



Photo: Pankaj Kumar Gupta/Jhpiego

■ Research Brief

CAN SOCIAL ACCOUNTABILITY IMPROVE RESPECTFUL CARE?

A Proposed Conceptual Framework

HEALTH SYSTEMS ARE INCREASINGLY CALLED ON to be accountable to the populations they serve to deliver high-quality, respectful care across reproductive, maternal, newborn, child, and adolescent health (RMNCAH). While social accountability is seen as a promising strategy for improving respectful care, respectful care is not typically identified as a distinct outcome in social accountability efforts and thus the causal pathway from social accountability to respectful care is unclear (Streifel et al., 2022). Based on the findings in a [technical report](#) on the role of social accountability in improving respectful care, carried out by MOMENTUM Knowledge Accelerator (MKA), this brief presents a conceptual framework that proposes a theoretical pathway from social accountability to respectful care in RMNCAH.

OVERVIEW OF THE CONCEPTUAL FRAMEWORK

Social Accountability Interventions. There are many different types of social accountability efforts seeking to improve health care access and quality. They range from more standard program models, developed by international nongovernmental organizations and implemented across many different countries, to distinct approaches developed and iterated in a particular context.

Most social accountability programs implemented to address health outcomes include three main components. First, there is a process that either provides information to communities about their rights and entitlements or supports community members to gather this information themselves. Second, the intervention strengthens individual and collective capacities to demand the fulfillment of these rights and entitlements. Third, interface meetings are held to encourage dialogue between community members and health providers about the community's desired changes in quality of health care received, including respectful care.

Outputs of Social Accountability Programs. The multifaceted and iterative process of social accountability efforts often builds on existing community engagement platforms. The conceptual framework hypothesizes that this process leads to an increase in knowledge and conscientization by community members about their rights and entitlement, state processes, and the constraints of providers (Freire, 2000). Community members also learn about local health service utilization patterns and health outcomes in their communities. Furthermore, they may feel increased confidence and competence in interacting with health care providers and other individuals with power, thus increasing their capacity to make demands on the health system.

The conceptual framework posits that health care providers concurrently learn about and develop empathy for the experiences of community members seeking health services. Health care providers also learn what skills, tools, and support they require to provide quality health services, including respectful care, and they feel internal and external pressure to provide higher quality health care to community members. These pressures may include feelings of shame for poor performance and fear of formal or informal sanctions from their supervisors or the health system hierarchy. Social accountability interventions often simultaneously engage with non-health sector actors, such as traditional leaders, politicians, and journalists, who interface with both community members and health care providers. These non-health sector actors may facilitate the negotiation between community members, health care providers, and decision-makers by amplifying the messages of community members, acting as interlocutors between parties, and identifying actional pathways that community collective action can use to leverage responses from health care providers and decision-makers.

Outcomes: Voice and Teeth. The increases in knowledge, conscientization, capacity, empathy, as well as feelings of pressure, along with the interaction of community members and health care providers and decision-makers with non-health sector actors, should lead to mutual empowerment and a shared commitment among all parties to address the power dynamics and gaps in meeting respectful care

Definitions

Respectful care: Care is respectful if it maintains all individuals' dignity, privacy, and confidentiality; ensures that interactions with individuals or carers enhance informed decision-making, without inducement or coercion; promotes continuous support (as appropriate); is compassionate and responsive to their preferences, needs, and values; and is free from stigma, discrimination, mistreatment, and harm (Streifel et al., 2022).

Social accountability: Social accountability consists of citizen-led, collective processes for holding duty-bearers (including politicians, government officials, and/or service providers) to account for their actions" (Squires et al., 2020).

standards. Community members are motivated from having participated in this process and experiencing initial success—subsequently strengthening and harmonizing their **VOICE** to continue to take part in collective action to demand respectful care. These demands may include participating in the budgeting of sub-national and health facility resource allocation, community monitoring of health care provider behaviors related to respectful care, negotiation with health care providers of expected respectful care actions, advocating with providers for better facility conditions that benefit both clients and providers, and social audits of sub-national and health facility policies and processes that influence or are related to respectful care.

