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Approach to CSO support: Improving the effectiveness and efficiency of financing for civil society

For Information ☐ **For Review & Advice** ☐ **For Approval** ☒

Approach to CSO support:
Improving the effectiveness and efficiency of financing for CSOs

Overview

This document outlines the vision for more effective support to CSO platforms at country level so that they can engage meaningfully in advocacy, policy and accountability processes to drive better health outcomes and achievement of UHC at country level.

This includes an approach on how different agencies/initiatives can align their support through a gradual approach. Different types of support and modalities would also need to be envisaged depending on county context and dynamics in place.

The document respond to the call from several CSO platforms for increased alignment and coordination across Global Health Initiatives (GHIs) for their support to civil society and communities[1] and build on their proposal[2]. This proposal has been developed through a broad consultation process over the past two years, including discussions with relevant staff in the secretariat of GHIs. It was also presented during a side event in the margins of the PMNCH board meeting which took place on 10-11 November 2019 in Nairobi. Participants who included partners from community and civil society partners, international agencies, GHIs, and some of the major bilateral donors expressed support in principle for the proposal but raised some concerns about implementation in practice.

There were similar calls made during previous UHC2030 Steering Committee meetings and the post-HLM discussion at the Rockefeller Foundation on 25 September 2019:

- Promote pooled or coordinated support across agencies for CSO engagement and advocacy in countries.
- Identify ways to use existing resources better and mobilize new sources of funding (e.g. non-traditional donors, philanthropies).

The proposal is in line with the Global Action Plan for Healthy Lives and Well-being for All, through which 12 agencies commit to working better together, including in how they support civil society engagement at country level. The proposed approach does not aim to improve alignment of civil society funding from GHIs as an end in its own right. More importantly, the aim is to ensure communities and civil society get the support they need to be able to engage in national health decision-making processes in a meaningful way and can influence how domestic resources for health are used to deliver better and more equitable health outcomes through social accountability approaches. Social accountability can also play a critical role in bringing a broader range of communities together to advocate for a more holistic approach responsive toe people's needs along the life cycle.

Alignment would cover funding related to advocacy and accountability, but not service delivery. The approach would focus on ensuring complementary action and sufficient funding to support a common vision around national civils society platforms and identify opportunities for better coordination and synergistic technical and financial support. It may provide the basis to mobilise additional funding from a broader range of funding sources.

It is proposed that the Steering Committee takes following action:

- To agree that UHC2030 convenes in January 2020 a multi-partner task force responsible to develop proposals by June 2020 with concrete plans to: establish a pooled funding mechanism to support national communities and civil society platforms and strengthen coordination among existing funding mechanisms.

[1] References: Global Health Initiatives' support to civil society organisations: analysis and recommendations, Global Health Vision, PMNCH, Global Health Advocates, and UHC2030, 2018 (unpublished).
[2] Aligning Global Initiatives' support to civils society organisations, Global Health Visions, PMNCH, UHC2030, GAVI CSO Platform, Global Health Advocats, Africa Health Budget Network, 2019 (unpublished).

Approach to CSO support
Improving the effectiveness and efficiency of financing for civil society

BACKGROUND

Role of communities and civil society

- Communities and civil society are the heart of ensuring that health services respond to community needs and leave no on behind
- They play an important role in:
  - Raising voices of people and communities
  - Promoting approaches that are most targeted towards equity
  - Holding governments accountable, particularly for meeting the needs of the most vulnerable and marginalized populations
- The value of this critical role needs to be recognized and resourced

UN HLM on UHC Political Declaration

- Importance of primary health care as the "cornerstone of a sustainable health system for UHC and health-related SDGs"
- Robust and resilient primary health care systems will drive progress on tackling communicable diseases (e.g. HIV/AIDS, tuberculosis and malaria) while addressing non-communicable diseases and the growing threat of antimicrobial resistance
- Social participation and participatory governance are critical to drive progress and should be a foundational component of health systems reforms – member states commit to:

⇒*Engage all relevant stakeholders, including civil society, the private sector and academia, through the establishment of participatory and transparent multistakeholder platforms and partnerships, to provide input to the development, implementation and evaluation of health – and social-related policies and reviewing progress for the achievement of national objectives for universal health coverage"* (#54)

⇒*Improve regulatory capacities and further strengthen responsible and ethical regulatory and legislative system that promotes inclusiveness of all stakeholders, including public and private providers, supports innovation, guards against conflicts of interest and undue influence, and responds to the evolving needs in a period of rapid technological change* (#58)

Calls for alignment of funding for CSOs

- CSOs calling for greater alignment of funding from GHIs for advocacy and accountability that would allow CSOs to work in a more holistic, coordinated manner which supports country ownership and community-driven approaches to achieve better health outcomes*
- Global Action Plan for Healthy Lives and Well-being for All – one of the seven accelerators related to community and civil society engagement:

⇒*Coordinated support to communities and CSOs at country level, strengthening national and sub-national community and civil society coalitions, and enhancing meaningful engagement and inclusive governance that amplifies the voice of communities and civil society*

** Reference:* Analysis led by Africa Health Budget Network, Global Health Advocates, Global Health Visions, Management Sciences for Health, Population Services International, GAVI CS-CS, PMNCH, UHC2030

VISION FOR MEANINGFUL ENGAGEMENT OF CIVIL SOCIETY AND COMMUNITIES

Current situation

- Financial support to CSOs around specific diseases and population groups to the detriment of issues that cut across the health system
- Vertical nature of funding stimulating competition and fragmentation, resulting in inefficiency and parallel ways of working at all levels
- Special challenges:
  - Much time spent on fundraising and reporting
  - Pressure to keep overhead costs unrealistically low
  - Focus on programme activities
  - Overlap in common trainings and capacity building efforts (e.g. budget analysis and expenditure tracking, social accountability)
- A major gap in current support to civil society: integrated advocacy and accountability efforts focusing on primary health care that is responsive to community priorities across the life course and ensures equity
- CSOs find it hard to get an equal seat at the table when plans and budgets are discussed
- Contractor-contractee relationships

Change needed

- Strong national civil society platforms that ensure that communities and civil society are included (and their representation strengthened) in health sector decision-making processes to:
  - help shape priorities, ensure pathways towards UHC are equitable to deliver on the commitment to leave no one behind
  - facilitate citizen-led monitoring of progress against outcomes towards UHC, including in the health budget and actual health spending
- Focus on social accountability, with people's voice and action around how domestic resources used to deliver better health outcomes

What is social accountability?

- Ongoing and collective efforts to hold public officials to account for the provision of public goods which are existing state obligations or that are consistent with socially-accepted standards and norms
- Social accountability mechanisms focused on citizen-state relationships, bringing users, providers and decision makers together to improve services and ensure they are more responsive to people's needs, accountable and sustainable
- Many approaches, with mixed results
- Examples: social audits, community scorecards, participatory budgeting, civil society platforms that directly engage citizens in reform efforts
- Outcomes: empowerment, democracy/citizen engagement, development/service delivery outcomes

More information: Annex 2 on Social accountability approaches- supporting CSOS to realize better UHC health outcomes (Aligning Global Health Initiatives' support to civil society organisations)

