HEALTH SYSTEMS STRENGTHENING ACCELERATOR

ENGAGING SUBNATIONAL STAKEHOLDERS ON SOCIAL ACCOUNTABILITY AND SOCIAL BEHAVIOR CHANGE: LESSONS FROM CÔTE D'IVOIRE, GHANA, AND GUINEA

The Health Systems Strengthening Accelerator (Accelerator) conducted research on the Linkages Between Social Accountability (SA) and Social and Behavior Change (SBC) to support health system goals. From June 2021 to June 2022, the Accelerator held a series of subnational dissemination sessions to discuss the study results and ensure that various perspectives were captured, especially from the sub-national level, and among civil society, frontline providers, and local leaders.

The objectives for the subnational session, which were held virtually, included:

1. **Disseminate findings from the study on strengthening the linkages between SA and SBC to inform health system strengthening**
2. **Gather inputs from various subnational stakeholders on the study's findings**
3. **Capture ideas and design a behavior change activity that would apply to subnational communities**

TABLE 1	Regions of the subnational sessions
Region	**# of participants**
Guinea	
Mamou	31
Kankan	20
Kindia	24
N'Zerekore	30
Côte d'Ivoire	
Duékoué	61
Grand-Basam	40
Ghana	
Middle Belt	34
Northern	23

To achieve these objectives, the Accelerator organized virtual exchanges in Côte d'Ivoire, Ghana, and Guinea. Two regions were selected in each country. Guinea's Ministry of Health (MOH) requested sessions in two additional regions. Ultimately, the Accelerator organized eight sessions and reached 263 national and subnational actors (See Table 1).

Figure 1 presents the discussion questions used for each of the sessions. The lessons from the sessions that emerged include:

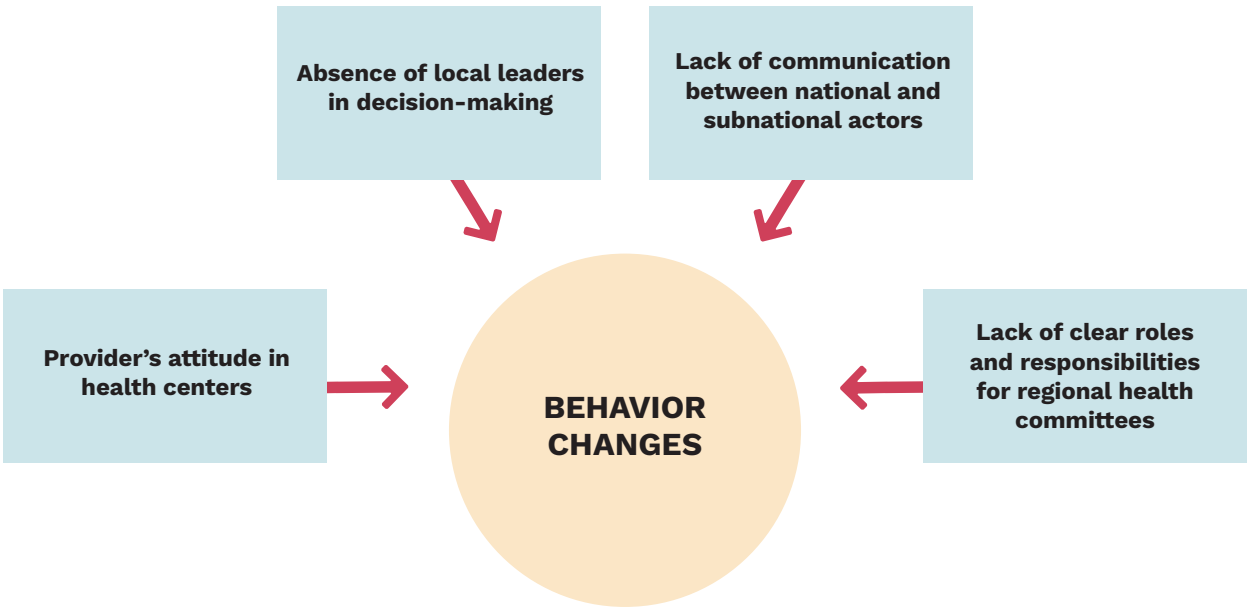
1. Though study results differed, in Guinea and Côte d'Ivoire, all participants agreed that SA was a priority, which signals that SA might be more pertinent at the sub-national level.
2. National Health Insurance programs were widely discussed. In Côte d'Ivoire, participants expressed frustration with the recent rollout of the new health insurance program, *the Caisse National d'Assurance Maladie*, CNAM. In Ghana, participants wanted SA and SBC to be explicitly used in the National Health Insurance Scheme (NHIS).
3. Participants across the three countries recommended that institutions create idea boxes to capture the population's demands and suggestions. However, it should be clear who oversees implementing those recommendations.
4. Participants equated a change in behavior in clinical settings. In Mamou, participants felt that lack of uniformity in drug prices across different health institutions was a behavior that needed to change as it creates distrust among the population. Similarly in Kankan, participants advocated for displaying costs in health centers to create trust.
5. Future research should involve clinical psychologists to benefit from their psycho-social perspective on behavior change and should consider community-level engagements.

