fostering data-driven decision making.”^{lxxxii}
- **Utilize and translate government data into digestible information** for civil society to leverage, while creating a culture of transparency where citizens demand more information.^{lxxxiii}
- **Create political repercussions** and, by default, serve as an enforcement tool. This is less relevant and potentially harmful in countries where the political system is closed and/or the government strongly controls public access to information.

Photo: Prashant Panjari, Bill & Melinda Gates Foundation



Capacity and Institutional Strengthening

Recommendation 9:

Support strategic, needs-based capacity building programs that address both civil society and state needs. *The MNH community needs to learn from other fields (e.g. HIV) that have made significant investments in raising civil society voices, building capacity, and creating a movement.*

Research Findings

- **Civil society needs the capacity to act.** This includes skills in advocacy and

engagement,²⁷ knowledge/awareness of regulations, rights and entitlements, and the capacity to participate in political processes. It also includes strengthening CSO ability to strategically develop advocacy and accountability campaigns that utilize a range of tools for data collection, analysis, and advocacy, particularly in monitoring budget allocations and expenditures.

“Civil society groups do not always know how to engage with service providers and government most effectively. Groups do not know the appropriate individuals to target or what engagement strategy and approach will be most effective in ensuring that their messages are heard and acted upon.”

- **Governments need the capacity to respond to civil society.** This includes the ability to respond to civil society requests, enact reforms, improve transparency, influence policy dialogue, successfully engage with civil society, and increase their engagement in decision-making processes.^{lxxxiv}
- **Capacity development methods must be context-specific and sustained.** Training and workshops are insufficient in building long-term capacity.^{lxxxv} Capacity strengthening methods from other fields, such as HIV/AIDS, can inform design. Programs must take a long view with support from funders.



Photo: Prashant Panjiar/Bill & Melinda Gates Foundation

- **Donor investments in capacity building often fail to address the breadth of needs among both state and non-state actors.**^{lxxxvi} For civil society, donors often fund micro-level training and skills development that are not context specific and/or are narrowly focused on a set of tools or skills (i.e. advocacy, communication, budget management, monitoring and evaluation), without considering macro-level needs such as political and judiciary engagement or strategy and leadership.^{lxxxvii}
- **Institutionalize accountability.** Accountability mechanisms must be institutionalized with continual follow-up and action, as well as sufficient and sustained funding, in order to embed accountability at the country level.

“Corruption is not the issue – the issue is capacity... Administrators may not know about executive decrees and if they do, they do not know how to implement them nor who is responsible... this is even more apparent in decentralized systems.”

²⁷ “This can depend on factors such as: (i) communication, networking and policy influencing skills; (ii) capacity to engage with community or informal organizations that represent the interests of poor or marginalized groups; (iii) the openness and capacity of public officials/institutions to engage, and on which issues; and (iv) the existence of formal or informal mechanisms for engagement.” (ODI, 2007)

Strategy, Tools, and Tactics

Recommendation 10:

Invest in a strategic and multi-faceted approach to accountability, with civil society at its core. *Include state and non-state actors (horizontal and vertical), different levels of government (local, sub-national), various tools and tactics (budget tracking, expenditure analysis, ICT), and broad geographic reach to diversify the base. Look beyond traditional MNH CSOs and partners and do not be prescriptive in defining goals and outcomes.*

Photo: Ryan Lobo/Bill & Melinda Gates Foundation



Research Findings

- **Accountability is not only about applying tools.** Success depends on the context in which the tools are used, the principles and values that guide their use, and who is involved. Specific tools, such as scorecards or social audits, should be determined based on the needs and goals of the campaign.
- **Scorecards are powerful, but should be used thoughtfully.** There are a plethora of scorecards currently being used across the global, regional, national, and sub-national accountability space. In

some respects, this is not a bad thing – many scorecards are context-specific, tailored to local or specific audiences, built from sound data, developed in partnership with government and non-governmental partners, and linked to action. But scorecards are not a magic bullet for accountability, and too many scorecards with overlapping priorities will not be effective.

“Right now the fad is scorecards – but when you ask an organization why they are using one, they don’t know. Scorecards may be the right tool in some contexts, but in others it might actually be harmful” [i.e. where there is a need for anonymity]

- **Social, economic, and political analysis can provide campaign parameters.** When creating new strategies, preconceived ideas need to be fully evaluated. It’s easy to say that an accountability mechanism is needed without realizing all of the factors that are involved (e.g. citizens’ willingness and ability to participate, political will or lack thereof, capacity level, willing champions). Understanding the political economy of a country/state is necessary.
- **Accountability approaches are iterative and messy.** Engagement between the state and civil society is dynamic and the flow of information between these actors can be used to drive as well as monitor action. Encouraging civil society-government interaction and communication is necessary to continually improve programming and communicate remedial action.

Recommendation 11:
Strengthen RMNCH budget monitoring and accountability and align with other budget accountability efforts. *Develop simple tools to systematically monitor RMNCH allocation and expenditure data and build in-country capacity to conduct budgetary analysis that can inform state allocations, utilizing aggregated local and sub-national data.*

Research Findings

- There is a disconnect between budget advocacy organizations and MNH advocacy organizations. Often health advocates don't feel comfortable with budgetary data, and budget advocates don't fully understand the health indicators and system requirements.

- To date, support for MNH budget tracking efforts has been minimal. Many MNH CSOs lack the capacity to interpret and track government budgets and expenditures. In order to succeed, CSOs must have access to reliable information and the capacity and resources to conduct analysis over the long-term.^{lxxxviii}
- Donor investment in budget accountability across multiple sectors is significant. Investments in MNH budget tracking should seek to integrate with other more broad investments, rather than creating parallel systems.

“There are lots of budget advocacy organizations.

We need to partner with them to increase knowledge and capacity.”



MECHANISM HIGHLIGHT: SIERRA LEONE BUDGET ADVOCACY NETWORK^{LXXXIX}

The Budget Advocacy Network (BAN) is a network of CSOs, including the Campaign for Good Governance, Network Movement for Justice and Development, ActionAid Sierra Leone, ChristianAid and more. Since 2006, BAN has engaged in budget advocacy work around three key thematic areas: (1) budget analysis, (2) Poverty Reduction Strategy Papers (PRSPs), and (3) poverty and social impact analysis, aiming to ensure greater transparency and participation of civil society in the budget process and improve accountability.

Before the 2012 elections in Sierra Leone, BAN collaborated with Save the Children, Oxfam,

and World Vision to look closely at district budget allocations to health to see how much of the allocated funds were received by health facilities and DHMTs. Their analysis revealed that extensive funding was unaccounted for and record keeping was weak. BAN then worked with MamaYe to develop scorecards and leaflets that were distributed in electoral forms and to political candidates and community members. These scorecards clearly displayed national and district-specific health budget and allocation shortfalls.

In 2013, 10.5% of the national budget was committed to health, up from 7.4% the year before.

And though it's impossible to attribute this increase specifically to the work of BAN and its partners, BAN has made strong progress in raising awareness about health budget issues, shortfalls, and the need for transparency among citizens and government decision-makers alike. Unfortunately, BAN's analyses revealed that only 6% of the budgeted allocation for health was realized in 2013. Since then, BAN has focused on further tracking of health funding disbursements, identifying bottlenecks, and advocacy around timely disbursement and its impact on health services.

Recommendation 12:
Leverage ICT platforms and build on the experience of partners across a range of issue areas. *These resources should be used to expand and develop the tools that are needed to promote accountability in the health sector.*

Photo: Barbara Kinney/Bill & Melinda Gates Foundation



Research Findings

- **ICT and social media have reduced the costs of information sharing.** They have also been shown to help mobilize groups and individuals for collective action,^{xc} particularly the disenfranchised, such as youth.
- **While ICT is able to ‘scale-up’ voice through aggregated voice, there is limited ability to translate information** into citizen representation in decision-making with power holders.^{xci}

“ICT is one of those areas that everyone seems to think will solve all our problems. It’s not a magic bullet and there still isn’t much evidence on its effectiveness.”

