Decentralisation, social accountability and family planning services

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Improving RH/FP services...

through social accountability

in contexts of decentralization
Methodology

- Findings from activities in 13 districts in Kenya, Tanzania and Uganda
- Timeframe: 2 years (2010 to 2011)
- Contract with external independent evaluator
- Face to face interviews, questionnaires, telephone interviews, review of reports
- Implementation by DSW, RHU, IED, Tanzania 4H
Improved Policies & budgets for RH/FP

- Increasing access to information
- Coalitions for stronger voice
- Civic education
- Dialogues
Outcomes: (2010 and 2011)

- **National**: Increased budgets, civil society input to MTEF, policies, strategies.

- **District**: increased budgets, RH/FP prioritization, new medical staff, building an operating theatre, establishment of youth friendly corners.

- **Village**: delivery bed, drug supplies, mobile FP services, blood donated to blood bank.
Outcomes: High Sustainability

• Working group on adolescent health created at Ministry level

• Health consultations incorporated into district work plans

• CSOs have strengthened their advocacy activities

• CSOs have incorporated civic education activities into their programmes
Lessons: community involvement

• Community participation is key
• Civic education: Strong civic awareness and action of citizenry is key
Lessons: access to information

• Strong information asymmetries in the health system

• Budgets and policies need to be explained to lay people
Lessons: Representative role of CSOs

• Why? CSOs are the main conduit between communities and government authorities

• Requires a civil society movement which has understood its advocacy role

• Challenges:
  • CSOs have a high staff turnover → loss of contacts and skills → intervention requires capacity building component
  • Calling on government to be transparent, requires transparency of CSOs
  • How to ensure the ownership of networks?
Lessons: External factors

- Working within government cycle
- Degree of decentralization differs in practice
- Community participation officially promoted
- CSO role officially acknowledged in government policies
- Bureaucracies hamper information gathering
- Intervention requires blessings in key ministries and by districts
Relevance of the intervention

• High acceptability, high participation and reactivity of stakeholders
• Non confrontational dialogue new for communities and decision makers → they demand for more.
Challenges

• Specialized jargon of budgeting in each country
• Intensive labor costs of doing the work at all levels
The Healthy Action project is implemented by DSW, RHU, IED and Tanzania 4H

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