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HEALTH SYSTEMS STRENGTHENING PRACTICE SPOTLIGHT

SOCIAL ACCOUNTABILITY AND SOCIAL AND BEHAVIOR CHANGE

Applying a Behavioral Lens to Social Accountability Approaches

SOCIAL AND BEHAVIOR CHANGE SERIES

Social and behavior change is a foundational component of effective and sustainable health system strengthening programming. There is growing interest in how to incorporate social and behavior change approaches to advance the accountability, affordability, accessibility, and reliability of high-quality health services. The Practice Spotlights Social and Behavior Change series supports USAID's Vision for Health System Strengthening 2030 by exploring the ways in which social and behavior change approaches can contribute to countries' health system strengthening efforts.

INTRODUCTION

The USAID Vision for Health System Strengthening 2030 and the companion Health System Strengthening Learning Agenda identify social and behavior change (SBC) as a cross-cutting approach critical to strengthening health systems.^{1 2} One goal of USAID programming is to expand thinking around where and how to apply a behavioral lens when designing, implementing, and monitoring health system strengthening (HSS) programs.

HSS programming often works in areas such as social accountability,³ health financing,⁴ health governance,⁵ health system resilience,⁶ the advancement of universal health coverage (UHC),⁷ and other areas aiming to bring about change at the facility, system, and policy levels. In each of these areas and across the HSS field broadly, integrating SBC approaches can yield important insights and inform both programming and measurement.⁸ For example, historically, social accountability methods have either focused on changing individual behaviors (e.g., community scorecards to improve health provider behavior), or have been used as an HSS approach to strengthen the public provision of health care, but typically not both. The centrality of behaviors within social accountability is a newer concept for most HSS practitioners.

DEFINITIONS

Social Accountability works to increase the degree to which government and service providers are accountable for their conduct, performance, and management of resources. Specific social accountability strategies, approaches, activities, or tools are often grounded in amplifying citizen engagement.

Social and Behavior Change is a systematic, evidence-driven approach to improve and sustain changes in behaviors, norms, and the enabling environment. SBC interventions aim to affect key behaviors and social norms by addressing their individual, social, and structural determinants (factors). SBC is grounded in several disciplines, including systems thinking, strategic communication, marketing, psychology, anthropology, and behavioral economics.

This brief highlights the recent shifts in health systems practice toward more explicitly incorporating an SBC lens in social accountability activities that aim to improve overall health system performance and address inequities. The brief synthesizes the growing body of evidence on the role social accountability plays in increasing accessibility to better-quality health care services and uses case studies and lessons learned to highlight how SBC approaches can be more explicitly integrated into this aspect of HSS programming.

BEHAVIOR CHANGE IN SOCIAL ACCOUNTABILITY

Definitions of social accountability are plentiful, as is the literature that positions social accountability as a means to improve health systems and health outcomes.⁹ Similarly, SBC programming is wide-reaching, particularly in the global health space.¹⁰ However, there are different schools of thought regarding what SBC does and does not encompass and how to approach the work.¹¹ Literature and programming priorities suggest that, as practice areas, social accountability and SBC tend to exist in separate silos.^{12 13} Searches for peer reviewed papers and project reports explicitly outlining the integration of SBC approaches into social accountability activities tend to yield very little.

Despite the dearth of literature, there is a foundational linkage: social accountability work is an SBC undertaking.^{14 15 16} The design and implementation of social accountability activities includes assessing how government actors, health system actors, and citizen actors interact and identifying if specific behaviors, actions, and norms impede progress toward successful health and health system outcomes. Social accountability activities also require an understanding of system actors' community and institutional contexts, and the nature of these dynamics.

In some cases, the integration of SBC approaches into social accountability activities is clear, although not specifically presented as such. For example, three social accountability methodologies—citizen voice and action, community score cards, and partnership-defined quality—overlap with recent increased focus among SBC practitioners on provider behavior change (see Box 1).¹⁷ Outlining this overlap provides useful insight around the ways social accountability is often an SBC exercise even if not described as such, and underscores how social

accountability and SBC mutually reinforce each other. There is some variation in the strategies used across citizen voice and action, community score cards, and partnership-defined quality; however, broadly, they are all participatory approaches that seek to increase dialogue between citizens (or communities) and health care providers and health facility managers (sometimes referred to as duty bearers) with the aim of improving the quality of health services. At its heart, social accountability entails engaging communities and promoting advocacy.^{18 19}

BOX 1: PROVIDER BEHAVIOR CHANGE

USAID has invested in SBC programming for decades, aiming to change individual, household, and community level health-seeking behaviors, as well as the norms shaping those behaviors. In recent years, a focus on provider behavior change (PBC) has increased across many USAID SBC and health projects. Much of the framing of PBC centers on health care providers and their routine interactions, such as how health care providers engage with and treat their clients; the situations health care providers navigate in delivering services; and the various types of internal and external values and pressures that carry weight for health care providers. Like the participatory and engagement elements of citizen voice and action, community score cards, and partnership-defined quality, PBC includes the belief that improving dialogue between citizens and health care providers will facilitate social shifts and behavior changes. Many of the resulting tools and interventions coalesce around the recognition that health care providers operate within a complex ecosystem and their behaviors are the outcome of a myriad of factors. This area of work holds promising lessons for HSS social accountability practitioners.

