



photos: Geert Snoeiier

Speak up for your Sexual and Reproductive Health and Rights Social Accountability

Significant improvements have been made in recent years regarding sexual and reproductive health and rights (SRHR). However, there is still a long way to go before SRHR are realised for all. Young people, particularly those who are unmarried, still face multiple barriers to accessing information about sexuality, family planning and services such as access to contraceptives. For example, every girl and woman in the world has the right to decide if, when and where to have children, yet more than 220 million women in the developing world who don't want to get pregnant are unable to use modern contraception. This is an unacceptable violation of a basic human right – and one that we're working hard to address.

Although numerous international and national commitments to SRHR exist, controversy surrounding key sexual and reproductive rights issues has created significant gaps in legislation and action. Furthermore, weak government accountability has resulted in an insufficient implementation of policies and commitments to ensure that sexual and reproductive health and rights are fulfilled. However, this can change. Empowered communities and advocacy by civil society organisations can play a key role in stimulating the systematic and institutional revolution needed to ensure people have access to the SRHR services they need.

Simavi works to empower communities to understand and claim their sexual and reproductive health and rights, and demand services that meet their needs. Our experience in marginalised communities in Africa and Asia has taught us that creating an enabling environment that is supportive to meeting these needs and rights, is an essential step in achieving improved SRHR for all.

How to increase social accountability

Simavi's approach

Simavi's advocacy strategy at community level focuses on social accountability. This is an interactive process with three steps:

- 1 Increase citizen influence to ensure improved access to SRHR services;
- 2 Strengthen the capacity of local health service providers and decision-makers to meet citizens' SRHR needs;
- 3 Advocate for adequate SRHR policies, laws and investments.

By working and communicating with each other, communities, authorities and service providers come together to break down social barriers and improve ineffective SRHR policies.

The first step is to make people speak up for their sexual and reproductive health and rights (such as access to good maternal health care and comprehensive education), while simultaneously identifying gaps in service provision (such as the availability of clinics, trained nurses). Together with our local partners, we empower communities to gather data and evidence that can be used to hold health service providers and local authorities to account. At the same time, local authorities are trained on national policies and encouraged to enter into dialogue with communities on SRHR. We build platforms where relevant stakeholders can come together to discuss the current situation and how it can be improved. These meetings help create a supportive and enabling environment in which every stakeholder works together to realise concrete objectives.

Each of our social accountability strategies is implemented according to the needs of the community. Here are a few examples:

Community Scoring Cards

Community Scoring Cards monitor and assess the quality of health services, based on key indicators generated by communities themselves. The data collected using these scoring cards supports evidence-based advocacy to encourage constructive dialogue and joint priority setting with service providers and national government officials. For example, in northern Ghana, Community Health Committees monitor indicators such as the availability of general health services, the availability of drugs and contraceptives, the (continuous) presence of health staff (including midwives), and the quality and frequency of outreach services. Concrete results achieved through this method include free ambulance services for pregnant women in labour, reduced waiting times in health facilities, renovation of health facilities and 24-hour service delivery.

Community Dialogue

The Community Dialogue model is used to enhance communication



between communities, government and health service providers. Data is collected from local health facilities and community health workers and used as a basis to advocate for improved services. To facilitate dissemination and discussion of these findings, Simavi establishes health committees featuring representatives of communities, service providers and government health authorities that identify problems and discuss potential solutions. Enabling an open dialogue between key stakeholders has proven effective in facilitating access to health services. In Kenya, for example, health facilities have extended opening hours and made extra doctors available in remote areas. Furthermore, as a result of our advocacy, the Kenyan Ministry of Health has integrated social accountability into its Community Health Strategy.

Community Based Monitoring

Community Based Monitoring is used to hold governments to account to ensure everyone, but particularly women, have access to essential sexual and reproductive health services. On village level, Simavi and its local partners establish health committees that are trained to use a monitoring tool to analyse the state of SRH services in the community. For example, in India, maternal mortality audits showed that the actual number of women dying during of after pregnancy was much higher than official figures stated. This evidence was used to advocate for improved service delivery in the community.

Impact of our work

As a result of our training and use of advocacy tools, communities are able to demand and claim their rights. Local authorities have a clear idea of the needs and situation of marginalised communities. As a result of their collaborations, communities have direct contact with health service providers and authorities at local and national levels.