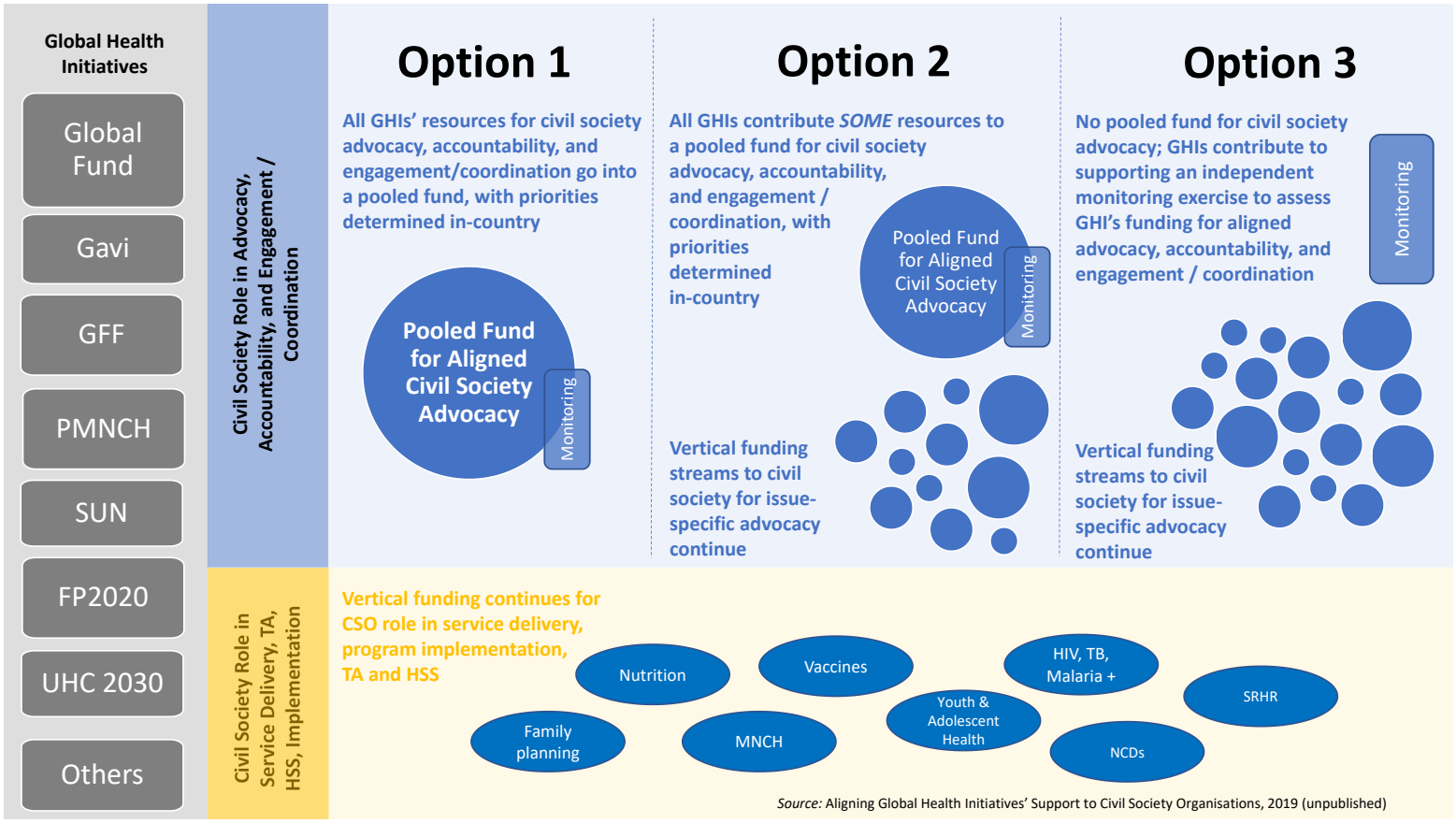
Scope of support

- Development and implementation of cross-cutting/integrated advocacy priorities determined in country through a collaborative, consultative process, in line with country health sector strategy and UHC/PHC priorities
- Citizen participation in health planning and budgeting processes
- Social accountability mechanisms to ensure provision of quality of care, reaching the most vulnerable first
- Capacity building and coalition building of organisations and institutions, including for additional country-level fundraising activities
- Core funding to cover operations and capacity development (not service delivery or specific programme activities)
- Specific activities related to advocacy, engagement and accountability focusing on issues that cut across health systems

Expected benefits

- More coherent advocacy for equitable progress towards UHC, emphasising health issues more broadly (not disease of programme specific)
- Coalition building of civil society that supports national-determined priorities and institutions
- Increased accountability and responsiveness to community needs, with integrated health needs of communities across the life cycle recognised by GHIs, other donors and governments
- More sustainable specific disease interventions and programmes
- Greater efficiency in government and donor spending, more targeted towards equity approaches
- Better value for money for donors with streamlined administration of CSO funding mechanisms

NEXT STEPS – OPERATIONALISING THE CSO CALL FOR IMPROVED ALIGNMENT OF GHIs' SUPPORT TO CSOs



Source: Aligning Global Health Initiatives' Support to Civil Society Organisations, 2019 (unpublished)

Proposed concrete steps

Approach: to promote greater alignment of funding for strong national civil society health platforms that can engage in policy dialogue and advocate/account for prioritization of those left behind, including women, children and adolescents as well as other vulnerable and marginalized groups

Objectives:

- Ensure complementary action and sufficient funding to support the common vision around national civil society platforms
- Identify opportunities for better coordination and synergistic technical and financial support
- Provide the basis for additional support to strengthen social accountability

A gradual approach

- It may take time for all GHIs (and their main donors) to agree to substantially reform their funding mechanisms supporting CSOs, and commit to full alignment through channeling funds into pooled funding mechanisms
- A gradual approach is proposed, moving on all three aspects in parallel:
  - Information sharing and coordination on grants for advocacy/accountability/capacity development and support to national platforms
  - Adjustments in respective grant mechanisms
  - Shift to partial pooled funding
- Different GHIs may opt to move at their own pace, in alignment with their own strategies, replenishment cycles, and governance structures

A combination of actions

A pooled funding mechanism

Options 1 and 2

- (Partial) pooling of funds among GHIs ready to do so – building on existing mechanisms if possible, through reallocation of all/or some of the existing funding to support civil society advocacy and accountability
- Joint efforts to mobilise additional funding from new potential donors

Coordination across existing mechanisms

Option 3

- Allocations of a percentage of existing funding to support CSO alignment and coalition building around social accountability
- Information sharing about CSO grant allocations to identify duplication and gaps (among those GHIs not able to pool funds)
- Coordination of calls for submission through joint dissemination and common selection criteria, to ensure complementarity and alignment of support (through parallel funding when pooled funding is not possible)
- Joint advocacy/outreach to donors ahead of relevant executive board discussions to promote convergence in community and civil society engagement policies and grant mechanisms

Implementation

A multi-partner task force, comprising:

- Focal points for CSO support from GHIs (GAVI, Global Fund, GFF) and partnerships (UHC2030, PMNCH, SUN, FP2020)
- Representatives from civil society platforms sitting on GHI boards, incl. country voices (not just norther based advocacy experts)
- A donor representative from each GHI board

Timeline: Task force to be established in January 2020

- TORs and workplan finalized by end January with milestones to be specified in line with individual GHI timelines for their own strategies, replenishment cycles and governance structures
- Expected milestones: full proposal (July 2020); with implementation starting by end 2020

Annex
Aligning Global Health Initiatives' Support to Civil Society Organizations

Executive Summary

Authors and Target Audience: This paper was commissioned and written by a group of institutions (including PMNCH, UHC 2030, IFRC, PSI, MSH, AHBN, GHA, GHV), interested in the promotion of alignment of support for civil society advocacy and accountability. Its aim is to stimulate discussion among donors and Global health initiatives on possible alignment for improved financing of civil society organizations so that they can play their unique role to a) better identify and advocate for communities left behind; and b) hold governments, donors, and partners more accountable to the needs of those communities

Problem statement: Global Health Initiatives (GHIs) bring much-needed attention, funding, and action for program / disease specific global health issues. Through their support to Civil Society Organizations (CSOs) they have supported these actors to advocate for resources and supportive policies, to elevate the voices of affected populations, and to monitor progress. However, the vertical nature of their funding has stimulated competition between CSOs, fragmentation, inefficiency, and parallel ways of working, aligned with GHI specific programs or diseases. This vertical approach also runs counter to the integrated health life cycle approaches that are accountable to the needs of the most vulnerable communities (fragile, urban poor, rural remote contexts and those affected by stigma and discrimination) and central to achieving Universal Health Coverage (UHC) and the Sustainable Development Goals (SDG).