TOOL HIGHLIGHT: FCI ANIMATED INFOGRAPHIC ON CIVIL SOCIETY ACCOUNTABILITY

Family Care International (FCI) recently launched an animated infographic to raise awareness about civil society’s critical role in RMNCH accountability processes. FCI created the tool in response to in-country partners who are part of their Mobilizing Advocates from Civil Society coalitions in Kenya and Burkina Faso. These

partners asked for more engaging ways to share key messages with broad audiences and advocate for the involvement of civil society in accountability. The video uses simple but compelling animation to explain that when civil society comes together – including citizens, community based organizations, health professional

associations, religious leaders, and advocates – and uses their collective skills, knowledge, and voices, governments listen. Budget and health policy watchdogs ensure that governments are investing funds transparently and wisely, and support progressive health policies.²⁸

²⁸ See the video at: <http://www.familycareintl.org/en/issues/80>

Recommendation 13:**Go beyond commitment tracking and performance targets.**

Global initiatives have contributed to an “environment of accountability,” but must improve communication about commitments and move from an input-based accountability approach (i.e. tracking commitments) to an output-based approach (i.e. measuring results).^{xcii}

Research Findings

- **Country commitments have to be translated into community experience.** For sustained engagement, citizens need to feel the changes to which they are contributing. This can be better accomplished by utilizing a citizen-centered approach that focuses on community needs through participatory processes. Citizens should be engaged in the development, planning, and monitoring and evaluation of programs and services and government change should be felt and reflected by individuals as well as civil society as a whole.
- **Information about global and national commitments and programs needs to be communicated to the national, sub-national, and local levels.** There is considerable evidence that these levels are largely unaware of pledges made by their governments and donors. This is also true at the national level among government bureaucrats, but is especially pronounced further down the accountability chain.
- **While pledges and commitments may not translate into resource allocation and policy change, downward**

“In a number of countries, we have to explain what the government has signed on to or committed to.”

pressure can support national

efforts.^{xciii} Country realization of global commitments may be hindered by (1) a lack of capacity or political constraints, (2) disingenuous intentions on the part of government or re-formulation of existing policy,^{xciv} and/or (3) an inability to meet pledges across numerous initiatives due to limited resources.

“The language of accountability is now pervasive as a result of international frameworks such as EWEC, iERG, IHP+.”

Photo: Barbara Kinney/Bill & Melinda Gates Foundation



Global Initiatives and Actors

Recommendation 14:

Align global processes in country, including common data sets, reporting processes, and creating fiscal incentives for collaboration at the country level. *Reform siloed funding approaches and operationalize alignment to encourage cooperation within organizations and institutions as well as among partners.*

Research Findings

- **There is a need for common international data sets (e.g. WHO, IHME, Countdown 2015) and global reporting processes that limit variability of data and reporting burden on countries.** Global initiatives like ENAP, EPMM, APR, EWEC, and FP2020 say that they want to align, but their practices speak otherwise. There is a lack of coordination among initiatives and each initiative wants its own plan, monitoring and evaluation framework, and indicators. Global and regional scorecards from Countdown, APR, CARMMA, and others need to be better aligned or consolidated to reduce reporting burden.

“There are currently more than 600 indicators that countries are asked to report on, many asking essentially the same thing, but with a slightly different definition.”

- **Countries and communities have difficulty understanding and implementing accountability practices through siloed, global initiatives.** At the national level, each initiative is often targeting the same ministries and

within them, the same technocrats. These bureaucrats, as well as CSOs that work on broader platforms (e.g. women and children’s health, human system strengthening, access to information), can be forced to fragment their activities.

“Every week there is a new global framework. The international community can’t even keep up – how will countries?”

- **Communication needs to be strengthened, particularly from the global to national level.** There is no clear dissemination strategy for accountability efforts and findings under EWEC at the country level; the same was reported regarding ENAP and APR.
- **Donor funding often flows through specialized departments within agencies where they themselves are competing for resources.** This competition impedes collaboration within and between donor agencies. As a result, organizations that receive funding respond in kind, developing uncoordinated programming, inefficient use of resources, and duplicative processes, particularly in the area of measurement and accountability. For example, for FP2020, APR, ENAP, and SUN, each initiative is funded through separate departments within agencies and administrative policies do not foster alignment internally, leading to fractured efforts in implementation and accountability between initiatives.
- **Disease-specific plans that do not feed into an overarching health framework are often ineffective** because they fail to provide insight into systemic problems.

Recommendation 15:**Support comprehensive reviews of existing in-country accountability mechanisms.**

Build on pre-existing systems to eliminate duplication between initiatives and co-create targets and action plans with representatives from across the spectrum (local to global, state, civil society, private sector, etc.) that clearly delineate responsibilities across all actors.

Research Findings

- **National health sector reviews and other processes are already in place.**

These systems need to be leveraged. In-country reviews could identify institutions, organizations, and partners both internal and external to the state that could be strengthened.

- **Global actors should ‘get behind’ national targets, plans, and priorities.** Global initiatives are supposed to be based on national health plans and priorities, but this is not actually happening.

“It’s not about ‘APR’ or ‘ENAP’... we just need countries to rally behind this cause of ending preventable MNC deaths. All the vertical initiatives – we’ve fallen in this area, becoming increasingly fragmented. We have to all get behind national targets – this is accountability.”

- **There are too many international, national, and regional events and not enough country action.** Rather than focusing on global processes that could

aid country action where international partners often spend time dialoguing with themselves, focus should be placed on in-country sharing and south-to-south exchange.

“Events make a big splash, key people from ministry of health come but otherwise can be quite meaningless; country implementation groups feel like there are too many events and not enough action.”

Recommendation 16:

Establish global linkages from the bottom-up. *Work with civil society to determine priorities and development measurements. Utilize this civil society data and processes to inform global efforts, rather than mandating indicators and separate reporting processes under various global initiatives.*

Research Findings

- **Global efforts do not meaningfully engage civil society actors beyond the international level.** While efforts to include civil society have improved, particularly in the development of the SDGs, often this engagement is limited to accessible INGOs who already have a place at the ‘international table.’ The use of Citizen Hearings²⁹ on the global landscape is also promising, but their application and use by power brokers remains unknown. Previous efforts, for example the use of online surveys of PMNCH coalition partners or the ENAP online consultation process, rarely reached below INGOs.

²⁹ See Global Mechanisms section; Global Strategy for Women’s and Children’s Health sub-section.

“Citizen hearings are looking very promising, but they can’t be one-off.”

- **Civil society participation in global accountability efforts is often tokenistic.** Civil society actors that are involved in global dialogues are often the same, particularly within the MNH community, and additional outreach should be made beyond ‘traditional’ players.
- **Governments rarely engage civil society in translating global commitments to tangible sub-national and local goals and programs.** In addition, data and monitoring of multilateral organizations, foundations, professional associations, and the private sector are practically non-existent.^{xcv}

“It’s the same NGOs that show up at every international meeting. Even the same exact people that float around from conference to conference.”

Photo: Prashant Panjari/Bill & Melinda Gates Foundation



Donor Engagement

Recommendation 17:

Create flexible, sustainable funding opportunities for CSOs that increase financial, human, institutional, and technical capacity support.

- **Minimize proposal and reporting requirements, and ensure alignment with grassroots organizations abilities and resource constraints.**^{xcvi}
- **Support ‘bottom-up’ efforts, including issue identification, solution generation, and ownership.**
- **Target local CSOs at the district and community levels for advocacy and accountability efforts.**
- **Identify pre-existing foundation or granting organizations in-country and utilize existing funding structures³⁰ to increase access to reliable and sustainable funding to small CSOs. International mechanisms³¹ should also be explored for large- and mid-sized organizations that are prepared to absorb greater funding amounts.**

Research Findings

- **Influencing health and development outcomes requires a context-specific, integrated approach.** The sustainability and effectiveness of civil society advocacy and accountability programs is dependent on follow-up actions. This means going beyond advocating for a specific policy change to tracking implementation and holding decision-makers to account.^{xcvii} In order to do so, resources need to be sustainable and donors must take a long-term approach to investment.^{xcviii}

³⁰ Such as the Mo Ibrahim Foundation, Dasra, or the Graça Machel Trust

³¹ Such as New Venture Fund, AmplifyChange, Partnership for Transparency Fund, or the Global Partnership for Social Accountability

- **Small CSOs, particularly at the sub-national and local levels, do not have the time or capacity** to develop comprehensive grant applications. Requirements must be simple and funding should be flexible.^{xciix} Investments should support institutional strengthening to support sustainable accountability.
- **Donors drive decisions as to who should receive money and how that money should be spent.** As a result, ‘pre-paid’ CSOs morph their mission to match donor needs,^c which creates a poor reputation of CSOs among both citizens and government.
- **Donor investment can result in financial substitution of in-country resources.** Countries such as India and Nigeria have significant in-country resources. Donor investments in MNH services can lead to de-prioritization by country governments.
- **Priority setting by donors, reflected in the high levels of funding to areas, often replaces more systemic issues within the health system.** Although these areas might have higher visibility both among donors and within domestic politics, they do not always align with evidence.
- **More recently, districts have been able to solicit funds directly from donors or through INGOs.** This information is not always reported to the central government, which hinders domestic accountability actors’ ability to act on full information.

“You see organizations just going after money. That makes them look like they are donor pawns.”