By asserting their rights to sexual and reproductive health services, communities can call for - and receive - an improved quality of service delivery in primary health facilities. In return, local authorities are encouraged to show increased transparency towards citizens, leading to improved governance and accountability, a vital first step towards basic health.

Increased access to SRHR services and information, such as family planning, ensures couples can make informed decisions on pregnancy and contraception. This is particularly important for women, who bear the primary responsibility for reproduction, whilst lacking decision-making power. When women are economically and socially empowered, they enjoy increased opportunities to contribute on an equal level to the health and productivity of families and communities. This is a crucial step in improving economic prospects for future generations of women and helping the development of communities and countries.



Photo: Jerry de Mars

Case Study: Raising voices through Maternal Mortality Audits in India, 2011-2015

In many of Simavi's intervention countries, maternal mortality (women who die during pregnancy or within 42 days of the termination of pregnancy) is a leading cause of female death. However, accurate information on maternal mortality rates is often missing; even in countries with adequate civil registration systems, studies have revealed that approximately 50% of maternal deaths go unreported due to misclassification.

Simavi uses Maternal Mortality Audits as a key tool to increase women's participation and help raise their voices for service delivery that meets their needs and rights. Simavi worked together with local partner NEEDS in Deoghar district, Jharkhand, to develop a system of community-based maternal death audits to map the actual number of maternal deaths in the area. These audits were used to: (1) identify maternal deaths and their causes, (2) understand institutional mechanisms and practices that lead to maternal health problems, (3) understand community practices that contribute to this problem, (4) encourage communities to advocate for solutions to improve maternal health with service providers and local government.

A group of 18 local volunteers were trained to use verbal autopsy forms, conduct in-depth interviews and focus group discussions. As a result of their research, the team identified a total of 40 death cases for investigation. After being reviewed, it appeared that several cases of these maternal deaths had not been reported in the official health statistics. By extrapolating the figure and comparing it to state figures from the census for that year (2011), it was found the maternal mortality rate for this sub-district was actually four times higher than the official figure.

The findings were presented to local health authorities and service providers. As a result, ambulance services were organised and put in place within a week. Furthermore, ambulance services and their contact telephone numbers were mapped so that community members, frontline workers and health workers could reach ambulance services instantly. Moreover, NEEDS started a state-level Maternal Death Review Committee, including government officials, media representatives and local CSOs, to monitor the quality of policy implementation and engage relevant policymakers for action.

The successful application of this strategy has resulted in concrete action that will save more lives of pregnant women in rural communities in India now and in the future.

Health is the first step out of poverty



About Simavi

Simavi is an international non-profit organisation working towards a world in which basic health is accessible to all. Our goal is to structurally improve the basic health of 10 million people in marginalised communities in Africa and Asia by 2020. By doing so, we enable them to build a better existence and break the cycle of poverty.

Our experience over the past ninety years has shown us that investing in water, sanitation and hygiene (WASH) and in sexual and reproductive health and rights (SRHR) is vital for people to be able to lead a healthy life. Therefore we concentrate our efforts in these two areas.

Theory of Change

All our programmes are based on three integrated pillars:

- 1 Empower communities to demand quality services and to practice healthy behaviour;
- 2 Create a supportive, enabling environment in which all stakeholders are aware of their roles and responsibilities, work together and can be held accountable;
- 3 Ensure that people use affordable, suitable and sustainable SRHR and WASH services.

This is the core of our Theory of Change – it's designed to ensure that everyone involved, from community to governmental levels, works together towards realising sustainable improvement of basic health.

In the many years Simavi has been active, we've built up an extensive network of reliable and capable local partners and gathered a deep understanding of the religious, ethical and cultural sensitivities within every community we work with. This is crucial to realise sustainable change.

We know how to build the capacity of local partners to make sure that the community's demands are voiced to regional, national and international influential stakeholders, according to the law, legislation and regulation of the countries we work in.

We've established extensive local and international networks in SRHR and WASH, and beyond. We believe that the interaction between these different stakeholders is crucial to learn from each other and to make sure that expertise and experience of our local partners are shared at international SRHR and WASH conferences, as this enables the southern voice in the international debate. In this way we create new synergies and partnerships within our networks, bringing together partners whose expertise complements each other with one goal: to facilitate more people enjoying basic health.