Potential solutions: This paper outlines three practical options to strengthen alignment of GHIs funding to civil society. With decreased fragmentation, increased efficiency, and more focus on community-driven integrated, holistic approaches to health, greater alignment could lead to more sustainable, appropriate, and improved health outcomes. This improved alignment should increase funding available for advocacy, accountability, and citizen engagement efforts - areas of work that civil society are describing as woefully underfunded under current structures. This paper is ***not*** about service delivery, technical support, or implementation roles CSOs provide that are also funded through targeted GHI support.

The three suggested options are not mutually exclusive and could be context specific. This paper focuses on global architecture and options 1 and 2 would need a dedicated entity / secretariat to function, whereas option 3 would build on existing individual GHI structures and processes. To practically work in countries, some social accountability frameworks would need to be applied (see accompanying paper for details).

1. **Option 1 – Fully Aligned Funding:** all GHI donors (bilaterals, private sector and foundations) could re-allocate their funds for civil-society-led advocacy, accountability, and engagement into a pooled funding mechanism, to support coordination and aligned advocacy and accountability activities in countries, towards common UHC and SDG related health goals and national priorities that impact all of the GHI issue areas;
2. **Option 2 – Partially Aligned Funding:** include the allocation of *some* funding from each of the GHIs to a pooled funding mechanism for civil-society-led advocacy, accountability, and engagement activities in countries, with similar priorities, but a reduced scale from Option 1; and
3. **Option 3 – Commitment and Monitoring:** GHI donors commit to supporting coordination and alignment among CSOs in countries in principle and through dedicated funding, using their own GHI existing funding streams and grant mechanisms. A global entity for independent, CSO-led monitoring should be supported to assess the GHIs' funding for and commitment to coordinated civil society activities in advocacy, accountability, and meaningful engagement.

Next steps and timeline: In October and early November 2019, this paper, will be circulated for approval and constructive feedback from key CSO constituencies (e.g. Gavi, Global Fund, UHC2030, GFF, PMNCH, FP2020 and SUN). At the same time we will seek inputs and thoughts informally from the key members of the donor community (e.g. UK, US, Norway, Sweden, France, Australia, Bill & Melinda Gates Foundation) to better understand the potential of aligning support for CSO advocacy and accountability roles as well as scaling up the use of social accountability frameworks. The ultimate aim is to encourage donors, GHIs, governments, and partners to think differently about aligning support in favor of civil society to play its accountability role and be able to advocate for broad health issues on behalf of vulnerable communities.

1. Background

Global Health Initiatives (GHIs) such as Gavi, the Global Fund, the Global Financing Facility (GFF), Family Planning 2020 (FP2020), the Scaling up Nutrition (SUN) initiative, the Partnership for Maternal, Newborn and Child Health (PMNCH), UHC 2030 and others have brought much-needed attention, funding, and action for program / disease specific global health issues. This has been, in part, through targeted funding and technical support for implementing national programs or disease specific plans. While the GHIs have accelerated progress and increased resources available for health overall, they have also increased the complexity of global and country health landscapes. At times, the independent and parallel nature of their programs contribute to inefficiencies in global health financing.[1]

Calls have been made by a range of stakeholders to improve donor alignment and harmonization of health financing that respond to national priorities. These include the Paris Declaration on Aid Effectiveness and ensuing Accra Agenda.[2] More recently, the Global Action Plan for Healthy Lives and Wellbeing (GAP) is attempting to improve efficiency and health outcomes by aligning efforts of 12 multilateral health, development, and humanitarian agencies.[3,4] Commitments to both the Sustainable Development Goals (SDGs) and Universal Health Coverage (UHC) agendas emphasize the need for country ownership and country driven approaches to achieve health outcomes, based on the needs of citizens, specifically those left behind. To improve health outcomes and leave no one behind, donors and GHI efforts will increasingly need to respond to community needs. Practically, this means greater alignment with local and national coordination, planning, budgeting, implementation, and monitoring to minimize duplication and administrative burdens, maximize efficiency, and support established structures.

The Unique Value of Civil Society

Nearly all GHIs invest some resources in civil society, which play an essential role in supporting the goals of GHIs that is unique and unmatched by any other stakeholder because of their direct access to end users and community members. For example, through **advocacy** for resources and supportive policies, **elevating voices of affected populations**, **monitoring and accountability**, **service implementation**, **research**, and **technical assistance**, civil society organizations (CSOs) are critical contributors to improving health outcomes. Many CSOs can provide services and community engagement in places the government is unable to reach. CSOs can also provide independent oversight roles and show where and what the needs are of vulnerable communities to hold governments, donors, and partners more accountable to commitments made.[5]

Analyses and Consultations To-Date

However, various analyses and consultations conducted in 2018-2019 indicate that support from GHIs to CSOs mirrors support to governments in its siloed nature, and there are inefficiencies and gaps in the way GHI support is being funneled to CSOs. For instance, while multiple GHI's support civil society engagement in policy and planning processes, expected outcomes are often related to specific priorities of the GHIs rather than locally defined priorities. And, as many CSOs align themselves to where the money is – siloed according to GHIs needs – it limits their ability to work more holistically for integrated primary health care

[1] WHO. 2019. Stronger Collaboration, Better Health: Global Action Plan for Healthy Lives and Well-being for All.
[2] OECD. Paris Declaration and Accra Agenda for Action.
[3] The 12 agencies are Gavi, the Vaccine Alliance; the Global Financing Facility for Women, Children and Adolescents (the GFF); The Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund); the Joint United Nations Programme on HIV/AIDS (UNAIDS); United Nations Development Fund (UNDP); United Nations Population Fund (UNFPA); United Nations Children's Fund (UNICEF); Unitaid; United Nations Entity for Gender Equality and the Empowerment of Women (UN Women); the World Bank Group; World Food Programme (WFP) and the World Health Organization (WHO).
[4] WHO. 2019. Stronger Collaboration, Better Health: Global Action Plan for Healthy Lives and Well-being for All.
[5] GFF Civil Society Engagement Strategy, 2017.

(PHC) along the life cycle or respond to community needs, for example. The overlap in GHIs' support to civil society also results in gaps and underfunded areas of support, such as resource mobilization, budget advocacy, and research.[6]

In addition, *community and civil society engagement* is identified as one of the seven core accelerators of the GAP, launched in September 2019. *"Community and civil society are at the heart of ensuring that health services respond to community needs and leave no one behind."* The GAP calls for action that *"ensure(s) more coherent, effective support to countries by aligning approaches and tools and promoting action on public goods",* as well as: coordinated support to communities and civil society organizations at country level, strengthening national and sub-national community and civil society coalitions, and enhancing meaningful engagement and inclusive governance that amplifies the voice of communities and civil society in country fora.[7]

A Strategic Vision for Alignment

CSOs are calling for greater alignment across GHIs, and in the way that GHIs support civil society. While GHIs may continue funding CSOs to execute or provide technical support for vertical programs for health systems strengthening, service delivery, and implementation in support of their issue-specific priorities, CSOs are calling for a more holistic and aligned approach to advocacy, accountability, and citizen engagement in political processes, that aims to achieve:

- ✓ more resources for health and greater efficiency in donor and government spending, more targeted towards equity approaches;
- ✓ alignment and coalition-building of civil society – including international NGOs (INGOs), local and grassroots CSOs, youth-led organizations, faith-based groups etc. – that supports nationally-determined priorities and institutions;
- ✓ increased accountability and responsiveness to community needs, such that the integrated health needs of communities (especially those left behind) across the life cycle is recognized by GHIs, other donors, and governments; and
- ✓ better national and global health outcomes that contribute to the achievement of UHC and SDG3.

