Options

MARIE STOPES INTERNATIONAL
Children by choice, not chance

mani project
funded by the UK Department for International Development

MANI Learning Series

PROJECT BRIEF

2016

# MANI's approach to enhancing accountability for health in Bungoma county

## What is accountability?

'Accountability ensures that actions, decisions, programs, and policies made by public officials and other decision-makers are implemented, meet their stated objectives, and respond to the communities they aim to benefit.

In the context of RMNCH, the relationship between the state (from the national to local level) and its people is the most relevant. However, accountability can and should apply to all partners (e.g. donors, the private sector, multilateral organizations, NGOs) and not just governments. Accountability is about balancing engrained and unequal dynamics that exist between power-holders and those affected by their actions.'[i]

## Why is accountability important in the health sector?

Broadly speaking, accountability allows us to collectively work towards a shared goal of improved health outcomes through better decision-making, monitoring, feedback and action.

Years of World Bank research[ii] into public service delivery have shown that health services work for poor people when accountability is strong. While public spending on health is important, an increase in public spending alone is not sufficient to improve health outcomes for the poor. In fact, public spending disproportionality benefits the rich more than the poor: money fails to reach frontline service providers, and service quality is notoriously low for poor people. In order for services to work for poor people, clear lines of accountability must be in place.

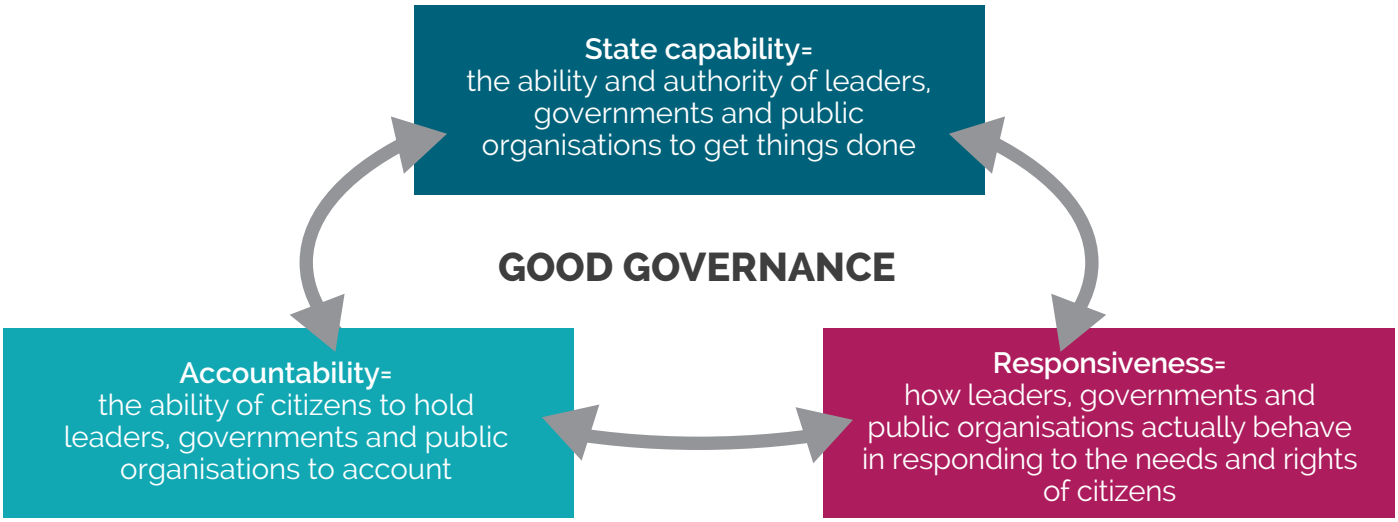
## Why is accountability important for MNH in Bungoma?

Kenya's decentralization is among the most rapid and ambitious devolution processes going on in the world[iii]. While devolution in the health sector brings the promise of improved efficiencies and outcomes, the path to reach these outcomes has presented many challenges that need to be rapidly addressed – often all at the same time. Misconceptions exist between roles and responsibilities at various levels, and this widespread confusion can be manipulated. Accountability and good governance are key pillars to the success of effective devolution for health in Kenya[iv], including Bungoma county.

In Bungoma county, the government has made a commitment to improving accountability in the health sector – as evidenced by the new County Health Strategic and Investment Road Map[v]. The county has an uphill task to build a high performing health system: the 2013 SARAM report ranked Bungoma last (47th out of 47 counties) on facility density, and 39th on the health workforce to population ratio[vi]. MNH service provision is a pillar of any functioning health system, and requires all of the system building blocks to work together harmoniously: emergency drugs must be readily available, appropriate financial resources must be free-flowing, and health care workers must be appropriately skilled, available and motivated. In order to deliver this mandate, the devolved health system in Bungoma must be efficient, effective and transparent.

## What is DFID's approach to understanding accountability?

From its work in good governance, DFID developed the CAR Framework (Capability, Accountability, Responsiveness)[vii]. This framework is important because it shows that accountability efforts need to be coupled with **capacity development** and **improved responsiveness** for outcomes to be attained. Advocacy alone is not sufficient to improve accountability in the absence of these corresponding efforts.




