

Strengthening voice and accountability in the health sector

The absence of drugs and vital equipment in health facilities – as well as understaffing, poor staff attitudes, and a distrust of staff competence – can have a profound effect on perceptions in the community of the quality of services and on the willingness of individuals to seek care. The end result is often that motivation to use health facilities is very low. Unfortunately, there may be few opportunities for citizens to influence and ensure the responsiveness of services. Formal mechanisms through which citizens can voice their concerns about the quality of health services may not exist, and there may be no tradition of challenging poor performance.

Even where health providers and policy-makers are committed to improving performance, their capacity to do so effectively may be constrained because of the weakness of incentives or poor capacity to monitor service delivery. As a result, it is common for gaps to exist between policy commitments to the delivery of responsive health services and their implementation. Within contexts of health sector reform, there is a challenge to find practical and locally appropriate ways, that can be institutionalised and sustained, to address issues of voice, accountability and responsiveness, and to make necessary changes at policy level.

Examples of ways in which to do this include:

- Creating the pre-conditions for voice and accountability initiatives to flourish, through appropriate health legislation and policy
- Introducing supply-side interventions (for example, patient charters, quality recognition schemes, and health reform consultation forums)
- Supporting joint government–civil society initiatives (for example, facility health committees)
- Supporting citizen-led initiatives (for example, independent monitoring of performance by civil society organisations).

Health Partners International's role in strengthening voice and accountability

Using some of these methods, Health Partners International has been involved in the design, ongoing support to, and review of a variety of voice and accountability initiatives. These include:

- Strengthening policy commitments to community voice and accountability

- Increasing community involvement in the governance of health facilities
- Promoting community participation in management of sustainable drug supply systems
- Establishing mechanisms for client and community voice on service quality issues
- Contributing to the development of donor agency strategy on voice and accountability.

Examples of our work

- In **Ghana, Tanzania and Nigeria** we have used an innovative appraisal process, Peer and Participatory Rapid Health Appraisal for Action (PPRHAA), to assess how well health facilities and health departments are functioning. PPRHAA has proved to be an effective tool for managing change, even in contexts where health systems are widely perceived to be dysfunctional. PPRHAA provides a formal mechanism through which client and community views of services, and their preferred solutions to identified problems, can feed into the appraisal process. Clients and communities are routinely consulted during the annual appraisal process, and community representatives are invited by regional or local governments to attend 'appraisal summits', where action plans for improving service delivery are agreed. In contexts where few opportunities previously existed for communities to have a say about the quality of health services, PPRHAA has established a formal and practical mechanism through which health managers, providers and communities can engage in dialogue on how to address priority health challenges.
- In Kaduna state, **Nigeria**, Health Partners was involved in the design, and is supporting implementation of, an initiative that aims to strengthen the capacity of health committees so that they can play an active role in ensuring better health for all the community. These health committees, comprising community and health facility representatives, have existed for a number of years in the country, but many have fallen into inactivity. With our support, the State Ministry of Health is working in partnership with the Ministries of Women's Affairs and Local Government to implement the initiative.

The support in capacity building given to the health committees has focused on what it means to represent community views, and how to effectively lobby health managers and elected representatives to ensure that health issues remain on local political agendas. The

health committees have also been trained to undertake their own surveys of community perceptions of the quality of health services, and to work closely with their local health facility to find solutions to any problems they identify. In a context where accountability of health providers downwards to communities is extremely weak, this initiative holds much promise for ensuring that communities have a stronger voice in the delivery of an essential public service. It is hoped that over time services will become more responsive to client needs, and that utilisation rates will increase.

- The lack of drugs in public health facilities is one of the primary reasons for which people choose not to access government health services in **Nigeria**. Health Partners is part of a consortium that is supporting Ministries of Health in six states to introduce Drug Revolving Funds (DRFs) at primary and secondary health care levels. By charging a modest fee for drugs, these schemes are able to replenish their drug stocks, ensuring that consumers do not have to purchase drugs of dubious quality on the open market. Local communities have selected their own representatives to participate on the DRF Committees, and are actively involved in managing and monitoring the drugs schemes. Community involvement on the DRF Committees is helping to restore public confidence in public health facilities, and is encouraging communities to demand improvements to other aspects of service delivery. DRF schemes are currently being rolled out in other states, and DRF models, approaches and lessons learned are being widely disseminated at national level.
- Also in **Nigeria**, communities in Jigawa and Ekiti states have been involved in the management of health 'safety net' schemes. Designed and supported by Health Partners, these schemes aim to ensure that the very poor have equal access to essential health care. Communities, including traditional leaders, have been actively involved in managing the schemes. The community defines the criteria that determine who will benefit from the safety net, and helps ensure that potential beneficiaries are aware of the schemes, that deferrals and exemptions are appropriately targeted to the very poor, that deferral debts are repaid, and that sources of supplementary funding for the schemes are identified. Community involvement in the governance of these schemes is not only helping to ensure greater public awareness of the health-related needs of the very poor, but is also providing a platform for improved dialogue on health issues in general between health providers and the communities in the catchment area of participating health facilities.