However, ***while CSOs are calling for greater alignment in advocacy, accountability, and citizen engagement & efforts, consultations and existing documentation emphasize that these civil society activities are not adequately supported under current structures***.[8] The value of this critical civil society role must be recognized and resourced accordingly.

Overview, Methodology, and Limitations

There is still much work needed to better understand the multi-level impact of fragmentation and non-alignment of GHIs, how civil society can best be supported to play its 'watch dog role', and which entity can coordinate such an effort. More research is also needed to quantify the cost-effectiveness of better alignment and the impact of coordination and advocacy. However, this paper outlines some of the benefits and potential risks of improved alignment in GHI support for CSOs to play their advocacy and accountability roles, and three proposed options and approaches to operationalize greater alignment. This is in response to emerging evidence, consultations, and the GAP accelerator on community and civil

[6] Global Health Initiatives' Support to Civil Society Organizations: Analysis and Recommendations. 2018. Global Health Visions, PMNCH, Global Health Advocates, and UHC2030 CSEM. (unpublished)
[7] WHO. 2019. Stronger Collaboration, Better Health: Global Action Plan for Healthy Lives and Well-being for All.
[8] Global Fund Advocates Network, 2019. Sustainable Health Financing Advocacy: Civil Society Advocacy for Sustainable Financing for Health.

society engagement. It includes findings and recommendations from previous analyses and consultations conducted in 2018-2019,[9] desk research, and key stakeholder interviews with 10 leaders and representatives of the major GHI civil society constituencies.

2. A Common Definition of Civil Society

In line with the SDGs and UHC, it is important that there is a common understanding of what civil society is, what value civil society brings to advancing health and development outcomes, and the significance of promoting greater alignment and coordination among civil society. We therefore use the UNDP common framework and general understanding of civil society.

> *"CSOs can be defined to include all non-market and non-state organisations outside of the family in which people organize themselves to pursue shared interests in the public domain. Examples include community-based organisations and village associations, environmental groups, women's rights groups, farmers' associations, faith-based organisations, labour unions, co-operatives, professional associations, chambers of commerce, independent research institutes and the not-for-profit media."*[10]

GHIs may define civil society slightly differently, however, some stakeholders see community-led organizations as different from CSOs, recognizing the unique value that community-led organizations bring to political processes. For example, the Global Fund and UNITAID have established a community seat at the board level separated from the NGO seat(s). "This is seen as being critical in bringing human rights, gender and key populations spectrum in the Global Fund policies."[11]

3. Why Support Greater Alignment of Civil Society?

Responsive to Community and Country Priorities

Engaging communities in dialogue, planning, budgeting and monitoring their services improves programmatic and health outcomes.[12] Facilitating the participation of a diverse range of CSOs and community members in a meaningful, non-tokenistic way: a) increases chances that programs and budgets are demand-driven, b) reflect more holistic and integrated needs of target populations (especially the most vulnerable) along the life cycle, and c) increases chances that services are monitored independently, to ensure commitments are met. Aligned and coordinated health planning and budgeting, with robust civil society engagement, allows national and sub-national governments and stakeholders to make decisions based on evidence, including disease burden and community needs, rather than where the money is coming from (i.e. donor-driven agendas). CSOs who are funded to coordinate, rather than responding to siloed funding requirements, will also be more responsive and supportive of community needs and national/sub-national health priorities; they can help 'shine a light' on where the needs are and help planners and budgeters allocate resources to the most vulnerable communities (often with the greatest disease burden).

Kenya Case Study: Challenges with coordination and alignment with current GHI funding structures[13]
An in-depth review of the GHI-funded civil society landscape in Kenya indicates that CSOs funded by different GHIs are aware of one another and collaborate informally but are not incentivized to

[13] Global Health Initiatives' Support to Civil Society Organizations: Analysis and Recommendations. 2018. Global Health Visions, PMNCH, Global Health Advocates, and UHC2030 CSEM. (unpublished)

collaborate or coordinate resources given the structure of donor support and the issue or disease-specific objectives outlined by donors.

In Kenya, seven CSOs received funding from four GHIs. There was great overlap in the functions and focus areas supported by these grants as well as in gaps not covered by any of the grants. The grants most commonly supported policy advocacy, capacity building, and meetings and convenings as activities; and the most commonly supported issues included nutrition, SRHR, and tuberculosis. Very little funding was allocated to support resource mobilization efforts, budget advocacy, and research and analysis; and few addressed education or quality of care, or mothers and newborns as target populations, all of which were identified by civil society as unfinanced gaps.

CSO grant recipients report that country-level coordination of CSOs can be undermined by shifting donor priorities and by donor perceptions of lack of effectiveness or impact of coordination activities.

Efficiency and Cost-Effectiveness

Currently, many CSOs report that there is little incentive to coordinate and align their work; GHIs and donors are focused on issue-specific outcomes, rather than process indicators of alignment.[14]

CSO Fundraising: CSOs spend much time on fundraising and reporting, which is an area of potential inefficiency. Fundraising is clearly resource-intensive, but little is known about the true costs associated with resource mobilization for CSOs, in part because organizations are leery of disclosing their fundraising budgets. For example, Swiss non-profits may spend around 21 cents in fundraising costs for every dollar donated[15] while U.S. charities may consider a "reasonable" fundraising cost ratio as 35 cents on the dollar.[16,17] There has been little independent research conducted on real fundraising costs, particularly in the global health sector.

Overhead Costs: Donors / GHIs prioritize cost-effectiveness and impact, but these are difficult to measure, and harder still to compare between organizations and sectors. In the absence of that information, charitable donors may rely on overhead cost ratio, which is, in theory, easier to measure[18] -- even though overhead costs, which include fundraising, are not a reliable indicator of effectiveness or efficiency.[19] CSOs often feel pressure from donors to keep their overhead costs unrealistically low, and devote most resources to program activities.[20] This leads to weaker infrastructure, lower staff capacity and higher turnover, which in turn affects the organization's programmatic effectiveness. This has been termed the "nonprofit starvation cycle"[21] or the "evaluability bias."[22]

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[10] Tomlinson, B., 2013. Working with Civil Society in Foreign Aid: Possibilities for South-South Cooperation? UNDP.
[11] International Health Partnership for UHC2030, 2016. Assessment of CSO mechanism in Global Initiatives: Informing the CSO engagement mechanism in UHC2030.
[12] Itad and e-Pact, 2017. What works for Social Accountability? Findings from DFID's Macro Evaluation.
[13] Global Health Initiatives' Support to Civil Society Organizations: Analysis and Recommendations. 2018. Global Health Visions, PMNCH, Global Health Advocates, and UHC2030 CSEM. (unpublished)
[14] Global Health Initiatives' Support to Civil Society Organizations: Analysis and Recommendations. 2018. Global Health Visions, PMNCH, Global Health Advocates, and UHC2030 CSEM. (unpublished)
[15] Nageswarakurukkal, K. et al., 2019. Improving Fundraising Efficiency in Small and Medium Sized Non-profit Organizations Using Online Solutions. *Journal of Nonprofit & Public Sector Marketing.*
[16] Hagar, M. et al., 2000. Variations in Overhead and Fundraising Efficiency Measures: The Influence of Size, Age, and Subsector.
[17] The Urban Institute & Indiana University, 2004. Lessons for Boards from the Nonprofit Overhead Cost Project.
[18] Caviola L, et al. 2014. The evaluability bias in charitable giving: Saving administration costs or saving lives?
[19] Jonathan, M., 2017. Are overhead costs a good guide for charitable giving? IZA World of Labor.
[20] Rooney, P., & Frederick, H.K. 2007. Paying for Overhead: A Study of the Impact of Foundations' Overhead Payment Policies on Educational and Human Service Organizations. Center on Philanthropy at Indiana University.
[21] Gregory, A.G. & Howard, D. 2009. The Nonprofit Starvation Cycle. *Stanford Social Innovation Review.*
[22] Caviola L, et al. 2014. The evaluability bias in charitable giving: Saving administration costs or saving lives? *Judgement and Decision Making.*

Competition Among CSOs: Finance windows are tightening or closing in many areas,[23] contributing to increased competition for resources between organizations whose work should be complementary. Competition undermines CSO capacity for effective collective advocacy.[24] Aligning GHI funding with national goals more holistically could allow CSO to streamline fundraising operations, facilitate coordination on programs and advocacy, and agree on standardized reporting that would reduce the burden of reporting on grant results.