## What is the MANI project's approach to strengthening accountability in Bungoma?

The MANI project takes a holistic and systematic approach to strengthening accountability[viii]. We work at multiple levels during the life of the project, and strengthen systems that can function beyond the project period.

We believe that accountability is shared ownership and joint responsibility to continually MONITOR-REVIEW-ACT-RESPOND to improve health outcomes and meet health commitments. The use of evidence throughout this cycle is essential at all levels.

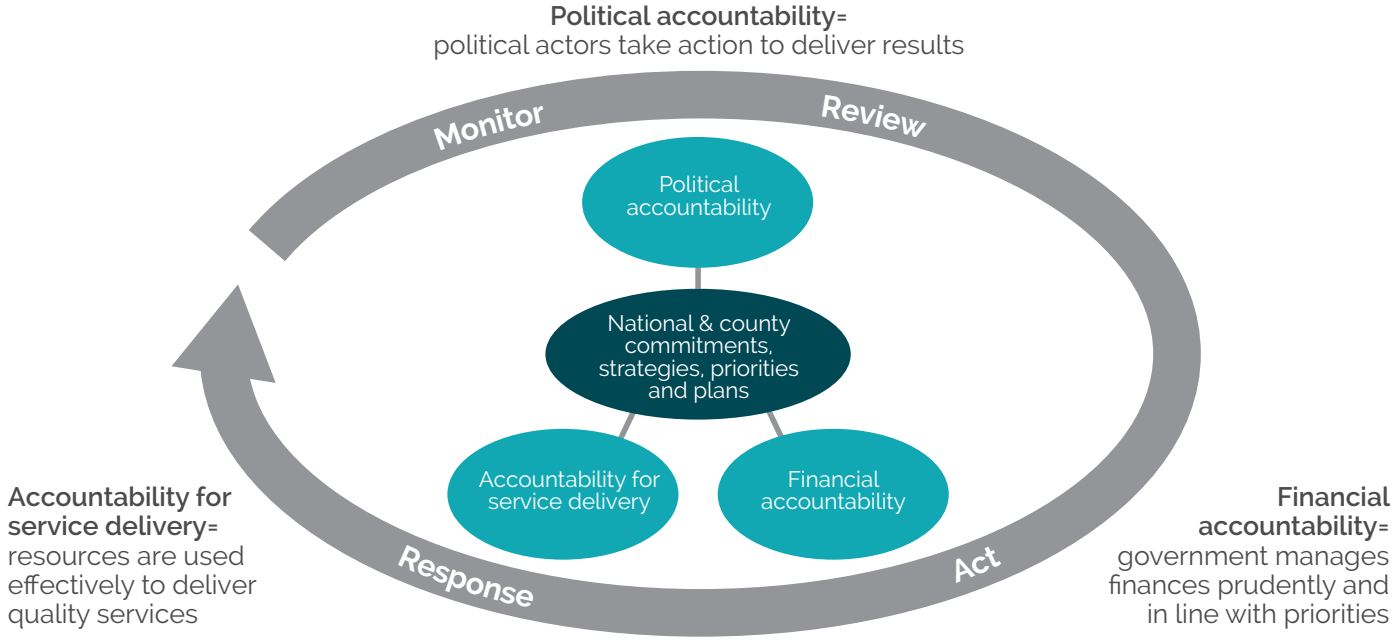
We strive to make our accountability efforts actionable and tangible – not abstract and theoretical. The goal is to strengthen the accountability of the state vis-à-vis its citizens in order to achieve results for poor women and their families.

We work across three dimensions of accountability: 1) Political, 2) Financial and 3) Service Delivery.

Some of MANI's interventions cut across more than one of these dimensions, and some interventions target various levels of the health system (county, sub-county, facility, community).

Our accountability approaches are ideally non-confrontational: we believe that the use of data and facts can influence change in the context of a strong relationship.

Woven into this approach is a deep emphasis on capacity development: the ability of public institutions (and their employees) to deliver results.