Conceptually, social accountability has its origins in political science, public administration, and governance.²⁰ In these fields, the engagement is commonly described in terms of strengthening community participation, including in relation to promoting inclusiveness of marginalized groups, addressing power dynamics, and pursuing equitable distribution of resources.²¹ Definitionally and conceptually, social accountability strives to facilitate social change and shifts in how individuals and groups (from the government and citizenry) interact with each other. Such an effort is fundamentally about changing norms and behaviors.

Citizen voice and action, community score cards, and partnership-defined quality each work at the subnational and frontline levels, but not at the national level.²² These social accountability and community engagement methodologies generally are not described as SBC interventions but, in many respects, the design and aims contain an embedded SBC focus, particularly in the sense that change is being sought around how sets of people interact and how that interaction can trigger change. The embedded social change goals center on fostering an expanded and more transparent environment for dialogue between citizens and service providers and facility managers. The embedded behavior change goals are targeted at both citizens and health system actors. For citizens, the goal is to adopt behaviors and take actions that are more advocacy oriented, whether to hold health system actors accountable for service delivery quality or to be more vocal about needs in interactions with service providers and/or health facility managers. For service providers and facility managers, the goal is to adopt behaviors that better recognize the varying economic and socio-cultural realities of individual clients and provide health services that are client-centered and prioritize equity and respect.

A 2018 study of social accountability mechanisms in Gujarat state in India is useful for understanding social accountability activities for creating SBC related to health.²³ The study identifies several types of formal structures for social accountability in the health system, within both the government and civil society. The social accountability activities were designed to influence issues such as governance and policy, as well as access to quality health services. As a result, women were empowered to collectively make demands of the health system and actors within the health system had a positive shift in their perception of women; behaviors and norms of health system actors and clients changed; quality of care improved; and trust between health providers and community members increased. These outcomes led to an increase in facility-based deliveries and an improvement in maternal health behaviors.

Other studies have suggested creating behavior change by shifting the incentives for political leaders to act in the public interest, for example through legal enforcement.²⁴ Another suggestion is to form wider partnerships of international, national, and local bodies for monitoring behavior.²⁵ A recent systematic review of experimental and behavioral research on accountability is also

instructive for considering the possible effects of accountability on behavior.²⁶

In recent years, USAID has increased its focus on the role of SBC in HSS programming,²⁷ including in relation to digital health²⁸ and financial protection. Several ongoing projects are working on the integration of SBC in HSS, including considering ways for SBC approaches to be integrated into social accountability activities. For example, Breakthrough Action—a flagship SBC project—held a webinar²⁹ focused on the use of social accountability methods to effect behavior change and convened an SBC-HSS working group that produced a technical brief.³⁰ In addition, both the resilience and social accountability strategies for the MOMENTUM Integrated Health Resilience (MIHR) project include an SBC focus.³¹ These examples represent expanded thinking around the ways that SBC can bring added value to the HSS and social accountability spaces.

CASE STUDY

Research and Country Engagement: Identifying Opportunities for Social Accountability and Social and Behavior Change Collaboration

Under USAID's Health Systems Strengthening Accelerator Project, a qualitative study done in 2020 examined the linkages between social accountability and social and behavior change.³³ The study engaged with stakeholders in Côte d'Ivoire, Ghana, Guinea, and Togo and reflected their growing interest in examining pathways for social accountability activities to be more SBC-focused.

The design of the study revolved around eight common social accountability activities identified through literature review. These included three health service provision-focused social accountability methodologies with clear attribution to a specific organization (citizen voice and action,³⁴ community score cards,³⁵ and partnership-defined quality³⁶), two generalized social accountability strategies (citizen satisfaction surveys and community radio), and three social accountability strategies in relation to government procedures (participatory budgeting,³⁷ public hearings, and user-centered information).

BOX 2: SOCIAL ACCOUNTABILITY-SBC LINKAGES STUDY QUESTIONS

1. To what extent do social accountability approaches explicitly pull in behavior change strategies, and what are the dynamics and nuances surrounding the ways these two prominent areas tend to operate in isolation of each other?
2. What might be gained through more targeted efforts to include behavior change strategies within social accountability approaches? What would this look like, particularly in relation to social accountability in support of UHC?
3. What social accountability approaches have been implemented recently, and by whom? What factors have influenced successes and challenges with these approaches, and to what extent did behavior change (or lack of behavior change) play a role?
4. To mobilize considerable and diverse voices to engage in social accountability approaches in support of UHC, what individual-level and institutional-level behaviors need to change and in what ways?
5. What lessons have been learned around how to foster productive alliances and common goals between citizens and government, including behavior change-related lessons?

