

Strengthening Social Accountability to Improve Reproductive Health and Family Planning Services

Engaging communities for enhanced social accountability to improve uptake of Reproductive Health and Family Planning Services: Lessons from West Africa

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INTRODUCTION AND OBJECTIVE

Social accountability in the health sector seeks to improve health service quality, delivery and outcomes by applying a wide range of approaches, tools, and methods; including information about user rights, entitlements to client exit interviews, and participatory budget exercises, (Malena, et al., 2004). In West Africa, Breakthrough ACTION implements community initiatives to increase the use of reproductive health and family planning services under two projects: West Africa Breakthrough ACTION (WABA) and Resilience in the Sahel Enhanced (RISE II).

METHODS

The WABA and RISE II interventions implemented similar community engagement approaches, rooted in the Community Action Cycle (CAC, figure 1) in Burkina Faso, Cote d'Ivoire, Niger, and Togo. Both approaches focused on problem solving through community collective action which created an opportunity to incorporate social accountability within communities and between health service providers and community members.

WABA Community Dialogues, Site Walkthroughs, and Action Plans.

WABA, in collaboration with the Amplify-FP project, worked with Ministries of Health to support 135 health facilities to conduct community engagement activities. District health officials formed a core district multisectoral committee that managed the community engagement and FP service quality improvement process. Together with communities, the team

- defined priority topics and facilitated community dialogues in 19 health districts with over 100 health service providers and local citizens to identify both health provider and patient barriers to the uptake of services
- conducted health facility walk throughs to help them understand the conditions health workers face at their workplace.
- reviewed the challenges identified and jointly drafted a community action plan
- conducted regular check-ins with committees and stakeholders in the health catchment areas

RISE II Community Action Cycle (CAC): RISE II supported six USAID implementing partners to implement the CAC process to address Health issues. The multi-sectoral district Community Mobilization Team conducted the following activities:

- held over 100 community entry meetings attended by 14,000 people (over half of which are women) from 80 communities
- conducted three-day community workshops with community groups and champions to identify and prioritize problems
- helped stakeholders in Niger develop health center community action plans. In Burkina Faso, each village developed an action plan, by the broader community and district officials.
- through the CAC process, communities committed to hold each party accountable to their promises
- coached and supervised the health committee and community in fulfilling these actions
- amplified findings through community radio and other community media



Pregnant women from Téké, Lihidda, and Guida Rouwa in Niger board the ambulance canoe purchased by the health committee to attend antenatal care at Elkolta integrated health center in Maradi. Photo credit: Souley Ibrahim, Breakthrough ACTION

RESULTS

Improved relationships between health service providers, community leaders, and community members to drive collective action and increased accountability toward one another was evident.

Across the four countries, communities contributed ideas, raised funds and in-kind donations to address the low uptake of FP/RH services, as illustrated in the examples below:

- **Togo:** Communities raised over US\$ 20,000 to repair health facility buildings, purchase essential equipment and medical supplies (e.g., oxygen cylinders, wheelchairs)
- **Burkina Faso:** Communities raised over US\$ 50,000 to reorganize health centers to improve clients' privacy and experience purchase equipment, and to cover community health workers transportation and lunch allowances for outreach services
- **Niger:** Communities mobilized in-kind and financial resources valued at almost US\$ 100,000 to construct private labor and delivery rooms, improve electricity and water supply at the health centers, and build houses for staff to be onsite. Some health committees advocated with the local municipalities to purchase health facility equipment, and others implemented transportation schemes (ambulances and boats) to support travel to various FP/RH health facilities
- **Côte d'Ivoire:** Communities raised over US\$ 60,000 to build perimeter walls, supply electricity, and repaint and rebuild sections of dilapidated health centers



Donation from the municipality Wacha in Niger to its health facilities after advocacy from the health committees. Photo credit: Amadou Habou, Mayor, Wacha commune

CONCLUSIONS

Social accountability approaches use civic engagement and community participation to empower responsible citizens and organizations to improve service delivery that, in turn, improves health outcomes. Further, building a shared understanding of effective community engagement interventions and standards may enhance social accountability as part of SBC and health system programming.