Capacity Building: There are efficiency gains to be made by reducing overlap in common trainings and capacity building efforts (e.g. in budget tracking and social accountability approaches), and CSOs may be more effective by aligning around a short-list of targeted advocacy priorities that have the potential to impact many health issue areas, such as increased domestic resources for health.

Administrative Costs of Funding Mechanisms: Administrative costs of multiple GHI Secretariats and CSO funding mechanisms associated with each of the major GHIs is also inefficient; there many structures and layers to fund (often with duplicative communications, monitoring, HSS or fund raising groups for example) that make it hard for CSOs to navigate when dealing with the secretariats. More research is needed to examine specific efficiency gains.

4. What are the Risks and Challenges of Alignment?

While there is a broad recognition of the value of greater alignment, as seen through GHI's rhetoric in support of the global community's push towards a more holistic health agenda focused on UHC and leaving no one behind, in reality there are significant challenges and risks to operationalizing alignment.

Mismatched Values Around Civil Society Engagement

CSOs report very different value-systems among the GHIs and country governments when it comes to how they view and engage civil society, which may be challenging to align. Some view CSOs as integral to decision-making, implementation, and resource mobilization, while others may be less certain how to most effectively leverage the skills and perspectives that civil society has to offer. Civil society's critical role in supporting and driving accountability is not always valued or resourced. There are differing strategies for engaging civil society, which will need to be examined and aligned.

Measurement and Results

Meaningful engagement of civil society and alignment across diverse agendas takes time and resources to support information-sharing, representation, feedback loops, and consultation. Engagement and coordination can also be challenging to measure and doesn't always yield immediate results. Stakeholders report that the GHI Secretariats feel beholden to their donors, who are expecting short-term, issue-specific results, in addition to longer-term impact. The GHIs must be willing to consider and agree upon alternative measurement approaches (e.g. comprehensive independent evaluation, including process assessment and indicators for alignment, rather than outcome indicators alone). GHIs will need pressure and permission from their donors to do business differently, with the potential for greater impact in the long term.

[23] Potluka, O., & Svecova, L., 2019. The Effects of External Financial Support on the Capacities of Educational Nonprofit Organizations. *Sustainability.*
[24] Storeng, K. T., & de Bengy Puyvallée, A., 2018. Civil society participation in global public private partnerships for health. *Health Policy and Planning.*

5. Defining Options for Improved Alignment

If civil society is to play a role of holding GHIs accountable to the needs of communities, there is a potential conflict of interest if CSOs receive funding from these entities and makes it difficult for civil society to play this role effectively. It is therefore important to minimize this risk and ensure that civil society can remain as objective, impartial, and neutral as possible from the sources of funding in the GHIs.

The following three options delineate how GHI donors might resource civil society in a more aligned way, which supports improved coordination and collective impact around national health priorities and GHI goals in countries. These options do ***not*** aim to change GHIs specific resources available for technical support, service delivery / program implementation or HSS to achieve the goals of the specific GHI issue. Instead, the options focus on the less well supported role of CSOs: a) leveraging civil society's role in **advocacy** and resource mobilization for health; b) holding governments, donors and development partners **accountable** for commitments; and c) ensuring the GHIs are responsive to community needs, by facilitating the **engagement** of CSOs and citizens in political decision processes, and **coordination** across a range of civil society actors, including local and grassroots CSOs, INGOs, youth-led organizations, faith-based groups, and more. These options are recommendations for reimagining the global architecture of support to civil society from GHIs, which aims to impact the way in which health and programs are funded in countries. The options do not need to be mutually exclusive, but could operate in tandem according to individual contexts, or could be implemented in a phased approach.

1. **Option 1 – Fully Aligned Funding:** all GHI donors could re-allocate their funds for civil-society-led advocacy, accountability, and engagement into a pooled funding mechanism, to support coordination and aligned advocacy and accountability activities in countries, towards common UHC and SDG related health goals and national priorities that impact all of the GHI issue areas.

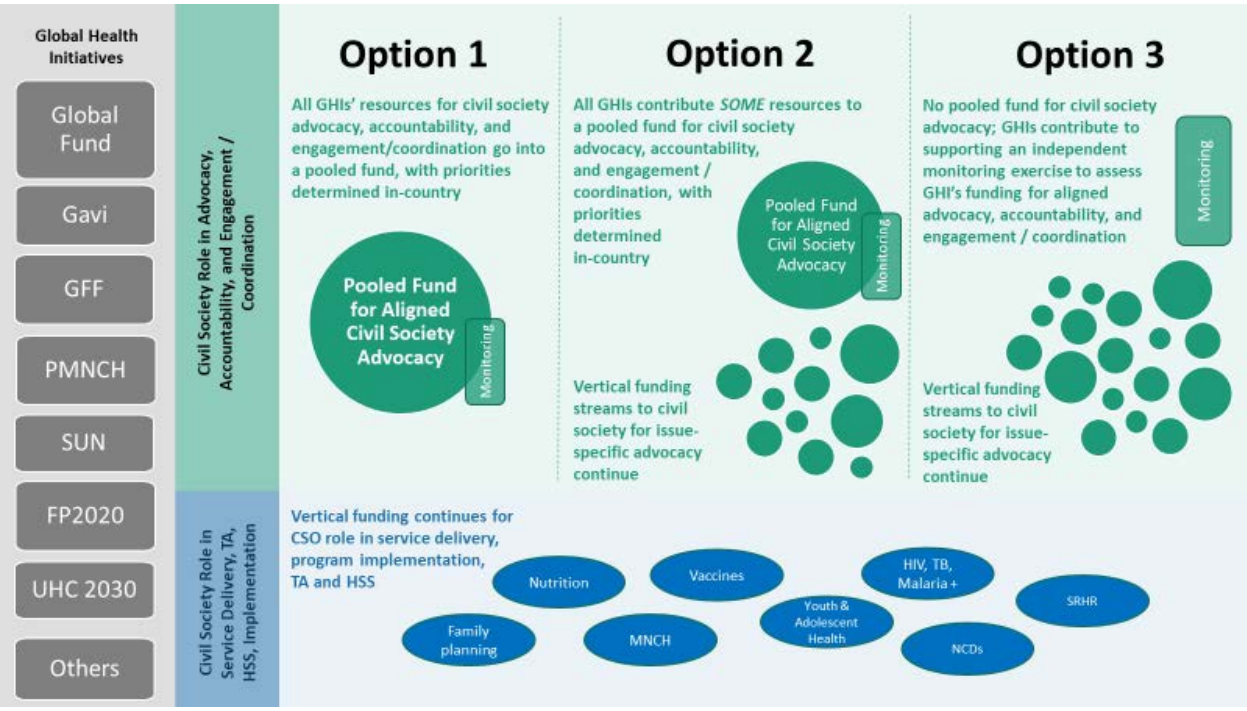
2. **Option 2 – Partially Aligned Funding:** include the allocation of *some* funding from each of the GHIs to a pooled funding mechanism for civil society-led advocacy, accountability, and engagement activities in countries, with similar priorities, but a reduced scale from Option 1.