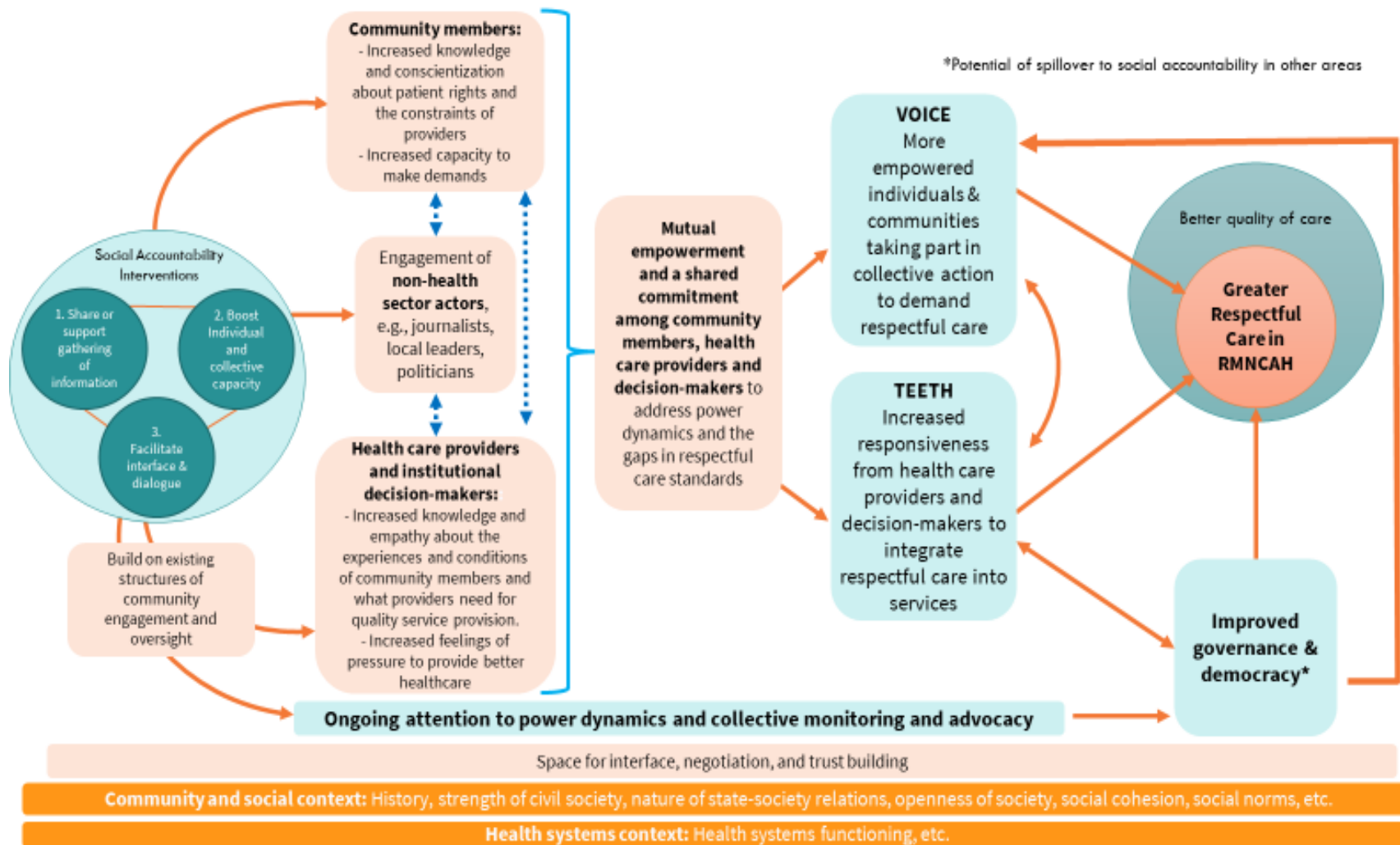
Concurrently, the empowerment and commitment experienced by health care providers and decision-makers lead them to be more responsive to community members' requests and demands, and to provide **TEETH** to integrating respectful care into services. They may do this through allocating larger portions of sub-national resources to RMNCAH services; instituting social rewards and sanctions for health care providers based on their behaviors related to respectful care, and negotiating with communities or interlocutors about respectful care actions of health care providers and sub-national and health facility policies and processes that influence or are related to respectful care.

