



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 Dialogue Kenya

The Community Dialogue method that Simavi applies in the Western and Nyanza province of Kenya is a great example of social accountability. Although several initiatives have been undertaken to improve SRHR in the region, it still exhibits some of the worst indicators in the country: high number of teenage pregnancies, unsafe abortions and high HIV prevalence. To improve this situation, Simavi enhances contact between communities, local governments and formal health care. The goal is to improve the match between supply and demand, and to keep local governments accountable.

Problem

Despite the existence of a strong community health policy in Kenya, a number of social and systemic barriers prevent its adequate implementation. One problem is insufficient communication and understanding between service providers and clients. The culture of dominance among service providers against that of silence among clients, makes it difficult for the needs of the communities to be heard. Unfriendly treatment on the side of health providers makes clients think twice to attend the health facility again, which leads to unsafe home-births and lack of access to or appropriate use of contraceptives. Moreover, local governments insufficiently take the lead to finance health facilities and enforce existing health policies, for instance to make services youth-friendly, organize the timely supply of contraceptives or push for emergency transport for women in labour.

Community Dialogue

To ensure an effective partnership Simavi establishes health committees where communities, health facilities and local governments are represented. Community Health Workers (CHWs) who are volunteers are the linking-pin as they voice the needs of the community in the health committee.

The Community Dialogue process involves the displaying of information collected from the health facilities and CHWs to clearly depict the current health situation. After visualising the problems, discussion leads to identification of clear action and consensus. For instance, health facility staff might be unhappy about the late attendance by women in labour, leading to complications and even deaths, while the community might be unhappy about the opening times of the

facility and the lack of leadership by the local government. A plan is formulated indicating actions, targets and responsibilities. During the next dialogue session progress is discussed and those responsible are held accountable.

Results

The Community Dialogue has shown to be effective in facilitating access to health services as it brings together all relevant stakeholders, each in their own role and responsibility. Through this engagement, they jointly address their problems, and improve demand for and supply of health services.

Concrete results of this method in Kenya are:

- Mobilisation of resources for the construction of laboratories, maternity wings, toilets and water tanks in health facilities;
- Improvement in the performance of the health facility governance committees, improved decision-making processes and greater accountability;
- Health facilities have annual health plans in place, have extended opening hours and have extra doctors available in remote areas;
- Improvements in service delivery of the health facilities regarding staff friendliness, availability of drugs, waiting time and physical facilities' cleanliness and privacy.

These results show that improving SRHR and effective implementation of health policies, start in the community in collaboration with local health services and governments. Together with our partners in Kenya, Simavi advocates with the Kenyan government to apply social accountability methods to improve SRHR in the country. With a clear result: the Ministry of Health adopted social accountability in its own Community Health Strategy.