3. **Option 3 – Commitment and Monitoring:** GHI donors commit to supporting coordination and alignment among CSOs in countries in principle and through dedicated funding, using their own GHI existing funding streams and grant mechanisms. A global process for independent, CSO-led monitoring should be supported to assess the GHIs' funding for and commitment to coordinated civil society activities in advocacy, accountability, and meaningful engagement.

6. Operationalizing the Options

The three potential options for operationalizing improved civil society alignment, with support from the GHIs, are outlined below. None of these is mutually exclusive; the movement towards greater alignment should be recognized as a fluid, gradual approach, which is context specific. Different GHIs may opt to adopt one or more of the options, at their own pace, in alignment with their own strategies, replenishment cycles, and governance structures. But, the time is now to make progress between the GHIs, and ensure that the GHIs remain relevant as the global community shifts towards a more holistic, systems-focused, cross-cutting, lifecycle approach that will achieve UHC and the SDGs, and respond to and support country-owned health plans based on community needs. Partners are asking the GHIs to take tangible, measurable steps towards alignment and key global frameworks (i.e. the GAP) are outlining actions that must be addressed.

Infographic: Three options for aligning support to civil society advocacy, accountability, & engagement



Option 1: Fully Aligned Funding Mechanism for Civil Society

The GHIs could allocate all of their funding earmarked for civil society advocacy, accountability, community engagement and coordination to a pooled fund, to be managed by an external, independent host entity, with capacity to review and approve proposals, disburse funds to multiple regions and/or countries, reducing fiduciary risk and accounting for tracking and spending. Selection of the host entity could be through a transparent process, governed by a steering committee composed of representatives from each of the GHIs civil society constituencies, perhaps with some donor or technical partner representation to provide robust oversight, and transparency of process. The host entity could function as a secretariat, that could be supported with funding from each of the GHIs, with expertise to support civil society functions in advocacy, accountability, and meaningful engagement and coordination, through capacity building and technical assistance. This mechanism overcomes the issue of conflict of interest where currently GHI's may directly fund CSOs to pay their accountability roles.

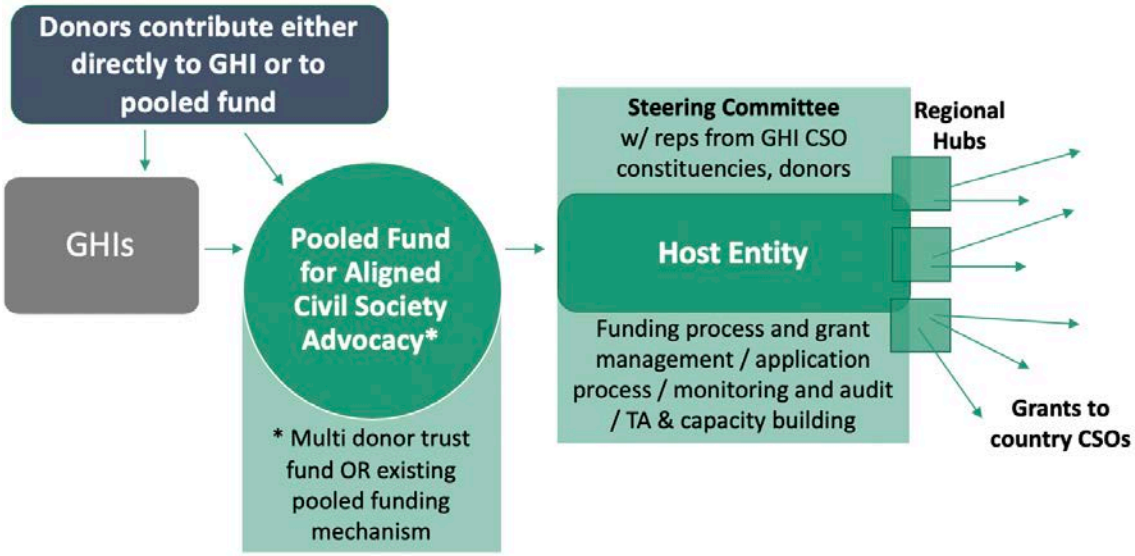
There would need to be GHI leads working with civil society working groups that represent different themes or issue-areas, to ensure that existing GHI program or disease specific priorities continue to be emphasized, while the secretariat promotes greater coordination and aligned planning. The secretariat should also have a mandate to engage in broader health governance negotiations and processes beyond the GHIs, such as WHO's civil society engagement effort. The secretariat would facilitate a joint work-planning process that captures and aligns the key priorities and activities of each of the GHI CSO constituencies related to advocacy, accountability, knowledge-sharing, and capacity-building.

The host entity should have a strong capacity-building element built in, with regional partner institutions to support fund disbursement, technical assistance, and contextual knowledge-sharing that is tailored to different geographic regions. It should build on existing structures and mechanisms, as possible (e.g. UHC Civil Society Engagement Mechanism, GFF Small Grants Mechanism, SUN Movement Pooled Fund).

A clear vision and strategic guidance for grants will be needed, including a focus on:

- development and implementation of cross-cutting/integrated advocacy priorities determined in country through a collaborative, consultative process – in line with country health sector, PHC and UHC priorities
- health resource mobilization and budget tracking, including down to community levels
- social accountability mechanisms to ensure provision of quality of care, reaching the most vulnerable
- citizen participation in health planning and budgeting processes
- capacity building and coalition-building of organizations and institutions

Infographic: Funding flows from donors & GHIs to country CSOs



Option 2: Partially Aligned Funding Mechanism for Civil Society

The major GHIs could instead allocate a percentage of their funding (e.g. 50% of current funding for CS advocacy, accountability, and engagement) to a pooled fund for civil society advocacy, accountability, coordination, and community engagement activities. The pooled fund would maintain many of the same structures outlined in the fully aligned funding option above, but with a smaller secretariat, and more limitations on the mandate and activities of the host agency. For example, with more limited funding from the GHIs, the host entity may not be able to branch into regional hubs, and some of the capacity-building and knowledge-sharing functions may be more limited. While the secretariat would still maintain strong links to each of the GHIs and engage in some broader health governance negotiations and processes beyond the GHIs, these too would be more limited in scope.

The partially aligned funding mechanism would provide some funding for increased coordination and alignment of civil society activities in countries, with a focus on civil society and community engagement and coordination, and advocacy and accountability around common priorities such as health financing. The GHIs could continue to also fund vertical advocacy and accountability activities, though the secretariat would encourage and facilitate coordination and joint work-planning of those activities through civil society platforms and coalitions in countries. The overall funding envelop for civil society advocacy, accountability, and engagement should not decrease from Option 1 to Option 2.

Option 3: Business Un-Usual – Commitment and Monitoring

Under Option 3, the GHIs would continue to fund civil society advocacy, accountability, and engagement activities through their own structures and mechanisms, but they would commit to allocate a percentage of that funding to support CSO alignment and coalition-building across GHI themes in countries, meaningful participation, and social accountability activities, centred around country-driven, coordinated priorities determined through CSO consultation in countries.

In order to go beyond rhetoric, the GHIs would be asked to make their commitments publicly available. Shared indicators for monitoring support for civil society coordination, advocacy, and accountability activities would be determined, such as:

- Predictability of fund flows to specific populations / communities (over time differences between allocated and disbursed or time taken to allocate / disburse to country and receive at sub national levels)
- % of grants allocated to civil society advocacy, social accountability, capacity building, coordination, and engagement of marginalized communities to improve governance
- % of national health platforms (i.e. multi-stakeholder country platforms) or equivalent representation by civil society and communities (e.g. voices of poor women, urban poor, youth, refugees / displaced persons, etc.)