The study examined the outcomes of the social accountability activities, including efforts to advance UHC, and the extent to which certain actions and behavior facilitate or impede successful advancement of HSS (see Box 2). The study aimed to identify promising opportunities and the extent to which social accountability and SBC efforts to work together through a focus on what behaviors must change in the context of HSS and considerations for applying a behavior change lens to social accountability activities.

For example, the study participants expressed the belief that government actors must change their behavior and better inform citizens of their rights, and citizens must change their behavior to increase participation and exercise their rights. The study highlighted several insights and SBC-related lessons for fostering productive alliances between government actors, health system actors, and citizen actors, notably:

- Improve communication and coordination of activities related to HSS and UHC, including shifting away from relying on top-down approaches in developing and rolling out new programs or policies.

For example, in Togo, the Togolese UHC Task Force and selected civil society organizations (CSOs) established action items to help increase civil society engagement in national UHC efforts and outlined SBC approaches that can be applied. Examples included UHC awareness raising activities, and community health budget advocacy. Additionally, the Togolese UHC Task Force and CSOs integrated SBC approaches into the national UHC plan to improve citizen and civil society engagement.

- Increase opportunities for meaningful inclusion, greater dialogue, and participation from citizens and CSOs in ways that build trust and improve the use of data and analysis for evidence-based decision-making. As an example, in Côte d'Ivoire, Ghana, and Guinea, a subnational, facilitated discussion of options for the design of more SBC-oriented social accountability raised some key points, including recognizing the importance of having confidence and trust in government leaders and health institutions, maintaining platforms for inclusive discussions, integrating community voices that are representative across various populations groups, and welcoming increased engagement from civil society. Each of these points, and others, such as more open communication and greater transparency, were discussed as opportunities for applying a behavior change approach.

IMPLEMENTATION CONSIDERATIONS

While the linkages between social accountability and SBC are not always apparent or deliberate, there has been an increased focus on the intersection of these two practice areas and exploration of how they might better help improve health outcomes and effectively address health system challenges if they were to inform each other. The case study and review of key methods and approaches have illuminated some broad lessons for applying a behavior change lens to social accountability activities. These lessons include the following:

Take time to understand and define behavior in the context of HSS

Often SBC work focuses on the behaviors of individuals and the degree of agency an individual has in adjusting

the choices they make. Understanding and defining behavior in the context of HSS opens space to consider SBC in relation to, for example, how institutions function, what processes government agencies follow, who makes decisions, and why bottlenecks exist. Bear in mind that just as an action, practice, or lack of action from an individual (or a group of individuals) is a behavior, so too is an action, practice, or lack of action from institutions.

Within social accountability work, reframe specific experiences, challenges, and successes in terms of the associated behaviors.

It is not necessarily commonplace to think about and identify behaviors within social accountability activities. Social accountability activities focus on experiences, challenges, and successes within specific scenarios - for example, the provision of family planning services or efforts to increase citizen involvement in national budget prioritization processes. The specific experiences, challenges, and successes within each scenario or context are facilitated, or hindered, by behaviors. Thus, to think about and identify the behaviors and the determinants that impact those behaviors is a reframing and translation exercise, and an important element in how to apply a behavior change lens to social accountability activities.

Context-specificity is needed when applying an SBC lens to social accountability activities.

The application of an SBC lens to a social accountability activity must be tailored to a specific context. For example, recognize that there is a cultural context associated with social accountability. In many contexts, accountability—as a way of thinking and acting—is often viewed as being not culturally accepted. It is not always a given that a citizen will feel they have the right to hold the government or a health care provider accountable. In other cultures or countries, this sentiment exists in the reverse: government and health care providers sometimes are quick to dismiss the important role of citizen advocacy and efforts to demand accountability. To change that cultural context and foster a social shift around accountability requires SBC approaches that are grounded in local research and engagement to unpack

complex dynamics and map the actions and behaviors of key actors. Doing so enables better understanding of what behaviors and norms are potentially creating barriers to, or could potentially facilitate, increased transparency and accountability.

Consider establishing behavior change goals for a social accountability activity from the onset to incorporate a behavioral lens more explicitly and systematically.

While social accountability work does vary, the underlying approach involves bringing individuals and/or communities and system actors into dialogue with the aim of changing assumptions, beliefs, and practices while also amplifying desired behaviors and eliminating harmful behaviors. Social accountability activities will benefit from being purposeful in delineating up front what assumptions, beliefs, and practices the activity seeks to change and hypothesizing what might prompt the change. A behavior change goal-setting process allows for mapping out causal pathways and intended outcomes, which can be used to measure the success of social accountability activities.

Engaging different actors within social accountability activities facilitates collaboration and creates space for local leadership and clear understanding of the SBC needs.

When deciding what engagement will occur within a social accountability activity, be precise about who is being engaged and why. Whether it is engagement with stakeholders, the community, government, or others, it is valuable to have a clear vision for why collaboration is important. Addressing these types of conceptual and design questions early on generates space to explicitly apply a behavior change lens, to understand what actors are being targeted for behavior change and why, and to build upon the SBC priorities of key stakeholders. Up-front and ongoing engagement helps to expand and enhance the social accountability activity and center local communities as the leader of this work.

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