## Specifically, what is the MANI project doing?

| Dimension | Definition | Target audience | MANI project interventions<br>*(accountability activities that MANI is supporting)* |
|---|---|---|---|
| POLITICAL ACCOUNTABILITY | Political actors and managers take action to deliver results in line with their commitments and responsibilities | Political, executive and technical leadership at county, sub-county and facility level; community members | **Policy Development:** to create an enabling environment for effective governance by clarifying goals, resources, roles, responsibilities, processes and authorities in the context of devolution<br>• Bungoma health policy / health bill<br>• County health strategic and investment road map<br>• Health procurement policy<br>• Health care financing strategy<br>• Human resources for health strategy<br><br>**Policy Monitoring:** to ensure that policies are implemented holistically, and not developed simply to check a box<br><br>**Capacity Development:** of government structures and individuals to undertake accountability roles to deliver their mandates<br>• Leadership and management skill building with the county and sub-counties<br>• Orientation of hospital boards and committees and ongoing mentorship for functionality<br><br>**Public Participation:** to promote citizens' engagement and voice in policy formulation and planning, and to promote ownership and sustainability<br>• Health sector stakeholders' forum<br>• Public consultation for policy development<br>• Civic engagement in the Annual Work Planning process |
| FINANCIAL ACCOUNTABILITY | Systems, processes and institutions are in place to ensure that public resources are managed prudently, ethically and in line with national priorities | Policy makers and financial managers; community members | **Increasing Transparency:** of public expenditure, planning and audit processes<br>• Public expenditure review<br>• Support for the Annual Work Planning and budgeting cycle, including annual performance reviews<br><br>**Strategic Advocacy:** targeted at priority health financing issues affecting MNH<br>• Health budget advocacy, for increased health and MNH budget allocations<br>• Advocacy for health facility financial autonomy and stewardship<br>• Financial management advocacy, including the use of free maternity funds |
| ACCOUNTABILITY FOR SERVICE DELIVERY | Resources are used effectively to deliver quality services to improve health outcomes | Health managers at the county, sub-county and facility level; health care workers; community members | **Quality Improvement:** by empowering health workers to provide quality care, by improving the client experience, client safety, and the effectiveness of care<br>• Quality improvement committees and use of quality scorecards<br>• Performance based financing at health facility level<br>• Rights based approach to maternity care and integration of the Bungoma Health Service Charter<br>• MPDSR committees at all levels and use of MPDSR scorecards<br><br>**Social Accountability:** through enhancing community understanding of entitlements, ability to monitor government delivery on its commitments, and to demand quality services<br>• Community score cards<br>• Client exit interviews<br><br>**Capacity Development:** of Department of Health technical capacity to manage and deliver quality care and use evidence to address service gaps<br>• HMIS system strengthening<br>• Supply chain system strengthening<br>• HRH management strengthening<br><br>**Health Sector Coordination:**<br>• Streamlining, formation and capacity development of effective technical working groups<br>• County MNH Task Force |
| CROSS CUTTING | | | • Regular breakfast meetings<br>• Organizational Capacity Assessment (OCA) tool and cycle |

## How do we track progress?

MANI's project goal is to reduce maternal and newborn mortality. We measure our progress towards this goal on a routine basis, and track several technical indicators to monitor our performance.

As part of project monitoring, we have mapped out the changes we expect to see from our accountability approach, and the progress that we have seen from our efforts so far:

| Health system domain | What results do we expect? *(by the end of the project)* | What changes have we seen so far? *(as of mid-2016)* |
|---|---|---|
| **Leadership & governance** | Enabling policy environment for MNH, linked to effective planning and coordination | • Bungoma county's first complete Annual Work Plan (2015/16 financial year) uploaded to the HMIS<br>• Establishment of 6 Hospital Management Boards<br>• Creation of a sector coordination liaison office at the county level |
| **Medicine & technologies** | Reduced order lead time for essential MNH commodities | • Approval of the county Department of Health as an independent procurement unit |
| **Financing** | Improved availability and utilization of financial resources for MNH | • Leadership commitment to devolve authority to incur expenditure (AIE) to sub-county level (for Exchequer funds) and facility level (for user fees)<br>• County government commitment to begin partial funding of the Community Health Strategy in 2016/17 financial year |
| **Health information** | Routine use of quality MNH data for decision making | • Increased reporting of maternal deaths in the HMIS (from 18% at baseline to 100% in 2016) and perinatal deaths (from 0% at baseline to 66% in 2016) |
| **Human resources** | Appropriate distribution of skilled health workers for MNH service delivery | • Termination of salaries for 153 transferred employees incorrectly retained on the county payroll after devolution |
| **Service delivery** | Improved quality and uptake of MNH services | • Termination of salaries for 153 transferred employees incorrectly retained in the county payroll |

[i] Global Health Visions: *Engendering Accountability: Upholding Commitments to Maternal and Newborn Health*
[ii] World Bank, 2004: *World Development Report: Making Services Work for Poor People*
[iii] World Bank, 2016: 'Kenya's Devolution': http://www.worldbank.org/en/country/kenya/brief/kenyas-devolution
[iv] Kenya School of Government, 2015: Working Paper Number 4, *Integrating Social Accountability in Healthcare Delivery: Lessons Drawn from Kenya. Centre for Devolution Studies*
[v] County Government of Bungoma, 2016: *County Health Strategic and Investment Road Map, 2015/16 – 2017/18*
[vi] Government of Kenya, 2014: *Kenya Service Availability and Readiness Assessment Mapping (SARAM). Ministry of Health, Nairobi Kenya*
[vii] Department for International Development, 2009: Working Paper Number 34, *Measuring Change and Results in Voice and Accountability Work*
[viii] Options Consultancy Services Ltd, 2016: *Options Accountability Approach to Advance Health Outcomes*

UKaid from the British people
amref health africa
care
IHPMR Institute of Health Policy, Management & Research
KPMG
MannionDaniels
POPULATION COUNCIL Ideas. Evidence. Impact.

Options Consultancy Services Ltd, Devon House, 58 St Katharine's Wasy, London E1W 1LB. UK options.co.uk +44 (0)20 7430 1900