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USAID'S HEALTH EVALUATION AND APPLIED RESEARCH DEVELOPMENT (HEARD) PROJECT

ASSESSMENT TOOL TO MEASURE MATURITY AND PERFORMANCE OF NATIONAL SOCIAL ACCOUNTABILITY SYSTEMS IN HEALTH:

RESULTS OF A PILOT STUDY IN RWANDA AND MALAWI

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Assessing Institutionalized Government-led SA

Project: Testing of an assessment tool explored the status of mature social accountability mechanisms for RMNCH in Rwanda & Malawi.

Premise: Countries have begun to institutionalize social accountability (SA) through national policies and strategies and integrate SA structures and practices throughout their health system.

Aim: Based on an Accountability Measurement Framework, a Health Assessment Tool was developed to assess how local and national accountability mechanisms are developed, implemented and institutionalized over time, and to what transformative effect.

Key domains assessed: Structure, function, sustainability, effectiveness, transformation

Good Governance through SA Systems in Rwanda

National level: Recognition of the importance of SA through **national strategies, plans, regulation and redress mechanisms**

"the state has the duty to mobilize the population for activities aimed at good health and to assist them in the realization of those activities"

Ex: Evaluation of citizens' satisfaction in their participation in the planning and budgeting processes and the level of transparency and accountability in the public sector

Community level: Community engagement, oversight, and problem solving through **traditional structures** called homegrown initiatives (HGIs).

Ex: Umanganda meetings between citizens and providers/ managers to register complaints, provide input on solutions, and receive reports on improvements

Strengths: Government leverages local processes and incorporates them into the formal health system as part of the institutionalized SA activities.

Weakness: Platforms vary in structure and are not all consistently documented and tracked in a central database to be easily accessible or monitored

SA through QA & Community Health Action in Malawi

National level: Government Quality Assurance policy includes **ombudsperson** for all facilities to improve QoC.

Community level: National Community Health Strategy established **local community bodies** to guide SA practices at community level.

“Social accountability structures enable community members to play an active role in monitoring services through facility-focused bodies, which serve as a link between the health center and the community”

Ex. Govt established community scorecards for oversight of service performance; regular meetings with Ombudsmen, reps on local councils to promote dialogue

Strengths: Operationalizing complementary policies have institutionalized bodies at national, subnational, and community level with SA responsibilities to promote and facilitate community engagement, collaboration, communication and oversight.

Weaknesses: Lack of a monitoring data; political agendas at the national level hide problems rather than resolve them; and decreasing levels of consistency and follow-up on service complaints and performance reports to reach regional/ national levels.

Moving Beyond Projects: Institutionalizing SA

Assessment score: Malawi (69%) and Rwanda (71%) Development Maturity

Positives

- Decisive government leadership on MDG/SDGs (Malawi); National context (Rwanda)
- Bottom-up community activism (Malawi); Use of traditional mechanisms to institutionalize community voice and engagement (Rwanda)

Challenges

- Low transparency of data, especially related to problems;
- Insufficient incentives (and obligation to respond/redress)
- Inconsistency across localities due to monitoring and follow up

Key lessons learned

- Managers challenged to act on complaints against providers that are overburdened and poorly incentivized
- Grievance process should be used to inform systems improvements & resolve root causes that drive gaps, not only address immediate performance

Connecting Stakeholders. Prioritizing Questions. Delivering Evidence. Informing Action.

We acknowledge support from the Health Evaluation and Applied Research Development Project funded by United States Agency for International Development (USAID) under cooperative agreement AID-OAA-A-17-00002. The project team includes prime recipient, University Research Co., LLC (URC) and sub-recipient organizations. The information provided in this presentation is not official U.S. Government information and does not represent the views or positions of the U.S. Agency for International Development or the U.S. Government



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