Mutual Accountability

Recommendation 18:

Empower civil society to drive mutual accountability efforts, including donor accountability processes. *Internal country relationships are too diplomatic and too important to facilitate donor accountability if left solely to governments. Non-governmental donors should play a role in funding CSOs to do this work.*

Research Findings

- **Accountability is not just about government; every stakeholder is accountable for their role in upholding good governance both for themselves and others.** On the global stage, international partners must realize the reality of limited resources for government implementation across the myriad of initiatives and take on shared responsibility for improving outcomes. Civic participation is a responsibility of all citizens – NGOs/CSOs have a responsibility to their partners and communities, elected representatives have a responsibility to their constituencies, and the private sector has a responsibility to their consumers.

“It’s not just governments. Where is the private sector? What about INGOS?”

- **Partners need to hold themselves, as well as others, accountable (INGOs, CSOs, donors, private sector).** Government peer-to-peer accountability platforms are important but insufficient. Civil society within countries is uniquely suited to hold partners accountable at the country level. Understanding the role of the private sector in accountability efforts should be further explored.

“Civil society is also responsible. They have a responsibility to be involved in their civic duties and help hold stakeholders to account.”

- **Lack of donor accountability and transparency can hinder country accountability mechanisms**, particularly civil society-led efforts that seek to track comprehensive levels of resourcing. Donors generally lack a comprehensive way of uncovering and evaluating their influence and the unintended impacts of their actions.

Photo: Barbara Kinney/Bill & Melinda Gates Foundation



- **Effective mechanisms for bilateral donor accountability must be independent of government**, led by civil society, as inter-country relationships must be diplomatic in nature. They must also be independently resourced, which can be a role for foundations. IHP+ monitoring has consistently shown poor compliance with data reporting by donors, while country compliance has increased over time.
- **Civil society must be able to rely upon appropriate indicators for donor accountability** at the country level and appropriate donor behavior must be clearly defined (e.g. IHP+ ‘Seven Behaviors’). Respondents noted that it would be most effective to see these indicators, as well as indicators of meaningful participation from civil society, incorporated into the post-2015 frameworks.

“It is very easy [for donors] to hold countries to account – you just stop their funding. It is more difficult to hold development partners to account – and that is where the real heart of accountability now lies.”

- **Organizations are beginning to embrace the need to support their own internal accountability systems**, to test their own thinking, influence decision-making, and improve internal transparency into how decisions are made. Using tools such as the

INGO Accountably Charter, creating transparent systems and processes with country offices, requiring country participation in the entire program cycle, and creating monitoring and feedback mechanisms within programs and

throughout the organization (such as applying scorecards to senior management team performance). Donors are also mainstreaming feedback into their own program funding.



ORGANIZATION HIGHLIGHT: THE CENTRE FOR HEALTH SCIENCES TRAINING, RESEARCH, AND DEVELOPMENT (CHESTRAD)

CHESTRAD is a Nigeria-based organization that uses evidence-based advocacy to work toward the development of equitable and sustainable health systems and youth empowerment programs. Their approach is to use on-the-ground evidence and community perspectives to develop advocacy and accountability initiatives that support health systems strengthening. They are an African regional organization, but also operate at the country level, particularly in Nigeria, as well as at the global level. CHESTRAD benefits from strong and dynamic leadership and many years of experience in accountability work, but is relatively under-resourced.

CHESTRAD has made significant contributions to the mutual accountability and aid effectiveness agenda. In particular, CHESTRAD has been a leader in calling for meaningful civil society engagement in health

policy, advocacy, and accountability. They released a June 2015 statement titled *Key Priorities and Action Points: Meaningful Civil Society Engagement in Health Policy, Financing, Measurement, and Accountability*.³² It includes 11 “key priorities and action points” directed to national governments and development partners as well as civil society. It asks governments and development partners to recognize and enable the contribution of civil society to existing mechanisms, increase funding for civil society engagement processes, increase transparency, and improve adherence to the IHP+ Seven Behaviors. It asks civil society to foster engagement with national governments, strengthen engagement with parliaments and the media, improve coordination across major civil society networks and platforms, and maximize opportunities to improve

collaboration and division of labor between southern and northern civil society organizations.

CHESTRAD has also shown leadership with regard to the *Roadmap for Health Measurement and Accountability*.³² With other CSOs, they spearheaded a civil society statement³³ asking for a more developed and articulated set of principles for stakeholder engagement in the *Roadmap*, as well as its investment framework, and implementation plans at the global and country level. Specifically, the statement calls for improved accountability mechanisms, alignment of stakeholders around measurement and accountability standards and platforms, active engagement of non-state actors, including civil society and the private sector, accessibility to and transparency and use of health metrics, and analysis of equity and sustainability.

³² The Roadmap for Health Measurement and Accountability and the 5-point Call to Action were products of the June 9, 2015 Measurement and Accountability for Health (MA4Health) Summit. The Roadmap aims to ensure countries have the knowledge and capacity to plan, measure, and manage their health programs and health goals related to the SDGs. The 5-point Call to Action proposed specific priority actions and targets to health measurement. For more information: <http://ma4health.hsaccess.org/roadmap>.



Photo: Prashant Panjiar/LVO

Concepts and Research

Recommendation 19: Invest in research to strengthen the evidence base and catch-up with current practices. *There is mixed and often contradictory information relating to the successes and failures of accountability interventions and impact is largely assumed.*

Research Findings

- **Fill the conceptual gaps.** The differences in various definitions, conceptual frameworks, and understanding what accountability is make the comparability of existing evidence difficult. As a result, theoretical conversations in the global space are not always translated into practical application. A common definition and lexicon is needed across the field. Additionally, both the literature and work in various sectors appear isolated from each other. There are synergies to be gained from developing more cross-cutting strategies and networks.
- **Academic research needs to be aligned with accountability campaigns.** Research is often

“Accountability efforts are ahead of the evidence.”

donor-driven rather than grounded in practical application, often because researchers are not engaged in discussions with practitioners.

Recommendation 20:

Learn, partner, and capitalize on experience from accountability efforts beyond RMNCH to create innovative programs that go to scale. *Successful citizen-led accountability efforts outside of RMNCH (e.g. HIV, education) could be useful in informing system design for RMNCH accountability.*

Research Findings

- **Accountability efforts are primarily small, localized efforts that do not go to scale.** They are often focused on a specific service, community, or geographic catchment area and, as a result, information is rarely aggregated beyond the local level. Without this, evidence that is created among communities cannot be used for sub-national and national level advocacy. Government partnership has been shown to be more successful in reaching large populations, but additional research is needed.

“We transferred what had been a very successful program to the government five years ago, but there has been no follow-up. Who knows what they are doing.”

- **Research and pilot projects fail to take a systems approach.** For those that have gone to scale, it is unclear if the government transfer of ownership resulted in sustained, quality programs or if the ‘ownership’ of such accountability programs led to mechanisms that lost their independence to accurately monitor and report on government activities.

Conclusion

There has been notable progress at the regional, national and sub-national levels in accountability for maternal and newborn health, particularly over the last five years.



Photo: Prashant Panjiar/LVO

Despite this progress, there is still a long way to go to ensure that pervasive and robust mechanisms are in place to ensure that leaders are held to account for promises, commitments, and plans for improving the health and wellbeing of mothers and newborns.

As noted earlier, there is no ‘one size fits all’ approach to accountability, and replicating specific mechanisms in multiple settings may not be feasible. However, drawing on the extensive landscaping conducted through this research, six guiding principles for successful accountability mechanisms are outlined below. These principles are based on lessons learned from the models outlined throughout this report, the case studies that were conducted, and other research that was identified during the literature review. They draw from responses that arose during interviews, as well as from research and evidence that was gleaned from the literature. Through this in-depth analysis of examples of global, regional, and country accountability efforts, these themes provide the basis for common understanding of what steps should be considered when developing national and sub-national accountability campaigns.

