

Joint Accountability for FP2020 Commitments:

An Innovative, Relationship-Based Approach to Stronger Implementation

The Challenge

At the 2012 London Summit for Family Planning, 69 countries signed commitments to scale up voluntary family planning services in order to reach 120 million more women and girls—a historic commitment known today as the Family Planning 2020 (FP2020) goals. Achieving the FP2020 goals will require ongoing, multi-level action to monitor progress and keep pressure on decision-makers to ensure pledges are honored in the face of competing demands on budgets, resources, and infrastructure.

Accountability systems comprise the processes for monitoring, analyzing, and improving performance of individuals and institutions, and as such are essential components of a health system (HPP, 2014). The effectiveness of accountability systems depends on the nature of the relationships between people and organizations (Brinkerhoff, 2004). Well-functioning linkages—spanning global, national, and local levels—enable diverse health system actors to collectively reach health goals such as FP2020.

The Approach

To this end, the Health Policy Plus (HP+) project, funded by the U.S. Agency for International Development (USAID), designed a four-phase approach that aimed to support locally driven



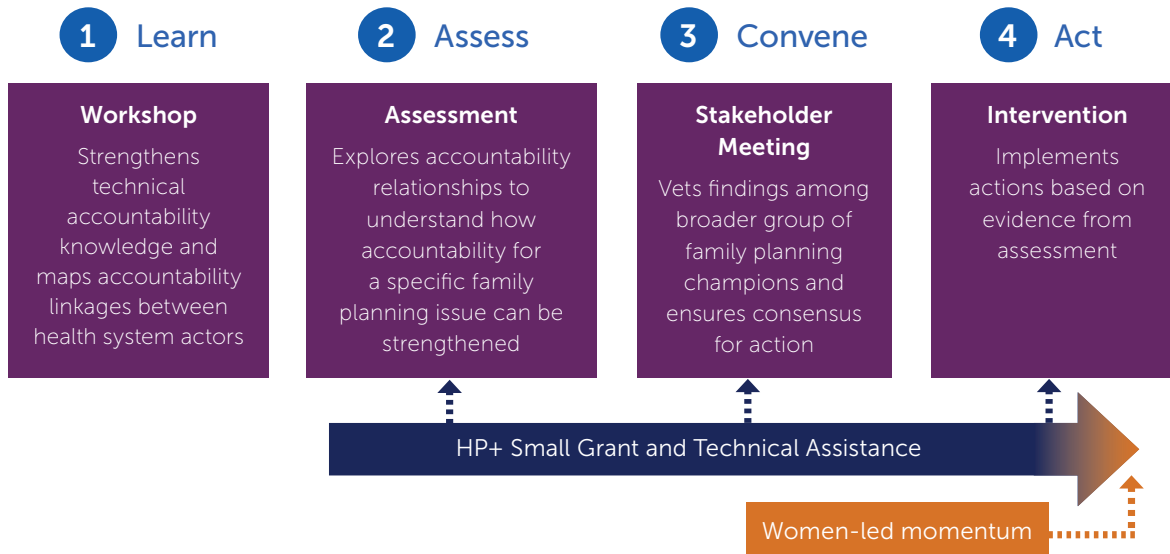
action to strengthen accountability relationships for family planning commitments (see Figure 1). HP+ worked with existing networks of women leaders in Kenya, Malawi, and Uganda to strengthen their capacity in accountability and support them to conduct participatory assessments of existing accountability linkages. Through skills-building workshops, each team prioritized one issue that was hindering their country's ability to reach its FP2020 goals. They then mapped the various stakeholders and the three types of accountability linkages among them (financial, programmatic, and political/democratic) related to the issue.

Country teams then conducted participatory assessments, which included semi-structured interviews with key pairs of health system actors to identify gaps and opportunities for improving accountability and addressing the priority issue. Country teams presented the findings to family planning stakeholders and reached broad consensus on opportunities for country-level advocacy and solutions to improve accountability.

HP+ held the first skills-building workshop in June 2015 and left time between subsequent country workshops to allow for methodology adaptation and improvement, as well as support learning and collaboration among the country teams. All teams fielded

their assessments, conducted stakeholder meetings, and completed follow-up activities by the end of August 2017. Synopses of each country's findings, recommendations, and initial actions are provided below.

