Assessing voice and accountability (V&A) in health population and nutrition sector development programme (HPNSDP), 2011-16

Call Down for DFID Bangladesh
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Review Team

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Objectives

Provide input to the HPNSDP Annual Programme Review in September 2013 on opportunities and options to enhance “voice and accountability” (V&A) in the health sector programme through:

- Mapping current V&A initiatives, including those initiated outside the GOB structures, that build upon the scope of the health sector programme;
- Preparing case studies with analysis of the strengths and limitations of influential V&A initiatives and the circumstances, factors and levers that increase their effectiveness and impact; and
- Identifying feasible and constructive lessons learned and recommendations on V&A of relevance to HPNSDP and to DFID health sector programming in Bangladesh.
Methods

- Key Informant Interviews
- Meetings
- Visits
- International Literature Search and Summary (conducted by IDS)
Main Case Studies

- SMPP / CARE Activities in Narsingdi
- MJF Activities in Narsingdi
- SMPP / CARE Activities in Satkhira
- TIB Activities in Mymensingh and Madhupur
- PLAN Activities in Gazipur
- MNHI Activities in Jamalpur
MOHFW Perspective

• Accountability
  – Strong Accountability Framework – vertical and horizontal
  – Compliance needs to be improved
  – High Level of Out of Pocket Expenditure

• Voice
  – Broader societal changes are promoting voice
  – Accepted that previous engagement of citizens was more about compliance than participation
  – The government now has a vision on the supply side of a respected client who feels happy with the service provider

• Community Clinics
  – Most significant current initiative – 40,000+ citizen groups
  – 13,240 CHCPs appointed
  – Key Roles in Governance, Support, and Advocacy for CCMGs and CSGs
MOHFW Innovations

- **Technology**
  - Tablet for every community health worker
  - Laptop computer in each community clinic
  - SMS suggestion system

- **Applications**
  - Tracking location of staff
  - Needs assessment and disease surveillance
  - Tracking of key indicators for maternal and child health
  - Electronic patient registration
  - Teleconferencing
  - E-learning and health promotion material

- **Impact**
  - Bringing diverse providers together for 2 weekly update of information
  - Information and performance profiles available simultaneously at all levels
  - Rapid response to problems and potential for analysis of common and recurrent problems

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Development Partner Perspectives

- Disillusion and disappointment with Government
- Some inclined towards naming and shaming
- “Their” agenda of a stakeholder analysis not followed
- General lack of appreciation of extent of government initiatives
- Seeing V and A as a “good” in itself
- Specific group not engaged with key government players
The most significant single initiative is that of the Government of Bangladesh in revitalising Community Clinics throughout the country. In addition, the MOHFW is leading a number of initiatives aimed at strengthening the voice of citizens. These include the Charter of Rights, Women Friendly Hospitals, and Local Level Planning (LLP).

The existence of these government initiatives provides the context for other DP supported and NGO delivered interventions.

- GAVI Health Systems Strengthening Programme in eleven Districts, to be extended to a further nineteen
- Maternal and Newborn Health Initiative including voice elements implemented jointly with the government by UNFPA, UNICEF and WHO
- Initiatives by NGOs independently seeking to mobilise community voices with health as one of a number of contexts
- Initiatives aimed at increasing the information available to individual citizens and organisations
- Initiative on the “demand side” to put purchasing power for services directly in the hands of clients
- Initiatives that separate the role of purchaser and provider and make use of a contract as the means of accountability and potential community influence

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Synthesis of Lessons (1)

- CCMGs, CSGs, and hospital related citizen groups need up to three years third party support to become sustainable. Sustainability plans need to be implemented from the outset of support and use of graduation indicators to track progress.
- MOHFW and MOLG need a joint plan to make all CCMGs and CSGs effective at least at a minimal level. This plan should then be supported by Donors and NGOs.
- Role of local government elected officials including women councillors is vital to success of voice and accountability initiatives at the community level.
- Tensions and fears about motivation of “voice and accountability” initiatives can be reduced when such initiatives are clearly integrated with service delivery improvement programmes and make better sense to all stakeholders.
- Cross party consensus on future of community based health services would assist forward planning of services and reduce the sense of politicisation of the revitalisation programme.
Synthesis of Lessons (2)

- There are many good examples of flexible use of discretionary funds and these examples should be shared.

- Now that there is a growing body of organised demand for better services, the MOHFW and MOLG need to consider how this can be matched with enhanced supply side capability with community level support (e.g. for transportation).

- Elite participation in community structures fits with the cultural reality but 3rd Parties need to be active in promoting the voices of the general citizenry.

- Seeing that problems are tackled and solved is the key to maintaining citizen participation and their own material support. However, NGOs should be careful not to support unsustainable service delivery improvements.

- Third parties have a key role as “route finders” through complex systems and relationships.

- There are many examples of good tools for participations and these should be synthesised and shared with all groups.
There is a credible vertical and horizontal accountability framework for public health services; and legitimised space within which NGOs and CSOs can work.

Government recognises the weakness of on ground reality and is likely to favour voice and accountability initiatives that also enhance functioning of service delivery.

Government is concerned about the high level of individual out-of-pocket expenditure.

Words “voice and accountability” can be a barrier to political acceptability.
Initial Conclusions (2)

- Perils of the election period
- Opportunities in an election period
- Strategies for continuity of substance of promising initiatives
- Strengthening of countervailing institutions to help reduce discontinuities
- Better informed policy process should be encouraged through and beyond the election period
- Need for more appropriate roles for MPs
Initial Conclusions (3)

- Economic Growth, and more cash in hands of the rural poor, increases potential strength of citizen voices
- New Technologies and Short Routes offer new opportunities
- Decentralisation and power of discretionary funds should be exploited
- Role of think tanks – digestible evidence for political representatives and others
- Maturing of the media
- Third Parties essential – sustainability at low levels of support
In a health system performing well with low resourcing a case needs to be made positively for enhanced citizen participation

Clinical professionals are not well prepared to understand positive contributions enabled by individual and community participation

All the more so if such participation is explained in terms of tackling their corruption and indiscipline

Local level Planning is tokenistic because of too long a route from plans to improvement

MOHFW not designed as a community development Ministry

Not only is the Community Clinic initiative important because of its widespread and government led characteristics but also because it creates an opportunity for easily observed and welcomed mutual benefits rather than antagonistic relationships

Hospital initiatives are currently likely to have more impact at the lower levels and if HMCs are revitalised
Areas for Recommendations

- Taking to scale support to CCMGs and CSGs
- Support MOHFW technological innovations helping to put more information in hands of citizens and decision makers
- Adding to discretionary funds available at local level to improve service delivery and sustain interest in participation
- Support to strengthening of formal hospital structures (HMCs) and to citizen groups at the Upazila Health Complex level
- Support to think tank organisations shifting emphasis to easily digestible policy briefs
- Identification and dissemination of key tools and methodologies for citizen participation