Guiding Principles of Successful Civil Society-Led Accountability Campaigns

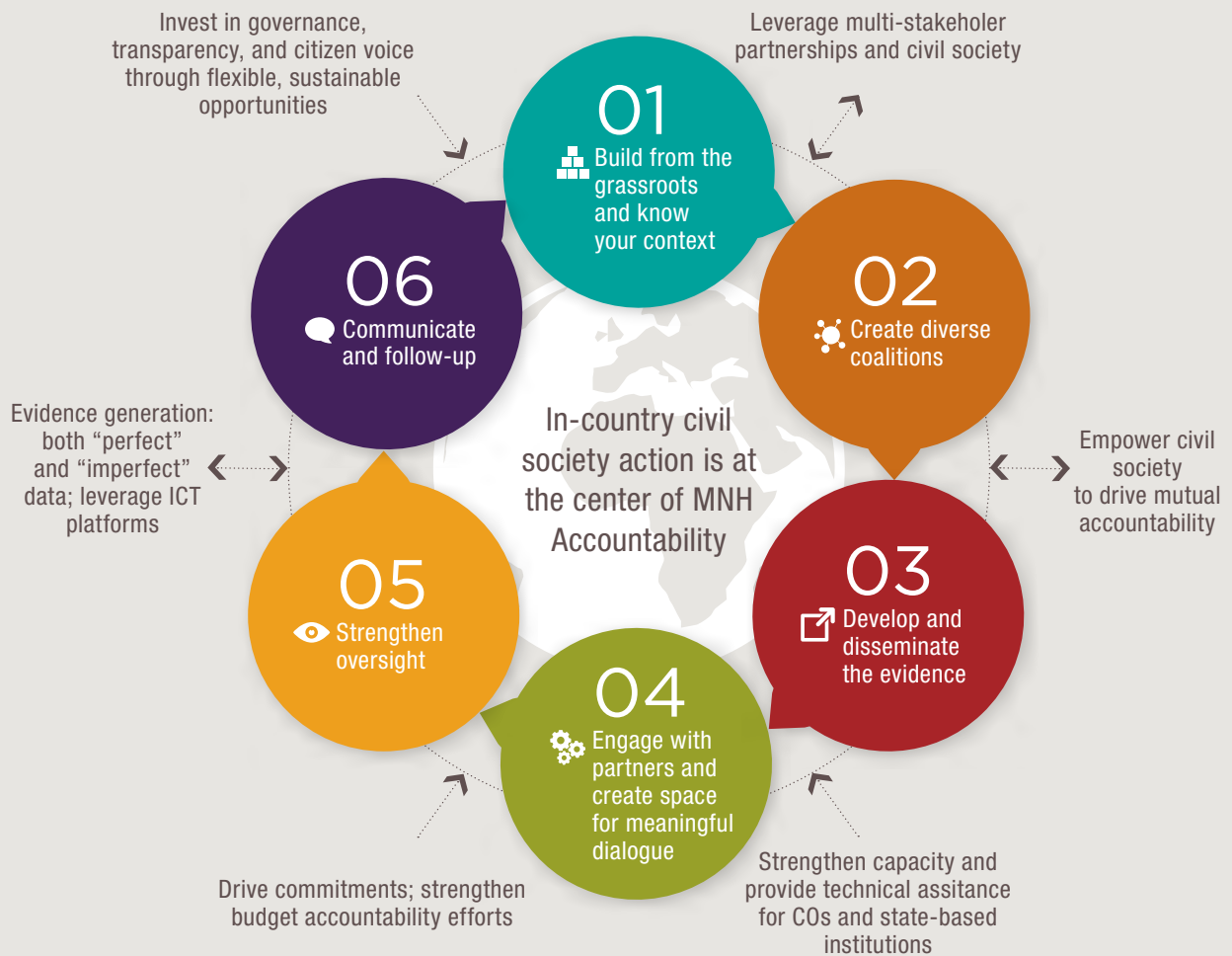
Six guiding principles should inform the development of successful accountability campaigns. These principles will contribute to an informed, impactful, and sustainable accountability movement at the country level.

- 1) Build from the grassroots level and know your context.** Start local, beginning with citizen voice and priorities, connecting local to district to state, and then onto the national and global levels. When designing accountability initiatives, a stakeholder and political economy analysis is key for identifying relevant players (both opponents and allies), as well as for assessing accountability and power relations between those players and within society.
- 2) Create diverse coalitions.** Partnerships and alliances can help reinforce internal and external organizational transparency, while also providing ‘cover’ when adversarial approaches are needed. Identifying state (public officials, parliamentarians), civil society (traditional leaders, journalists), and citizen champions creates the opportunity to hear community voices, while upholding government programs and catalyzing government response.

3) Develop and disseminate the evidence. Gather data that are meaningful to civil society, useable by government, and accessible to citizens. Use participatory approaches to create indicators and collect data, keeping the citizen experience at the center. Aggregate data across geographies and ensure data are actionable and that information is communicated to stakeholders in a digestible format. Utilize pre-existing systems or, if necessary, create new feedback loops that communicate findings from citizens to the state and the state to citizens.

4) Engage with partners and create space for meaningful dialogue. Build off of systems or community-based platforms that are already in place for public input into government processes, or create new spaces for citizen engagement and advocacy. Recognize that approaches will likely include both conflict and cooperation between citizens and the state.

5) Strengthen oversight. Rewarding accountable behavior and sanctioning unaccountable behavior can help enforce government recommendations



and response to civil society campaigns. Capitalize on pre-existing structures and oversight institutions, such as auditors or human rights bodies, and ensure that these are engaging citizens and civil society. Aggregate recommendations from public hearings to inform state and national level enforcement procedures and use judicial remedies through legal empowerment.

6) Communicate and follow-up.

Recognize that accountability is a continual process. Commitments that are monitored and evaluated are more likely to be addressed, but actions have to be tracked to encourage continued progress and government response. Open communication lines across partners and ensure that citizens, civil society, and government know not only what is needed at the community and state levels, but also what changes are made by governments to address these issues. Both government and citizens must remain informed to remain engaged.

The Future of MNH Accountability

It is clear from our research that there are numerous possibilities and promising models for scaling up accountability for maternal and newborn health at the regional, national, and sub-national levels. However there are few efforts that successfully embody all of the Guiding Principles outlined in this report, or represent a “complete accountability mechanism”,³³ particularly for RMNCH. In addition, civil society and government partners must utilize a more strategic approach to developing and implementing accountability campaigns. These strategies must build off of partner collaboration,



Photo: Ryan Lobo/Bill & Melinda Gates Foundation

be nimble, and use the right tools, at the right time, in the right place, and by the right people. Programs must move beyond tactical and more targeted monitoring to aggregated and coordinated civil society and government actors that work across issue areas, geographies, and system lines. In order to ensure a robust suite of accountability mechanisms for maternal and newborn health, concerted effort will be needed to improve the accountability

³³ As defined in the section of this paper “What is Accountability?”



Photo: Ricardo Gangale/Bill & Melinda Gates Foundation

processes of global initiatives at the country level and to strengthen the accountability efforts of a range of national and sub-national players.

Accountability for Global MNH and RMNCH Initiatives at Country Level

APR, ENAP, and EPMM have established clear goals, targets and strategies for reducing the mortality and morbidity of women and children, and the renewed Global Strategy will provide an updated umbrella framework with a high-level plan for reaching the SDGs that relate to

women, children, and adolescents. On maternal and newborn health specifically, newborn health has been more adequately ‘elevated’ on the global stage with the launch of ENAP while EPMM has gotten far less public recognition and attention. However, both strategies continue to lack significant presence at the country level, as well as robust accountability mechanisms that support country as well as global action.

To ensure that these targets and commitments are met, global MNH initiatives must prioritize the engagement of local civil society groups in planning and implementing accountability efforts at country level. They should foster greater coordination between governments, civil society, and other stakeholders to collaboratively review system gaps and challenges and identify actions in support of common goals.

- **National and sub-national governments** should embrace and leverage civil society’s role in planning, data collection and analysis, and holding all stakeholders to account, and make greater efforts to connect grass-roots accountability to the state and national levels.
- **Donors** should support civil society organizations to directly work with governments, UN partners, and other players to develop and/or strengthen independent and multi-stakeholder accountability efforts for APR, ENAP, EPMM, and the Global Strategy.
- **Global partners** need to take a leadership role in identifying specific opportunities for better alignment among initiatives in country, which go beyond rhetoric in global reports, build robust accountability mechanisms at country level, and communicate clearly and widely with sub-national, national, and

global stakeholders about streamlined accountability processes.

- **Civil society** should continue advocating for their own engagement in planning and accountability processes, building relationships with decision-makers, and gathering and analyzing data to support accountability.
- **Citizens** should be made aware of country commitments to global initiatives and provided with the opportunity to voice their experiences, needs, and priorities.

Regional, National, and Sub-National MNH and RMNCH Accountability

Though key global initiatives have provided internationally accepted targets (and in some cases important frameworks for country commitments), they are often far removed from the implementation of strong policies and budget lines to support those services at the sub-national level. Moreover, they are even further away from the delivery of quality, equitable services for women and children. **To truly strengthen accountability for maternal and newborn health, the real focus must be shifted away from global frameworks and towards national and sub-national advocacy and accountability efforts, with civil society leadership and citizen engagement at the heart.** Global actors must find ways to facilitate, rather than hinder, country accountability efforts, rebalancing the power towards citizen and civil society action and country government response.

More attention, resources, technical assistance, and communications efforts must be focused on supporting, strengthening, and celebrating strong and promising accountability efforts led by or involving civil society at the national, sub-national, and local levels. Opportunities for research

partnerships, knowledge sharing, and cross learning across states, districts, communities, and countries, should be fostered. Valuable accountability tools should be replicated and adapted for new contexts and strong linkages between tools and participatory review and action must be prioritized. Maternal and newborn health advocates must be equipped with the skills, resources, evidence, and understanding of the political environment and social context in order to make a difference in accountability for mothers and newborns.