A steering committee with representatives from each of the GHI CSO constituencies and boards could oversee efforts towards alignment. An annual report assessing civil society support and alignment would be developed, presented to the boards of the GHIs, and widely disseminated in countries. In addition to their commitments to support CSO alignment, participation etc. the GHI Secretariats would need to each allocate some funding for an agency to develop an independent scorecard, monitor the indicators, and report annually on the results, overseen by the steering committee.

While this option may offer the least disruption to current structures and systems, it must be recognized that it continues to facilitate verticalization and donor-driven agendas and still places a conflict of interest if civil society is to play its accountability role and be dependent on GHIs. This is in contrast to alignment with more holistic, country and community-led health planning and budgeting, in alignment with the GAP, UHC, PHC, and SDG agendas.

7. Accountability for Improved Alignment

As we consider options to operationalize greater alignment in funding for civil society in countries, social accountability mechanisms are critical across all options as an evidence-based approach that allows communities to hold government, donor, and partner decision-makers, planners, and budget holders more to account for commitments and to meeting the needs of communities. This is especially important where disease burdens are highest - the most marginalized and vulnerable who have the weakest voice, living in fragile, urban poor, or rural remote contexts and those living with stigma and discrimination.

Weak governance, overburdened health systems and challenges in reaching communities left behind remain a barrier to the successful realization of UHC. In response to these gaps, social accountability provides a critical element to ensuring an enabling environment for achieving UHC and quality of care. It

does so by raising the voices and needs of those excluded from health care and ensuring their needs are addressed when planning, budgeting, or implementing health programs.

More than two decades of research and application confirms the positive effects of social accountability. Recent large-scale reviews found that applying social accountability approaches positively influence *service delivery*, especially access and use of health services by communities who are otherwise left behind (see separate paper on social accountability). However, most evidence for social accountability is based at community or sub-national levels and attention is now needed to address how best to scale up and sustain social accountability efforts at national levels in a range of contexts.

The emerging UHC agenda provides a potential environment in which social accountability frameworks could be adapted and scaled up. Civil society can play a critical role in better aligning GHI efforts with the needs of vulnerable communities. This may include using and scaling up well-documented tools used for strengthening social accountability,[25] and / or strengthening the political and policy 'savvy' of civil society actors engaged with social accountability to improve political and policy processes, which may only be best led by indigenous stakeholders.

8. Conclusion

The time is now to respond to repeated calls for increased alignment and coordination across GHIs and partners, with action, rather than rhetoric. WHO's forthcoming social participation handbook may serve as an important tool to support citizen engagement and social accountability processes that are at the core of civil society's role in ensuring that services and programs respond to community needs and leave no one behind. And, while the Global Action Plan for Healthy Lives and Wellbeing (GAP), includes a bold agenda for greater alignment and coordination, and calls for support and resourcing for civil society, we are urging donors and development partners to go further in identifying concrete steps to support civil society's role in accountability, advocacy, and the meaningful engagement of citizens in political processes.

Civil society and other stakeholders are urging the GHIs to strongly consider tangible, measurable changes to global financing structures – like the options outlined in this paper – that will allow CSOs to work in a more holistic, coordinated manner which supports country ownership and community-driven approaches to achieve better health outcomes, meet national goals, and achieve UHC and the SDGs.

Authors

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[25] Such as community services scorecards, social audits, and participatory budgeting

Background Note - Social Accountability Approaches: Supporting CSOs to realize better UHC health outcomes

Summary: Societal consensus on the goals of Universal Health Coverage (UHC) provides communities 'left behind' with a potential space to have representation at all levels, and advocate for better health and well-being. Conceptually, this advocacy is not restricted to a single program or dimension of health. Current Global Health Initiatives (GHIs), however, are often program or disease specific, and correspondingly promote Civil Society Organizations (CSOs)'s work in these areas, to the detriment of issues that cut across the health system.

Program and disease focus is totally rational and understandable from the perspective of development assistance for health aiming to maximize measureable results.
Further down the health systems pyramid, challenges, demands and resources become unavoidably more integrated. Frontline health workers tackle a vast demand and negotiate the resources of multiple fragmented programs. Overworked and overwhelmed CHWs already deal with more than they can manage in a timely fashion. Finally, communities and households rarely have a say in which health threat needs to be addressed and where resources best serve them.

Ensuring platforms for the voice and collective action of service users is central to improving the performance of frontline service provision. It helps to redress power asymmetries and has positive system strengthening effects. It provides critical intelligence to guide investments that equitably strengthen systems. There is growing consensus that social accountability can provide these platforms for global health's ultimate customer (communities left behind living in fragile, rural remote or urban poor contexts or affected by stigma and discrimination that are at the heart of the UHC).

On behalf of civil society organizations, we are asking GHI donors to consider country based social accountability approaches as a transformative mechanism to strengthening community engagement, empowerment and service delivery outcomes during replenishment and funding commitments. With quality design and implementation, this can offer redress to policy blind spots, improve service and even potentially provide actionable signals to build PHC systems more holistically, beyond individual GHI program needs.

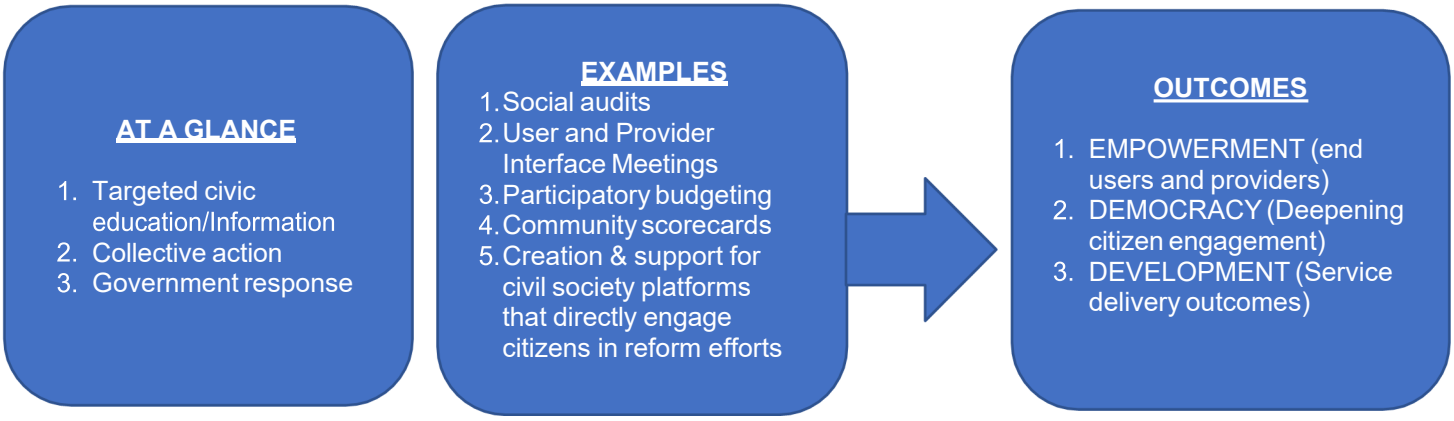
Weak governance, overburdened health systems and challenges in reaching communities left behind remain a barrier to the successful realization of Universal Health Coverage (UHC). In response to these gaps, social accountability provides a critical element to ensuring an enabling environment for achieving UHC and quality of care. It does so by raising the voices and needs of those excluded from health care and ensuring their needs are addressed when planning, budgeting or implementing health programs. However, often Governments, donors (bilateral and multi-lateral), Global Health Initiatives (GHIs[1]), private sector and others do not strengthen these accountability mechanisms for vulnerable communities.