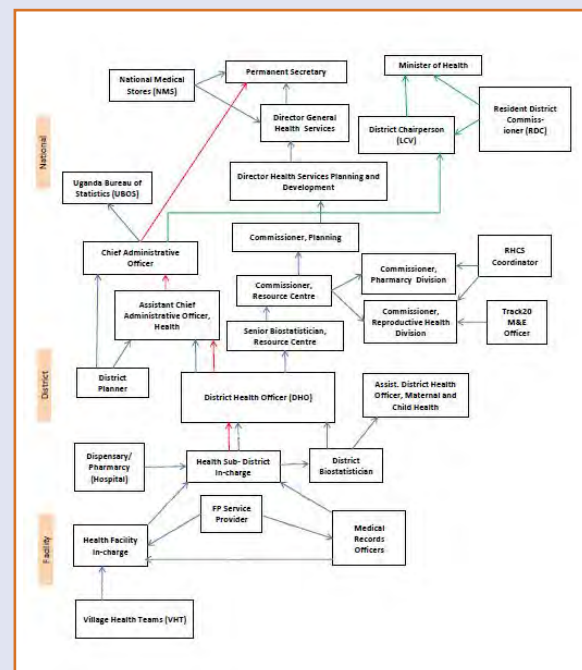
Figure 1. Four-Step Process to Support Locally Driven Action to Strengthen Accountability Relationships for Family Planning Commitments



UGANDA

Women leaders in Uganda agreed that quality data capture and reporting on family planning is a significant barrier to achieving FP2020 goals. After reviewing district health data, they opted to conduct their accountability assessment in Iganga.

The team conducted 14 interviews and found that high-level actors better understood health system roles and responsibilities than did their counterparts engaged in direct service delivery. Respondents noted that platforms to share information and engage in dialogue exist but are not consistently used; when the platforms are used, family planning data quality is not a priority. Key informants reported difficulty in enforcing data reporting standards for a variety of reasons, including lack of incentives for high-quality reporting and shortcomings in supportive supervision. Findings revealed



The Uganda team mapped accountability linkages related to quality family planning data capture and use.

further complications in enforcement because front-line service providers and village health team members, who are responsible for reporting family planning data, do not receive sufficient guidance about quality assurance. In addition, respondents reported a lack of clarity regarding chain of command and acknowledged that while sanctions exist, they are not consistently enforced.

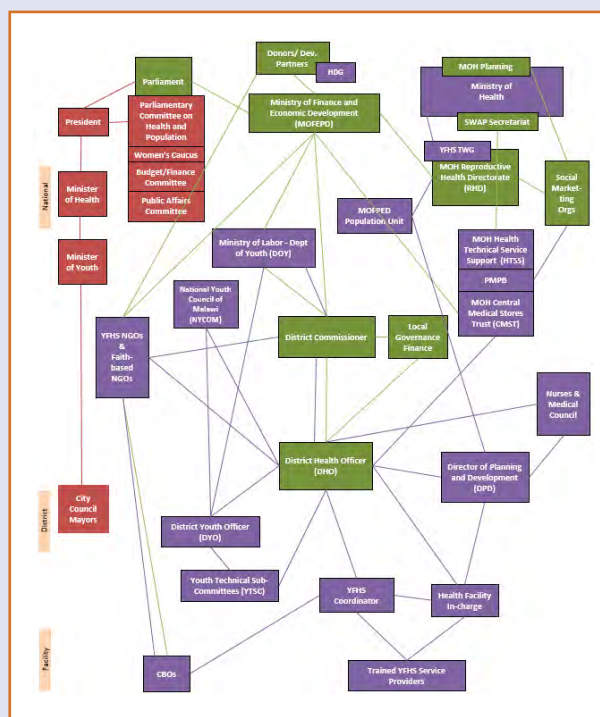
Key recommendations in Uganda included raising awareness among providers about family planning indicators as well as data collection and reporting issues; establishing routine family planning/reproductive health data review meetings; and providing opportunities for routine dialogue to improve data collection and use. As a result, district officials included data review meetings in their district action plans and hosted the women leaders to provide a training on family planning data, collection, and use for district officials and providers in Iganga.

MALAWI

While Malawi’s Youth-Friendly Health Services (YFHS) program has been in place since 2007, a review in 2014 revealed gaps in the quality of services and monitoring (Feyisetan, 2014). The 2015-16 Demographic Health Survey further highlighted the importance of strengthening efforts to reach young unmarried women with appropriate counseling and health services (NSO, 2017). Thus, the Malawi team focused on accountability for implementing the YFHS standards, which seek to ensure that health centers deliver high-quality and appropriate health services to youth.

The team conducted 12 key informant interviews that revealed inconsistent knowledge of actor roles and responsibilities. Some respondents cited unclear delegation of those roles and responsibilities as a barrier in implementing the YFHS standards. Findings show the YFHS had not been well-disseminated. Informants cited significant challenges to compliance due to insufficient resources (human and technological) for meeting YFHS reporting standards and a lack of feedback to those who do report. While incentives exist that encourage YFHS implementation in facilities, such as accreditation and awards, interviews revealed that these mechanisms are not well-understood. Similarly, many facility staff are not aware of sanctions, which are not consistently enforced.

In an effort to address these challenges in a meaningful way, stakeholders supported a two-pronged approach to improving YFHS implementation. The first was to invite Parliamentarians into the field to speak directly with facility staff and clients to enable the politicians to more effectively advocate for YFHS funding at the national level. The second approach aimed to support health facilities in one of the assessment districts to achieve YFHS certification by



The Malawi team mapped accountability linkages for implementing youth-friendly health services standards.