Together, citizens, civil society, and government can support ongoing efforts to comprehensively address maternal and newborn health through citizen action, civil society advocacy and monitoring, government oversight, and global support.

Now, more than ever, accountability mechanisms must be strengthened to not only sustain the progress that has been made, but to also advance maternal and newborn health, empower both states and citizens to act, increase government effectiveness, and strengthen democracy.

Photo: Trust for Africas Orphans (TAO)



Appendix A: Summary Table of Highlighted Accountability Initiatives

Global Accountability Initiatives

Global Initiative	Governance & Accountability Bodies	Global-level Accountability Mechanism	Regional/ Country-level Accountability Mechanisms	Strengths	Weaknesses
Millennium Development Goals	Reporting is a joint responsibility of the UN Secretary General's office, UN Development Programme (UNDP), the Statistics Division of the United Nations Department of Economic and Social Affairs (ECOSOC), and regional commissions.	Annual report to the UNGA on implementation of the Millennium Declaration. Every five years, report includes a comprehensive review of progress. Notably, the Annual Review is optional and has played a limited role in improving accountability efforts and MDG implementation.	At the regional level, UN Regional Commissions produce regional MDG reports. At the country level, governments produce MDG reviews reports to provide public information and social mobilization.	The MDGs have played a key role in generating commitments by making MNCH – through MDGs 4 and 5 – a key focal point in global development.	There was little to no involvement of constituencies from developing countries, including civil society organizations and citizens, in the development of the MDGs. As the process was voluntary and not systematic, accountability is recognized as one of the greatest weaknesses to the MDG framework.
Sustainable Development Goals	Specific targets and indicators are still being debated, but there is broad consensus that accountability is slated to be a critical and grounding component of the SDGs.	TBD	TBD	Unlike the MDGs, which were created through a top-down process, the development of the SDGs has been a process of wide consultation, participatory planning, and multi-stakeholder engagement. The SDGs reflect accountability as a central underpinning and recognize civil-society-led accountability should be central.	The SDGs represent a more diffuse set of goals than the MDGs, risking that MNH will not receive sufficient prioritization. SDG indicators are under discussion, but it is unclear how countries will select, track, and utilize these indicators.
Every Woman Every Child (EWEC) EWEC implements the Global Strategy for Women and Children's Health and is overseen by the Office of the Secretary General.	Independent Expert Review Group (iERG)/Commission on Information and Accountability (COIA)	iERG Annual Report: Reports on commitments to global initiatives and progress in implementing COIA recommendations (including 11 COIA indicators)	WHO Country Accountability Frameworks (CAF): Country roadmaps to assess and improve country-level data tracking and accountability mechanisms	EWEC, iERG, and COIA have created an 'environment of accountability' that had previously not been a part of international and country discourse.	EWEC, COIA, and the iERG, are not well understood at country level and not typically used for in-country accountability discussions. Alignment and coordination with other global initiatives remains weak. CAFs have limited civil society involvement in most countries.

Global Initiative	Governance & Accountability Bodies	Global-level Accountability Mechanism	Regional/ Country-level Accountability Mechanisms	Strengths	Weaknesses
<p>(cont'd) Every Woman Every Child (EWEC) EWEC implements the Global Strategy for Women and Children's Health and is overseen by the Office of the Secretary General.</p>	<p>Partnership for Maternal, Newborn, and Child Health (PMNCH)</p>	<p>PMNCH Annual Report on Commitments to the Global Strategy: Reports on Commitments to Global Strategy (financial, service delivery, policy)</p>	<p>PMNCH funds some in-country coalitions that perform accountability functions (add examples)</p>	<p>PMNCH has increased the visibility of RMNCH and plays a critical role in aligning an inclusive range of partners at the global level and driving evidence-based decision making. PMNCH plays an important role in knowledge management for its partners and in development of the Global Strategy and Every Newborn Action Plan (ENAP).</p>	<p>PMNCH's strategic framework needs additional clarity and operationalization, and should be reoriented to focus on results. PMNCH would benefit from more robust partner involvement, particularly by country partners. PMNCH has low capacity at the country level, where its role has not yet been adequately defined.</p>
	<p>Countdown to 2015</p>	<p>Countdown reports (2005, 2008, 2010, 2012): analysis of trends in coverage and its major determinants, including patterns of equity, policies and health system performance measures, and financial flows to RMNCH, at both the global and country levels.</p>	<p>Countdown to 2015 country profiles: 11 COIA indicators for RMNCH, plus additional coverage, demographic, equity, service delivery, policy and financing indicators</p>	<p>Countdown country profiles were the first of their kind, and proved catalytic in the development of other scorecards. Countdown country case studies employ an effective model in which a technical partner (e.g. Johns Hopkins) is paired with in-country technical partners and works in close collaboration with the MoH.</p>	<p>The Country Countdown model was meant to be a multi-stakeholder effort linked to national planning, but in practice this is difficult because of a lack of country presence. Data delays and overlap/duplication with A Promise Renewed scorecards have created additional challenges. Countdown needs to ensure that the data is being taken forward by advocates.</p>
<p>Ending Preventable Maternal and Child Deaths: A Promise Renewed (APR)</p>	<p>Secretariat housed at UNICEF; APR falls under the EWEC umbrella</p>	<p>UNICEF Annual Report: trends in U5 mortality, progress towards MDG 4, country/regional commitments to APR</p>	<p>RMNCH Scorecards: Summary of country-determined RMNCH indicators, including COIA indicators, developed in partnership with ALMA in Africa.</p>	<p>With 178 country signatories, APR has global momentum. Its scorecards have strong government ownership. APR is increasing its engagement with CSOs and multi-stakeholder partners, and taking initial steps to align with ENAP.</p>	<p>APR is one of several global initiatives that have sub-optimal coordination and alignment with one another at country level. Has historically had limited CSO involvement and weak link from data to action.</p>

Global Accountability Initiatives (cont'd)

Global Initiative	Governance & Accountability Bodies	Global-level Accountability Mechanism	Regional/ Country-level Accountability Mechanisms	Strengths	Weaknesses
Ending Preventable Maternal Mortality (EPMM)	The initiative is spearheaded by the EPMM Working Group, an open working group facilitated by the WHO with support from global partners at UNFPA, UNICEF, USAID and the Maternal Health Task Force (MHTF); EPMM falls under the EWEC umbrella.	The EPMM global target is a maternal mortality ratio (MMR) of less than 70/100,000 live births by 2030, with no single country having an MMR greater than 140. These targets are included as an annex to the ENAP and are a target under the health goals of the SDGs.	EPMM has not been linked with existing accountability mechanisms in country. It remains somewhat unclear what EPMM wants countries to report on and be held accountable to.	EPMM brought together key technical experts to agree upon global targets for MMR, which paved the way for inclusion of a robust, evidence-based target in the draft SDG framework.	EPMM is not widely known about outside of technical stakeholders and has no clear accountability mechanism. EPMM is one of several vertical initiatives that have not achieved full alignment with other RMNCH initiatives.
Every Newborn Action Plan (ENAP)	The creation of ENAP was guided by a Steering Committee and an Advisory Group. ENAP has three working groups in support of country implementation, data and metrics, and advocacy.	The ENAP provides a road map for governments, civil society, and other stakeholders to accelerate efforts to reduce newborn mortality.	Country Implementation has focused on leveraging key partners to support countries to develop national newborn plans; to date, 15 countries have developed or are in the process of developing national newborn plans or strengthening the newborn component of their national RMNCH plans.	ENAP succeeded in galvanizing critical global attention to newborn deaths and stillbirths. The Data and Metrics working group has defined 10 core indicators and are working to improve measurement tools. The Country Implementation group has helped 15 countries create or strengthen national newborn plans.	Limited involvement of in-country CSOs to date. ENAP lacks an accountability mechanism and has not determined which partners will lead accountability efforts. ENAP is one of several vertical initiatives that have not achieved full alignment with other RMNCH initiatives.
International Health Partnership (IHP+)	IHP+ is a group of international organizations, bilateral agencies and country governments.	N/A	Joint Annual Health Sector Review, a country-led process coordinated by the Ministry of Health which utilizes a single platform and plan for collecting data on performance indicators across the health system.	The Joint Annual Reviews succeed in putting developing country governments in a leading role. They address broad, systemic issues by evaluating what isn't working. The process includes sub-national accountability.	Limited involvement of CSOs and lack of remedial action are key shortcomings in many countries. It can be difficult to hold government accountable in a government-led mechanism. Also, the holistic view of health system is sometimes too broad.

