It all starts in the community: Social accountability

Simavi aims to structurally improve the health of ten million people in low and middle-income countries. Therefore we are working in marginalised communities on Water, Sanitation and Hygiene (WASH) and Sexual and Reproductive Health and Rights (SRHR). Our programmes focus on getting WASH and SRHR services in place; empowering communities to demand quality services and to practice healthy behaviour; and creating an enabling environment, consisting of groups from government, private sector and NGOs.

Advocacy
Advocacy is an indispensable element in Simavi’s Theory of Change. Together with our partners, we promote the recognition of WASH and SRHR within the new United Nations Development Framework: we participate in global networks such as Sanitation and Water for All and we bring private sector groups and NGOs together to come up with sustainable solutions. More specifically, we advocate with the Dutch government in order to maintain the country’s lead position on WASH and SRHR, and we collaborate with our partner organizations to keep their national governments accountable for adequate policies, laws and investments in WASH and SRHR. But it all starts in the community. This is where knowledge, empowerment and mobilisation lead to greater accountability between communities, service providers and governments - indispensable to improving access to WASH and SRHR services.

Social accountability
Simavi’s advocacy strategy at community level has a specific focus on social accountability. Social accountability is an interactive process that aims to increase citizen influence (voice) and to strengthen the response of the local WASH and SRHR providers and decision-makers. Social accountability breaks social and systemic barriers in contexts where national policies seem to be adequate, but where, in reality, these policies are insufficiently implemented and where inequality prevails. Communities are mobilised and empowered to understand their right to, for example, clean water or a safe and staffed birth facility. Knowing their rights and being aware of effective methods to voice their needs, helps communities to create an environment where governments and service providers implement policies and improve services. This contributes to structural improvements in WASH and SRHR, and less inequality.
Community Based Monitoring India

To promote access to sexual and reproductive health (SRH) services in the Indian state of Orissa, Simavi brings together people, health workers and decision makers in village health committees. In addition to informing people about their rights to SRH services and when to use these services, the committees are the perfect social accountability platform to monitor the availability and quality of services. Through these committees, local governments can be held accountable to ensure women have access to contraceptives and can give birth in a safe and clean health facility.

Problem
In India, local governments are responsible for organizing and providing standard SRH packages to communities. Such SRH packages include important services such as health education, ante-natal care for pregnant women and information about family planning. In reality however, these services are often not provided; services do not match the people’s needs; or their quality is low. As a consequence, India has in absolute terms the highest maternal mortality in the world, particularly in remote and rural areas. Few women get appropriate check ups and many women give birth to their child at home. Although national and State level policies are comprehensive and target these well-known SRH-problems, implementation at local level lags behind.

Community Based Monitoring
To address this problem, it is important to close the gap between SRH services and communities. Making people aware of their entitlements, mobilizing them and letting them demand improvements in the delivery of SRH services are essential for reducing maternal mortality, the unmet need for family planning and other SRHR problems. Hence, Simavi sets up village health committees with representation of villagers, local governments, health providers and mother support groups, which specifically focus on SRHR. They are trained to use a Community Based Monitoring tool to analyze the state of SRH services in the village. On a monthly basis, village health workers and groups of local women come together to rate the availability of SRH services. They discuss whether they meet the people’s needs and how these services should be improved. For instance, score cards measure the number of immunization campaigns organized in a month, the number of mothers and children who received supplementary nutrition, how many deliveries took place in the health facility, as well as the availability of contraceptives.

Results
As a result of the systematic approach of village health committees and mother support groups, the provision of standard SRH packages to the villages has improved: At the start of the programme in 2011, 16 local health facilities had an average score of 1.8 out of 10, which increased to 5.6 in 2013. The biggest achievement concerned the regular outreach services, which ensured that more people use modern contraceptives and antenatal care, and more Sexually Transmitted Infections (STI) are treated. Moreover, Community Based Monitoring made it possible to advocate with the government to extend the range of provided services within the SRH packages. While initially it only contained immunization services, today the package includes ante-natal care, family planning counseling, distribution of contraceptives and reproductive health education sessions for youth.