Outcomes of RMNCAH and Governance. Over time, this process leads to the provision of greater respectful care in RMNCAH. Given the iterative nature of social accountability, the community remains attentive to the power dynamics between communities and health care providers/decision-makers and engaged in monitoring and advocacy activities throughout the entire process, leading to improved governance and democracy. Improvements in governance and democracy may, in turn, lead to greater responsiveness from health care providers and decision-makers to integrate respectful care into services, resulting in a feedback loop between **TEETH** and governance and democracy. Moreover, the space for interface, negotiation, and trust-building between communities, health care providers/decision-makers, and non-health sector actors is created (or enhanced) and nurtured and underpins the entire process. Individuals who have experienced respectful care when accessing RMNCAH services may expect to experience it in other places and may undertake other social accountability interventions focused on those other areas.

Contextual Influences. Context underlies every aspect of this conceptual framework, directly and indirectly shaping the processes and outcomes. The community and social context—including the strength of civil society, nature of state-society relations, the openness of society, social cohesion, and social norms—as well as the health systems context, including the health systems functioning and governance—can enhance or stymie social accountability.

Other Influences. Numerous moderators influence the relationships between factors in the conceptual framework. Factors influence the extent to which gains in knowledge and capacity among community members, and increases in knowledge, empathy, and pressure among health care providers and decision-makers, could lead to mutual empowerment and a shared commitment to address the power dynamics and gaps in respectful care standards. Within the sphere of the community, moderating factors include the extent to which marginalized groups are engaged in such efforts and their level of inclusion and participation in social accountability efforts. At the state level, moderating factors include how health care providers and decision-makers perceive the legitimacy of the community making claims and of the claims made and, relatedly, the extent of local political leaders' knowledge about RMNCAH rights and entitlements. At both the community and state level, these factors include the extent of trust between the community and health care providers/decision-makers, and the extent to which the structures that are part of the social accountability approaches solicit and represent community priorities.

FIGURE 1: PROPOSED CONCEPTUAL FRAMEWORK FOR THE INFLUENCE OF SOCIAL ACCOUNTABILITY ON RESPECTFUL RMNCAH CARE



IMPLICATIONS FOR USE

The conceptual framework has implications for both implementers and researchers. Implementers can use this conceptual framework to design local-level social accountability interventions that engender improvements in respectful care. The conceptual framework also reveals what elements along the causal pathway from social accountability to respectful care might need further attention in order for enhanced respectful care to be achieved as a result of social accountability efforts. Researchers and evaluators can use this conceptual framework to assess how changes in context or moderating factors influence the success of social accountability and to evaluate the effectiveness of the conceptual framework itself.

References

Freire, P., (2000). *Pedagogy of the oppressed* (30th anniversary ed.). Continuum.

Streifel, C.; Mandal, M.; Schaaf, M.; Ivankovich, M.; and Vaz, L.M.E. (2022). The role of social accountability in improving respectful care. Washington, DC: USAID MOMENTUM.

Squires, F., Hilber, A.M., Cordero, J.P., Boydell, V., Portela, A., Sabin, M.L., & Steyn, P. (2020). Social accountability for reproductive, maternal, newborn, child and adolescent health: A review of reviews. *PLoS One*, 15,(10), e0238776.

For detailed information on the evidence and theory that underpins this conceptual framework and methods used to develop it, please see the [technical report](#): Streifel, C.; Mandal, M.; Schaaf, M.; Ivankovich, M.; and Vaz, L.M.E. (2022). The role of social accountability in improving respectful care. Washington, DC: USAID MOMENTUM.

MOMENTUM

USAIDMomentum.org

TWITTER: [@USAID_MOMENTUM](https://twitter.com/USAID_MOMENTUM)

FACEBOOK: [USAID_MOMENTUM](https://www.facebook.com/USAID_MOMENTUM)

LINKEDIN: [USAID_MOMENTUM](https://www.linkedin.com/company/USAID_MOMENTUM)



MOMENTUM Knowledge Accelerator is funded by the U.S. Agency for International Development (USAID) as part of the MOMENTUM suite of awards and implemented by Population Reference Bureau with partners JSI Research and Training Institute, Inc. and Ariadne Labs under cooperative agreement #7200AA20CA00003. For more information about MOMENTUM, visit usaidmomentum.org. The contents of this research brief are the sole responsibility of Population Reference Bureau and do not necessarily reflect the views of USAID or the United States Government.