Regional Accountability Initiatives

Initiative	Description	Tools and Approaches	Strengths	Weaknesses
Campaign for Accelerated Reduction of Maternal Mortality in Africa (CARMMA)	An initiative of the African Union Commission to address the challenges of maternal mortality in African countries	Country scorecards, which provide comparable data across countries using common indicators. African Health Stats.org, a data visualization tool that compares key health data across Africa from the Maputo Plan of Action and Abuja Call commitments.	Strong buy-in from countries and ministries of health because CARMMA is AU-driven rather than donor-driven.	CARMMA is underfunded and received limited attention at the global level.
African Health Budget Network (AHBN)	A membership-based group comprised of international and African organizations, as well as individuals, who are interested in using budget advocacy to improve health service delivery in Africa. AHBN is an initiative of Evidence for Action, funded by UKAid.	Capacity building to CSOs, through trainings and knowledge-sharing.	AHBN has received a strong response from governments, including requests for support in improving budget transparency and accountability and in developing scorecards. AHBN has also provided input to the design of the GFF, engaging with the World Bank directly and completing a coalition position paper.	As an emerging initiative, AHBN is still working to identify partners and does not yet have a clear framework for accountability.
Asian-Pacific Resource and Research Centre for Women (ARROW)	An Asia regional organization working on RMNCH issues, monitoring and accountability.	Women's Health and Rights Advocacy Partnership (WHRAP) – South Asia, a movement that includes national CSOs from four countries.	Effective at building capacity among CSOs; Deep commitment to the grassroots by focusing on giving voice to the most marginalized women and adolescent girls.	Need for more strategic engagement at regional and international levels and diversified funding.

National Accountability Initiatives: India

Initiative	Description	Tools and Approaches	Strengths	Weaknesses
Human Rights Law Network (HRLN)	HRLN is a collective of lawyers and social activists dedicated to the use of the legal system to advance human rights in India.	HRLN's Reproductive Rights Initiative (RRI) uses the legal system to combat violations of reproductive rights, ensure implementation of reproductive rights schemes, and to demand accountability where implementation is left wanting.	Working through the judiciary process has the potential to bring about judicial precedent and social change on key issues, and the ability to impact billions. Further, this approach has facilitated collaboration between legal professionals and CSOs.	The legal process can be long and arduous; it depends on the judge for the verdict, and implementation of the court order is up to the state.
National Health Mission's Community Action for Health (CAH)	CAH is a key strategy of the GOI to monitor various levels of the public health system through community based monitoring and planning.	Report cards and budget monitoring lists, to monitor healthcare service provision. Public dialogues, hearings and village health meetings, to disseminate information on key gaps at the district level. Coalition building, in order to promote collective CSO action.	These tools strengthen community awareness of rights and entitlements, and empower them to participate in their governance. Dialogues generate meaningful feedback to duty bearers and encourage quick government response.	Interventions and tools have to be tailored to the capacities and needs of each community. Implementation of CAH has varied across districts and states.
Jan Sunwai	A process that allows citizens to voice concerns, ask questions, or provide testimony to a panel on particular issues in a formal, open forum. The panel can be made up of NGOs, government officials, experts, elected representatives, media, or other key stakeholders.	Surveys can be conducted door-to-door to develop a findings report for presentation at the hearing. A panel of experts are invited as a panel of judges to mediate the dialogue and give an autonomous opinion. Panchayat representatives are invited, and media engagement is often pursued.	The presence of Panchayat representatives in the Jan Sunwais builds political pressure for resolving the issues raised by the people, and helps to ensure interdepartmental coordination and response.	The success of the process is highly dependent on the presence of public officials.

National Accountability Initiatives: Nigeria

Initiative	Description	Tools and Approaches	Strengths	Weaknesses
Know Your Budget (KYB) Network	KYB is a CSO network engaged in budget analysis and advocacy, with support and technical assistance from SAVI.	Public forums, radio and TV discussion programs; following extensive budget analysis, KYB utilized these multi-media strategies to reach elected representatives and key members of the state government.	<p>Creative multi-media approaches to hold decision-makers to account for what they have promised publically.</p> <p>Built on local priorities, and maximizes advocacy opportunities as they arise.</p>	<p>Faced initial challenges with government relations due to its “naming and shaming” approach.</p> <p>Initial reliance on professional activists that didn’t have the support of citizens and did not stay with the network long-term, creating an unsustainable model.</p>
Nigeria Independent Accountability Mechanism (NIAM)	Created by AMHiN, NIAM is a multi-stakeholder mechanism that reviews progress against national commitments and the Global Strategy for Women and Children’s Health, with a particular focus on the COIA CAF Roadmap.	MNCH indicators scorecard, to measure progress on the CAF Roadmap.	<p>NIAM has the support from both government and CSOs, making it uniquely positioned to advance mutual accountability efforts in Nigeria.</p> <p>NIAM is a multi-stakeholder platform that connects voices, experts and influencers across regions and stakeholder groups.</p>	<p>Progress can be slow and costly, particularly with multiple stakeholders and a focus on efforts that contribute to sustainability.</p> <p>NIAM has faced challenges with data availability and scope, and there is room for improvement in its multi-sector engagement.</p>
State Level Accountability Mechanism (SLAMs)	E4A-MamaYe has worked to establish and strengthen several SLAMs (e.g. in Kano, Bauchi, and Ondo states), building on existing state CSO coalitions wherever possible to build partnerships with state government, engaging state ministry of health reps and other key stakeholders, including health professionals and the media.	SLAMs utilize scorecards, generating evidence where needed and packaging the analysis. SLAMs aim to participate directly in government strategic planning and review meetings.	SLAMs can help by institutionalizing multi-stakeholder consultation in MNCH policy. They can also serve to strengthen the advocacy capacity of CSOs and the media at the state level.	SLAMs are active in a limited number of states.

National Accountability Initiatives: Uganda

Initiative	Description	Tools and Approaches	Strengths	Weaknesses
Government of Uganda's Barazas Program	Barazas creates space for public dialogue for citizens' voice to influence planning, monitoring, and evaluation of government services.	Public meetings hosted by Residential District Commissioners, who represent the President at the district level, where local leaders meet with citizens to discuss aspects of service delivery.	Promotes civil society and government collaboration. Aggregated information from Baraza events feeds into CSO advocacy efforts and can inform national planning.	Conflict of interest where feedback from citizens is not in line with the political landscape; limitations in the dissemination and use of Barazas findings.
Forum for Women in Democracy (FOWODE)	FOWODE empowers communities to achieve equitable budgets and service delivery.	Village Budget Clubs develop budget literacy at the grassroots level by training community members to monitor the expenditure of public resources, identify potential corruption among public officials, and ensure the delivery of quality services.	VBC's diverse membership enhances its acceptability and the legitimacy of FOWODE's work more broadly. VBC's training program equips club members with the knowledge and skills necessary for effective action.	Local officials can only respond to VBC needs if resources allow. Policy engagement remains low.
Uganda Debt Network (UDN)	UDN is a coalition of civil society organizations engaged in budget analysis and advocacy.	Community Based Monitoring and Evaluation System (CBMES) - volunteer community monitors provide oversight and monitoring of service delivery, and receive complaints from whistleblowers. Results are shared at district and national level dialogues.	Early evaluation shows good results. Monitors feel empowered to voice concerns and some have gone on to become local leaders, which has given communities more faith in their work.	Local political leaders felt threatened by the role of community monitors. Significant investment in the training of community monitors was needed.
White Ribbon Alliance Uganda's 'Act Now to Save Mothers' Campaign	The campaign aimed to hold the government accountable to its commitment to provide basic and comprehensive emergency obstetric and newborn care (EmONC).	Participatory Health Facility Assessments evaluate the provision of EmONC and inform evidence-based advocacy. Community Scorecard and a District Health Team (DHT) Scorecard hold decision-makers accountable for results of the facility assessment.	Civil society is critical in bridging the knowledge gap; inclusion of media, community members, political leaders and health management teams from the district level make the model a comprehensive peer-learning experience.	Results of citizen-led efforts require a strong enabling environment for success; scorecards can only be successful if all key stakeholders agree on the parameters. Meaningful partnerships between stakeholders requires time and resources.

Appendix B: Information and Communications Technology Accountability Tools

“ICT can reduce information asymmetries by providing improved access to relevant, timely, and actionable information.”

(Kapur and Whittle 2009)

Information and communications technology (ICT) has a diverse range of applications in the field of accountability. The ability to make information available on the internet provides an opportunity to increase government and donor transparency, and improves data access for use by civil society. Meanwhile, social media, including Facebook, Twitter, and blog platforms, have provided new opportunities for CSOs to publicize information in their efforts to hold governments to account. One of the most promising technologies for accountability is mobile phone technology like short message service (SMS) – or text messaging – which is increasingly available to citizens of even the least developed countries. The potential for these technologies to strengthen accountability through enhancing citizen voice is great, but our understanding of how to optimize the effectiveness of ICT-driven social accountability initiatives is still nascent.