Figure 2 summarizes the behavior changes identified as needed by participants in all three countries. Following Figure 2, highlights from each country are outlined in this brief.

FIGURE 1 **Discussion questions**

Social Accountability	Universal Health Coverage	Social & Behavior Change
• What does social accountability mean for your community? • What are the social accountability activities to be prioritized? Have social accountability approaches been implemented in your community? • What factors influence success and challenges with them?	• Does information on UHC flow from the national level? Are they aware of policies to achieve UHC? What behavior must change for information to circulate? • What types of actions do you think could be most effective in increasing social accountability for health in your country? • How can social accountability be used to address challenges in the health sector? • How can behavior change and social accountability increase health equity? What behavior would need to be changed to advance UHC?	• Who needs to change their behavior to mobilize large and diverse voices to engage in social accountability approaches to advance UHC? • How can citizens / providers / government institutions change their behavior to help increase accountability in health?

FIGURE 2 **Key behavior changes identified in all three countries**



GUINEA

In coordination with the Bureau of Strategic Development Office of the Ministry of Health (BSD) the program organized virtual sessions in the Mamou and Kankan regions. The first sessions in Mamou was held on June 24, 2021, and the session for Kankan was held on June 30, 2021.

In both sessions, there was consensus on the following points:

- Lack of community engagement in decision making
- A need for strong local leader that could be brought into national-level decision-making.
- Better communication and the flow of information to strengthen citizen engagement
- Demand for the inclusion of youth, women, and religious leaders in community participation
- A need to convert volunteers at health facilities to paid staff
- Investment from citizens in the community's health
- Health as apolitical
- The inclusion of civil society organizations (CSOs) to help advance equity using SA and SBC

The Ministry of Health (MOH) requested virtual sessions in two additional regions—Kindia and N'Zerekore—which were held on October 5, 2021 and June 22, 2022. During the session for the Kindia region, the director of the BSD challenged participants to show up in town halls and participate in meetings so that their perspectives are considered in national decisions. Further points made by participants include considering local development plans (PDLs) in decision-making.

For the session in N'Zerekore, the Accelerator worked with a group of CSO members representing different structures, including *Club des Amis du Monde* (CAM), *Plate Forme des Organisation de la Société Civile pour le Soutient à la Santé et la Vaccination* (POSSAV), *Association des Volontaires pour le Developpement des Communes* (AVDC), and two representatives from the National Direction of Program for Community Health and Traditional Medicine (DNSCMT).

The CSOs advocated for training health workers in behavior change and making the National Community Health Policy available in multiple local languages to enhance accessibility and ensure close follow-up on health workers' performance.

Key Lessons

- Involving key stakeholders, including the director of the BSD, was instrumental in building buy-in from participants. Strong buy-in from the regional directors was also a catalyst for participation, especially in Mamou, where the regional director led the exchange and encouraged participants to contribute.
- SA and SBC were important topics to discuss at the community level. There was strong interest, and participants were thankful to be included. There was also a strong interest in additional sessions to disseminate the study's results widely.
- There was substantive discussion about what facilitates and hinders social accountability. This type of discussion is an important entry point for further consideration of the role of behavior mapping work in informing citizen engagement strategies.
- Though only CSOs were included in the last session, it was an opportunity to include CSOs in the discussions. They were thoroughly interested in implementing SA and SBC activities.