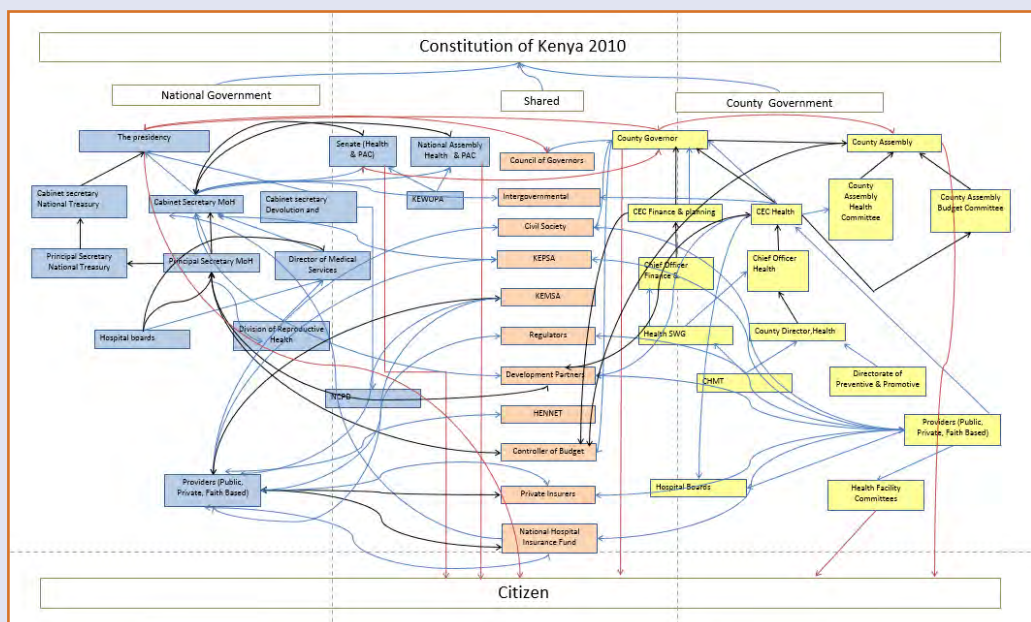
ensuring that staff understand and can satisfy certification requirements. As a follow-up, the women leaders presented their findings at a November 2017 national Interministerial Meeting on Youth, raising the visibility of implementation issues linked to insufficient accountability mechanisms and garnering interest in pursuing effective solutions.

KENYA

As a result of the Kenyan government's decision to decentralize—a move that included shifting responsibility for financing health to county governments—the Kenyan team chose to assess county-level accountability for allocations to family planning in county budgets. The team chose the county of Kilifi as an example of a region that had yet to take ownership of family planning funding. In Kilifi, only 3 out of every 10 women of reproductive age are using modern family planning methods, compared to the national average of 5 out of every 10 (MEASURE Evaluation, 2017).

The team conducted nine interviews in Kilifi that revealed that most of the critical actors understood the various roles and responsibilities with regard to budget allocation at the county level. However, respondents expressed difficulties in developing strong accountability relationships due to high levels of staff turnover, lack of a family planning budget line item to monitor, bureaucratic processes that often delay or complicate access to necessary information, and difficulties with addressing high-level issues.

The women leaders worked with stakeholders to develop recommendations in response to these challenges. One recommendation, the establishment of a line item for family planning spending to simplify budget tracking, has since been implemented. Participants also recommended adding modules on the local accountability system for family planning to staff onboarding trainings, including the specific accountability responsibilities that respective staff have. The team subsequently shared their findings and recommendations with the National Council for Population and Development, which stewards Kenya's progress toward FP2020 goals, and is currently seeking funding to develop guidance for new hires on county-level accountability systems for family planning.



In Kenya, the team mapped accountability linkages for allocations to family planning in county budgets.



Women leaders from Kenya, Malawi, and Uganda gathered in October 2017 to share learnings, suggest adaptations for future applications, and plan for next steps.

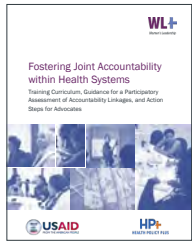
“We walked the journey, and this journey has been very empowering.”

– *Luciana Koske, Kenya*

The Way Forward

The piloting of this new approach demonstrated that galvanizing a diverse group of stakeholders to identify and develop local solutions to strengthen accountability for family planning is a promising practice. It opened windows to discuss and address accountability issues by looking through the lens of strengthening relationships rather than focusing on rooting out fraud and misconduct. Stakeholders at all levels demonstrated a willingness to participate and most came to see their own roles in a new way and as part of a larger whole. For the country teams, it was an empowering experience. The process also confirmed a need for increased capacity development to expand understanding of accountability and its utility for strengthening policy and program implementation to achieve health goals.

A training curriculum that includes tools and templates to conduct a participatory assessment of current gaps and opportunities for improving accountability of health outcomes is available on the [HP+ website](#).



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CONTACT US

Health Policy Plus
1331 Pennsylvania Ave NW, Suite 600
Washington, DC 20004
www.healthpolicyplus.com
policyinfo@thepalladiumgroup.com

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