One of the primary benefits of using SMS and social media technologies is the ability to rapidly ‘scale-up’ political participation through citizen voice.^{ciii} Because SMS technology reduces coordination costs,

small contributions (i.e. individual text messages) can be aggregated. This kind of aggregation of citizen voice is best suited to an agenda-setting role, and has limitations when it comes to negotiating with authority on how to carry out an agenda. More complex roles in accountability that go beyond agenda setting require actual representation with authority rather than aggregation of voice alone. This role can be filled by effective *interlocutors*, which are the “organizations or individuals with those necessary ‘game-changing’ characteristics for addressing, or contributing to addressing, a specific collective-action problem.”^{civ} These can be CSOs, media, parliamentarians, traditional leaders, and many others, but the key is that they provide effective political leverage that is typically not available through ICT-enabled voice alone. As in all areas of accountability, the way an ICT accountability tool is used and carried forward through interlocutors is often more important than the tool itself.

“Digital media can empower and inform citizens in ways as yet unmatched by any other method, and the demand for participatory technology in Africa is high.”

(Heacock 2009)

Although use of ICT in accountability varies widely, aggregation (and sometimes geospatial mapping) of voices or individual reports through SMS and internet

technology is currently at the forefront of ICT-driven accountability efforts. The examples below focus on diverse applications of this category of technologies, focusing on Uganda, one of this report's country case studies that has seen a proliferation of these efforts in recent years.

“Many ICT advocates expect that the aggregation of voices makes them hard to ignore, but that remains an open empirical question.”

(Fox 2015)

UReport

Perhaps the best-known SMS accountability system is UNICEF's UReport, which consists of a free SMS-based system as well as a web-based Twitter tool, which are designed to provide a platform for young people in 14 countries to share their opinions on key health and social issues. (See also: Tool Highlight on page 69, and Appendix B: Accountability Mechanisms for Adolescent Health, page 105). The system consists of weekly SMS polls to which members can respond. The results of the polls are made available to UReporters, as well as more broadly through radio and TV features, print articles, and even community events. UReport is particularly celebrated in Uganda, where at the time of writing, it had 290,062 members. In February, 2015, UReport Uganda was ranked among the top 40 for mobile content excellence and honored with a UN-based World Summit Award at the WSA Mobile Global Congress.^{cv} UReport is also being rolled out in other countries, such as Nigeria and DRC. It has a track record of functioning as an accountability tool, at the level of awareness building and agenda setting

in parliament. Despite the celebration of UReport and some notable successes, the actual contribution of UReport to closing feedback loops is not well documented.

UgandaWatch

There are several examples of effective use of mobile technology for crowdsourcing observation of general elections to improve poll site monitoring and hold governments accountable for free and fair elections. A study of UgandaWatch, a mobile election-monitoring platform used in 2011 in Uganda, generated several key findings that are generally applicable to the use of ICT in accountability efforts. They found that mobile crowdsourcing was a useful channel when people needed help, and believed there was nowhere else to turn. They uncovered the primary challenges associated with the use of UgandaWatch, which were fear for one's personal safety, the cost of the text message, and the perception that participation would not have any effect. However, they found that the primary cause for non-use of the platform was simply not being familiar with it. Therefore, they recommend educational marketing of ICT accountability tools as a critical step. They found it was important for the users to know that the data was, in fact, used and how it was used. Finally, they found that using a mix of multiple channels, both traditional and ICT-enabled, heightened effectiveness by increasing accessibility.

mTRAC Uganda^{cvi}

mTRAC is an SMS-based platform with two complementary channels of data collection. The first channel focuses on engaging health care workers to submit reports on a weekly basis to contribute to government health data, with a focus on disease surveillance and commodity supplies.

Reporting includes maternal and perinatal deaths. The second channel intends to generate community action to help improve the accountability of the health system through a free health service complaint system that allows community members to report problems at the clinic level via SMS, such as stock-outs and closed facilities. The mTRAC platform was initiated in 2011 by the Ministry of Health of Uganda, and has been integrated into Uganda's Health Information Management System. The data collected by health workers is aggregated and displayed using an online dashboard. The information is made available to the District Health Teams and then submitted to the Ministry of Health.

Health workers send their data via an SMS template, using an unstructured supplementary service delivery (USSD) interface, or an online database. According to UNICEF, the mTRAC platform has maintained an impressive 90% response rate over time. mTRAC has increased the speed of data collection, analysis, and dissemination – critical to health system accountability – as well as providing a mechanism for citizen feedback. Data generated through mTRAC can be utilized to inform decision-maker action in real time.



ORGANIZATION HIGHLIGHT: USHAHIDI

Ushahidi, meaning 'testimony' or 'witness' in Swahili, is a global non-profit technology company that offers open source mapping software, including the Ushahidi platform. Their products allow observers to submit reports via mobile phone or the internet that can then be visualized geospatially on an interactive map. The Ushahidi platform was celebrated for its role in mapping the violence that occurred in aftermath of the disputed Kenyan election in 2007, using eyewitness reports. It has since been used in a wide range of applications all over the world, from mapping reports following natural disasters, to mapping stock-outs of essential medicines.

“Using crowdsourcing tech like Ushahidi maps without doing the strategic and programmatic ground work is likely not going to work or change much of anything.”

- Dead Ushahidi website

Despite notable successes and recognition for Ushahidi, including a 2013 MacArthur Award, the platform has received criticism as well. A website dubbed “Dead Ushahidi”³⁴ utilizes the Ushahidi platform to map failed Ushahidi maps, such as those that never received a critical mass of reports, have not received a report in the last 12 months, or were never actually launched. The website emphasizes that

using the Ushahidi platform is not enough to create change. According to the website, an effective crowd-sourced map will be part of a well-developed theory of change, will be developed to ensure data quality, and will be accompanied by outreach and marketing. “Dead Ushahidi” stands as a reminder to program designers that utilization of technology is just one small piece of the accountability puzzle.

³⁴ <https://deadushahidi.crowdmap.com>

RECOMMENDATIONS

As an extension of the overall report's **Recommendation 12: Leverage ICT platforms**, three sub-recommendations and accompanying findings illustrate additional findings that are specific to the use of ICT in accountability mechanisms.

Recommendation 12:

Leverage ICT platforms and build on the experience of partners across a range of issue areas. *These resources should be used to expand and develop the tools that are needed to promote accountability in the health sector.*

Research Findings

- **ICT and social media have reduced the costs of information sharing.** They have also been shown to help mobilize groups and individuals for collective action,^{cvi} particularly the disenfranchised, such as youth.
- **While ICT is able to scale-up voice through aggregation, there is limited ability to translate information** into citizen representation in decision-making with power holders.

Recommendation 12a:

Use ICTs as a tool in a larger accountability process, not as stand-alone programs.

Research Findings

- **A sound theory of change** is as critical in ICT-driven initiatives as it is in all accountability work. The use of ICT alone will not overcome gaps in an accountability model or misunderstandings of the country context. Success depends

on iterating on the theory of change to correct misconceptions.^{cvi}

- **Integration of ICT tools with 'offline' strategies** is a trait common among successful initiatives.

Recommendation 12b:

Be mindful of the digital divide. *Despite increasing access, and the potential role of ICTs in improving inclusiveness, initiatives must exercise caution to ensure that use of ICTs in accountability processes does not further marginalize the most vulnerable.*

Research Findings

- **ICT-driven initiatives are often poorly representative.** Urban populations, government employees, and students are disproportionately represented among participants in mobile-technology initiatives.
- **There are gender implications of using ICT.** In many geographies, mobile phones are predominantly controlled by men, and gender differences in literacy affect participation of women and girls.

Recommendation 12c:

Engage civil society *to lead in designing and implementing ICT tools, and taking the results forward in accountability processes.*

Research Findings

- **Technologies designed or informed by 'socially embedded' individuals and groups** – that is, those working from within local CSO networks – are most likely to succeed.^{cix}
- **Existing ICT initiatives are rarely led by civil society**, and do not adequately draw upon CSO experience or opportunities for advocacy and accountability.
- **Implementation of mobile reporting systems by government can stifle participation** in some geographies (e.g. India) due to citizens' fear of reprisal.

“... ICTs are not a silver bullet for [social accountability]. They work best when they are embedded in SA institutions, processes, or systems and not stand-alone solutions.”

(Heacock 2009)

Appendix C: Accountability Mechanisms for Adolescent Health

How adolescent health will be incorporated into accountability mechanisms – both new and existing – remains largely an open question. As part of the Global Strategy 2.0 consultation process, experts in the area of adolescent health met in February 2015, led by UNFPA, with the goal of generating recommendations on adolescents for the Global Strategy 2.0. Given the general recognition that development efforts thus far have neglected and underserved adolescents and young people, these groups were identified as critical to a successful post-2015 development agenda.