CÔTE D'IVOIRE

The Accelerator organized two semi-virtual sessions in the Duékoué and Grand-Bassam regions. Similar to Guinea, the Accelerator obtained MOH buy-in and requested the support of the General Director of the MOH. The Directorate of Community Health in Côte d'Ivoire participated in both sessions.

During the sessions, held December 16, 2021 and January 19, 2022, the participants discussed the following:

- The insufficiency of communication on the recent UHC program. Participants felt that information does not flow to the decentralized level or that when it does, it is often incorrect due to delays. In response, participants requested real-time information on UHC.
- The exclusion of subnational actors in recent UHC decisions. The group proposed to improve UHC through SA and SBC by involving community leaders in the UHC program.

To address these challenges, participants agreed that establishing a framework for decentralized consultation between stakeholders would be essential to increase accountability and can contribute to changes in the behavior of various stakeholders. Additionally, the group felt that changing the behavior of stakeholders requires citizen seeking information, health providers striking for ownership and inspiring trust, and government institutions strengthening communication, and making the means available to providers.

The Directorate of Community Health highlighted the need to further integrate SA in community health activities. Suggestions to improve SA and use SBC include strengthening feedback loops between national and local actors, implicating traditional and local leaders in community and financing activities, delineating roles and responsibilities of local government actors, and strengthening the regional management committees (Comités de gestion, COGES).

Key Lessons

- Including the Directorate of Community Health allowed community level participants to interact and express their opinions openly with a high-level official.
- There is a real possibility to employ SBC in community health programs. As an example, participants suggested that it is necessary to support and train Community Health Workers in behavior change because they are the bridge between the community and the administration.
- There are key lessons to be taken from the rollout of the UHC program that revealed opportunities to employ SA and SBC for better implementation. Participants recommended strengthening awareness of the UHC program, and for officials to facilitate easier access and building trust to the program by making enrolment cards functional and drugs readily available.

GHANA

For the sessions in Ghana, the Accelerator took advantage of the virtual format to reach a greater number of regions. Two clusters of regions were formed: the middle belt regions, and the northern regions. The first session on December 16, 2021, had a large representation from civil society. They identified behaviors such as judgements, norms and beliefs, corrupt practices, and negative attitudes of health providers that may create a lack of trust when using health services. The second session was on January 19, 2022.

Participants advocated for greater transparency between all actors to facilitate a change in behavior to lead to an increase in the uptake of services. Participants also noted how inequity can further exacerbate health services, for example, when high level officials focus more on urban areas to the detriment of rural ones.

Drawing from the group activities, presentations, and discussions of both meetings, it was established that SA should be inclusive, with consideration for persons with disabilities. There is also a need to prioritize community engagements where service providers recognize that they are accountable. Finally, SA mechanisms for SBC must include town hall meetings where representatives from the communities engage in dialogues with leaders on their needs.

The group discussed many ideas including that for SA to be a strong mechanism for advancing UHC, these mechanisms need to be SBC oriented and SA approaches must be sufficiently explicit. Sustaining SA strategies aimed at SBC requires a collective effort between duty-bearers and right holders in the communities, with duty-bearers being more responsive to the demands of right holders, and rights holders being empowered to assert their rights.

Key Lessons

- A more coordinated effort between state and non-state actors to achieve effective, sustainable SA mechanisms that promote SBC for the advancement of UHC is needed.
- Traditional and religious leaders should be engaged by providers through participatory approaches, to disseminate policies and reach local communities.
- CSOs and communities must stimulate responsive actions from duty bearers, particularly the government, using social and media pressures.
- Authorities should create an enabling environment that allows all social partners, including CSOs, to strengthen their positions and better negotiate for authorities' responses.

To conclude, the Accelerator enjoyed the opportunity to interact and engage people that is normally not reached. It was a technique to gather information at the subnational level that is normally not employed at the Accelerator. Future partners should consider similar approaches to understand how certain interventions could be improve by actively integrating more activities that engage subnational actors.

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