The consultation showed that the range of interventions necessary to improve adolescent health and well-being are cross-cutting and go far beyond health care. Priority areas identified by the expert group include access to education, access to sexual and reproductive health information and care, ending child marriage, access to employment, and an opportunity for their voices to be heard, among others. Given such a diverse range of intervention areas, accountability efforts around adolescents need to be cross-sector. To date, they have largely been small-scale, issue-specific, and fragmented.

The 2014 State of the World Population Report^{ex} titled “*1.8 Billion: Adolescents, Youth, and the Transformation of the Future*,” emphasized the importance of the SDG indicators for holding governments and the development industry accountable to adolescents and young people, as

well as to other stakeholders. Including adolescents and young people – both as groups for which indicators are specifically measured and as groups to be incorporated in developing the indicators – will be key to the success of the SDG agenda.

The Global Strategy 2.0 zero draft^{exi} calls for a social pact through which adolescents, as well as women and children, should be able to “demand access and accountability for their rights to quality services, goods, and information for opportunities to participate in sociocultural, economic, and political activities, to drive sustainable development, and to achieve the transformative change required for the health and well-being of every woman, child, and adolescent everywhere.” How this will be put into practice with respect to accountability for adolescent health will depend on the accountability framework that will be further detailed in the Global Strategy’s forthcoming operational framework. What is already clear, however, is that accountability for adolescent health must include meaningful participation from young people.

Ensuring young people can be—and are—engaged in the achievement of the sustainable development goals will increase the likelihood of success because they have a stake in their own futures.

(State of the World’s Population 2014)



REPORT HIGHLIGHT: YOUNG PEOPLE'S ENGAGEMENT IN STRENGTHENING ACCOUNTABILITY FOR THE POST-2015 AGENDA

A report was commissioned by Plan International and jointly authored by Plan and the Overseas Development Institute in collaboration with the Office of the UN Secretary-General's Envoy on Youth. It recommends that a rights-based approach be adopted in developing the post-2015 accountability framework that includes adolescents and young people, and calls out five principles:

1. **Meaningful participation:**

Where young people are not considered merely 'beneficiaries' of public policies but as active participants and

implementing partners who are fully consulted and informed.

2. **Inclusive:** Rather than replicating existing patterns of discrimination, an inclusive framework must be responsive to the most marginalized groups, including young women, young people living in rural and remote areas, and members of minority groups.
3. **Accessible:** Local level accountability is impeded when government processes are difficult to access, interpret, or communicate. Information must be provided in a language and format that is accessible and

easy to understand by adolescents and young people, and in locations they already know and access regularly.

4. **Collaborative:** Accountability work is most effective where young rights-holders engage with political decision-makers in an informed, organized, constructive, and collaborative manner.
5. **Responsive:** Governments must support attempts to improve accountability, be open to the influence of young people and respond to their concerns; otherwise, they risk disillusionment.

Meaningful participation^{exii} will require that architects of accountability mechanisms and processes seek the voices of young people and respect them equally to those of older citizens and groups. This requirement often demands new ways of working with adolescents and young people that recognize the diverse starting points of these individuals and their evolving capacities. Although these efforts can be challenging, they are also high-yield because they ensure that policies and mechanisms are relevant to those they are intended to benefit.

The brief descriptions that follow provide illustrative examples of existing accountability mechanisms and programming that focus on adolescents and young people, with a focus on those that present opportunities for potential enhancement and/or expansion.

Let Girls Lead

Let Girls Lead (LGL) is a program housed within the **Public Health Institute (PHI)**, with the **UN Foundation (UNF)** as its largest donor. LGL has an innovative approach to building capacity for girl-centered advocacy and policy change at the national and sub-national level. LGL works in five countries and has achieved a

number of policy wins in health, education, livelihoods, and rights. A 2013 independent evaluation^{cxiii} commissioned by UNF concluded that “Let Girls Lead’s innovative model achieves scalable impacts and sustainable outcomes for girls through leadership development, organizational strengthening, grant-making, and advocacy.” LGL’s “Girls’ Voice Initiative”^{cxiv} engages girl leaders ages 10-19 in strategic advocacy with national decision makers. LGL has focused on ensuring that girls’ voices are heard as a part of the discussion around the post-2015 development agenda.

Although not explicitly focused on accountability efforts, LGL provides a strong example of a program that is effectively elevating the voices of adolescent girls and could be a partner in efforts to develop accountability tools in the adolescent health space. The program also has a wealth of experience gained through their sister initiative **Champions for Change (C4C)**, also housed within PHI, and funded principally by the Bill & Melinda Gates Foundation. C4C uses the LGL capacity-building model to invest in leaders and organizations advocating RMNCH, including adolescent health, in Nigeria.

U-Report

UNICEF’s U-Report is a mobile phone, text based service designed to give young people a chance to voice their opinions on issues that they care about in their communities, encourage citizen-led development, and create positive change. It has been introduced in 15 countries, primarily in Africa. U-Report is well established in Uganda (see “Tool Highlight: U-Report, page 69).

In Nigeria,^{cxv} the program has 205,000 young people registered, and is seeking scale-up to a target of 1,000,000 this year. It offers participation in weekly SMS polls as well as national partnerships with government, media, and civil society. The program seeks to build in links to national and state-level policy and advocacy work, emphasizing the areas of security, social services, environment, and governance. For U-Report Nigeria, these links include informal engagement with the **National Orientation Agency**, plus engagement and coordination of youth associations and networks in the line ministries of information, defense, finance, and youth. **National Youth Service Coalition**, the **Forum for Women’s Empowerment**, **Girl Guides**, and **Girl Scouts** are among the youth coalitions that are engaged through U-Report.

One specific example of policy change brought about using U-Report results was related to protection of children going to and from school across northern Nigeria. The Director of the National Orientation Agency in the Ministry of Public Service used U-Report to advocate with the government to improve child protection. Parliament subsequently approved 5m Naira (approximately \$25,000 USD) to support community protection mechanisms.

Young People Today Regional Accountability Framework^{cxvi}

UNESCO and **UNAIDS**, alongside CSOs, religious leaders, and youth leaders, advocated for improved access to comprehensive sexuality education and health services for young people in the Eastern and Southern African (ESA) region. At the 2013 International Conference on AIDS

and STIs in Africa (ICASA), Education and Health ministers from 20 countries endorsed the ESA commitment.³⁵ In an effort to hold countries accountable for this endorsement, an accountability framework was developed. Under the guidance of a technical coordinating group, the framework monitors country and regional progress towards the agreed commitments outlined in the ESA Ministerial commitment document. The intended audiences for the framework include the country governments, civil society partners including youth, and development partners.

Youth-to-Youth Initiative (Y2Y)

The German Foundation for World Development (DSW) has a Youth-to-Youth initiative (Y2Y), which started as a program to address sexual and reproductive health and rights (SRHR) education. Y2Y has a presence in Africa and Asia, and has trained more than 20,000 peer educators who have in turn passed along their knowledge to more than 15 million young people since the program's inception in 1999. This initiative has led to the establishment of over 600 youth clubs in four East African countries: Ethiopia, Kenya, Uganda, and Tanzania, with over 30,000 members.

The initiative continues to reach adolescents and young people with SRHR information and services, and has evolved to address issues beyond SRHR. Y2Y helps adolescents and young people through economic empowerment, and capacity building in leadership and management skills. DSW works to strengthen the capacity of CSOs and citizens, with a special focus on adolescents and young people. They also work with political decision-makers, health

providers, and other stakeholders. While accountability has not yet been a central component of the work of Y2Y, the program's significant scale and DSW's extensive experience in advocacy and civil society capacity building could allow Y2Y to contribute in the accountability space, particularly in East Africa.

Save the Children in Tanzania^{cxvii}

Save the Children has supported more than 900 Children's Councils in Tanzania, which advocate for better policies, planning, and budgets for children at the district and national levels. Members of the councils meet with district officials to advocate for the inclusion of their priorities in district council plans and budgets. The Children's Councils have met with success: six out of the seven district councils increased resource allocation for budget items related to children in their 2011-2012 budgets. Specific policy changes included budgetary allocations that provided an additional 455,000 students in the Arusha and Same districts with access to school feeding programs, thereby increasing attendance from 70% to 84% in a single year in the Same district. In the Ruangwa district, 52 additional teachers were recruited.

The dialogue brought about through interactions among the children from the Children's Councils and local government officials has helped to establish ongoing and sustainable mechanisms for youth to influence local government processes. Save the Children can be counted among INGOs that bring considerable experience to bear in advocacy and accountability as well as work with children, adolescents, and young people.

³⁵ Countries that endorsed the commitment include Angola, Botswana, Burundi, DRC, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, South Sudan, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe.

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