This brief provides a short description of what is social accountability and what is the current landscape:

[1] GHIs mainly refer to the Global Fund for TB, AIDS and Malaria, Gavi, the Vaccine Alliance and Global Financing Facility but also includes Scaling up Nutrition and FP 2020.

What is social accountability? Social accountability can be defined as *ongoing and collective efforts to hold public officials*[2] *to account for the provision of public goods which are existing state obligations or that are consistent with socially-accepted standards and norms*.[3] Traditionally, social accountability efforts have been associated with governance and human rights work and primarily focused on strengthening political accountability in nation states. However, it has evolved to hold other stakeholders (such as donors, private sector and GHIs) accountable to citizens and communities.

Social accountability usually includes three elements [1] via multiple approaches, that, if implemented well, and adapted to context, can lead to improvement in three main areas [2]:



Social accountability mechanisms are focused on citizen-state relationships and so are inherently political in nature. They bring service users, providers and decision makers together to help improve services and can also support civil society movements engaged with political and policy reform. They provide a very concrete and measureable means by which communities engage service providers, government officials and potential donors to ensure services are more responsive to their needs, accountable, and sustainable.

There are many approaches to social accountability and mixed results may be attributed to comparisons of very different implementation approaches under the banner of the broad term. [3] Those with the strongest evidence base combine information and facilitation to foster community collective action at local level with direct citizen engagement both with service providers, local officials and politicians. They tend to include packaged approaches using niche, targeted citizen education and social audits (e.g. staffing levels, drug availability and clinic opening times), community services scorecards (e.g. including the user/service provider and government official interface meetings) and participatory budgeting.

Current landscape

The evidence: More than two decades of research and application confirms the positive effects of social accountability. Recent large scale reviews found that applying social accountability approaches positively influence *service delivery*, especially access and use of health services by communities who are otherwise left behind [4], [5], [6] [7]. A 2016 DFID macro evaluation [4] showed

[2] This could also include partners, donors, private sector and other key stakeholders in developing, funding and implementing health plans.

[3] Citation adapted from Houtzager P, Joshi A. 2008. *Introduction: contours of a research project and early findings.* IDS Bulletin 38: 1–9.

the evidence was 'compelling' that social accountability 'almost always' impacted services. A 2019 3IE systematic review found that promoting citizen-service provider engagement was "often effective in stimulating active citizen engagement in service delivery and realizing improvements in access to services and quality of service provision". But in the absence of complementary interventions to address bottlenecks around service provider supply chains and service use, citizen engagement interventions *alone* may not improve higher level development outcomes. [7]

The evidence from this recent systematic review highlight a key distinction between consensus on impact on intermediate service outcomes, compared with social accountability's direct impact on health *outcomes*, which is variable. The most influential of these RCTs was the Power to the People study (P2P) 2009, which found a 33% reduction in child mortality after only one year. [8] The authors, following up with a long run study in 2017, suggested that "efforts to stimulate community participation and local control can result in large and sustained improvements in health service provision and health outcomes in both the short and longer run." [9]

However, two more recent RCTs testing social accountability's impact on health outcomes, including a replication of the P2P study, had null findings. [10, 11] Preliminary results from an RCT based on a large Uttar Pradesh program in India, found an 11 % reduction in stunting and "dramatic" improvements in vaccination. Full immunization coverage rates amongst children aged 12-24 months increased by 7.2% in an information only arm and by 11.8% in an information plus facilitation arm. Relative to 44.5 percent in the control arm, these are approximately 16% and 27% increases. [12]

A recent mixed method Realist Evaluation promoted by the World Bank's Global Partnership for Social Accountability (GPSA) has further strengthened evidence for the way in which this work can support health systems and address local power asymmetries that exclude and marginalize specific groups. The evaluation [13] found that:

> *"The boundaries of the health system at local level were expanded to include citizens and local government; component elements of the system were strengthened; relationships were established between various elements of the system; stronger information and resource flows were introduced within the system; and positive feedback loops supported ongoing action to improve system effectiveness."*

The evaluation also found that the influence on local power dynamics was due to the use of structured and transparent processes to organize collective opinion, the empowerment of women and "*by bringing different types and levels of decision-makers into the process, such that different forms of authority are available to address different issues."* Recognising and addressing social differentials (such as age, gender, disability and marginalized groups) supports shifting outcomes in favor of more inclusive services for women, children, ethnically marginalized and those with disabilities, which very much aligns with the UHC agenda of Leaving No One Behind.

Few cost benefit studies of social accountability have been undertaken. One study in the Dominican Republic study found that a social accountability process led to a 63% reduction in the cost of drug procurement [14]. In the Dominican study and a recent literature review for USAID on scaling grassroots reforms, Prof. Andrew Schrank at Brown University[4] has argued in several social accountability forums that these interventions are highly cost effective. A more recent systematic review by 3IE of citizen engagement approaches found only a few studies with such data and was unable to draw conclusions. [7] However, it is useful to highlight that the key inputs are relatively low cost when compared to standard health interventions. Inputs may be limited to the cost of dedicated

[4] Professor Andrew Schrank has presented to two social accountability forums in Washington DC in 2017 and Delhi in 2018 on the cost effectiveness of these interventions based on his study on health care reforms in the Dominican Republic and his co-authorship of a literature review undertaken for USAID on scaling grassroots reforms.

facilitators[5], meeting space, training, IEC materials and/or stipend/transport support to facilitators and government officials.

Institutionalisation

Most evidence for social accountability is based at community or sub national levels and attention is now needed to address how best to scale up and sustain social accountability efforts at national levels in a range of contexts. Some large INGOs have experience scaling across multiple countries and contexts using similar approaches, highlighting the possibilities for standardized approaches through consortium platforms as has been trialed by the World Bank in Cambodia. Indonesia appears to have one of the most advanced frameworks with further significant investment planned by the World Bank in 2019. There are many promising examples of Low Middle Income Country (LMIC) Governments interest and support to promote social accountability practice.[6]

Global actor alignment

The World Bank's Global Partnership for Social Accountability (GPSA) is a small facility, which directly supports CSOs, in partnership with national governments, to undertake social accountability interventions. GPSA is now turning its focus to mainstreaming good practice examples into bank sector programming. There are limited other dedicated funding opportunities and only relatively small budgets available within sectorial programming. While social accountability work is relatively low cost when compared to traditional health interventions, many donors baulk at funding the primary input - volunteer facilitators. This is despite the recognition of the significance of these facilitators by the research and some country governments, including Indonesia, which funds more than 30,000 village facilitators nationwide to support empowerment and inclusion.

The emerging UHC agenda provides a potential environment in which social accountability frameworks could be adapted and scaled up. Civil society can play a critical role in better aligning GHI efforts with the needs of vulnerable communities. This may include using and scaling up well- documented tools used for strengthening social accountability[7], and / or strengthening the political and policy 'savvy' of civil society actors engaged with social accountability to improve political and policy processes, which may only be best led by indigenous stakeholders. Institutionalizing such practices is important, not totally by the state, due to risk of co-option.

Recently, some major health initiatives (notably WHO HRP, PMNCH, GFF) have piloted social accountability and begun to develop social accountability frameworks and tool kits. There is also in- depth knowledge among a range of health and social accountability practitioners and researchers of how social accountability works to strengthen systems and support equity, notably through a WHO facilitated Community of Practice.

Application in fragile contexts

Given the shifting donor focus to fragile contexts in recent years, the World Bank, DFID and USAID have supported expansion of social accountability approaches in these contexts, notably through the World Bank's Community Driven Development (CDD) programming[8], the GPSA and USAID's largescale food security and livelihoods programming.

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[5] There is growing evidence and demand for recognition of the importance of facilitators

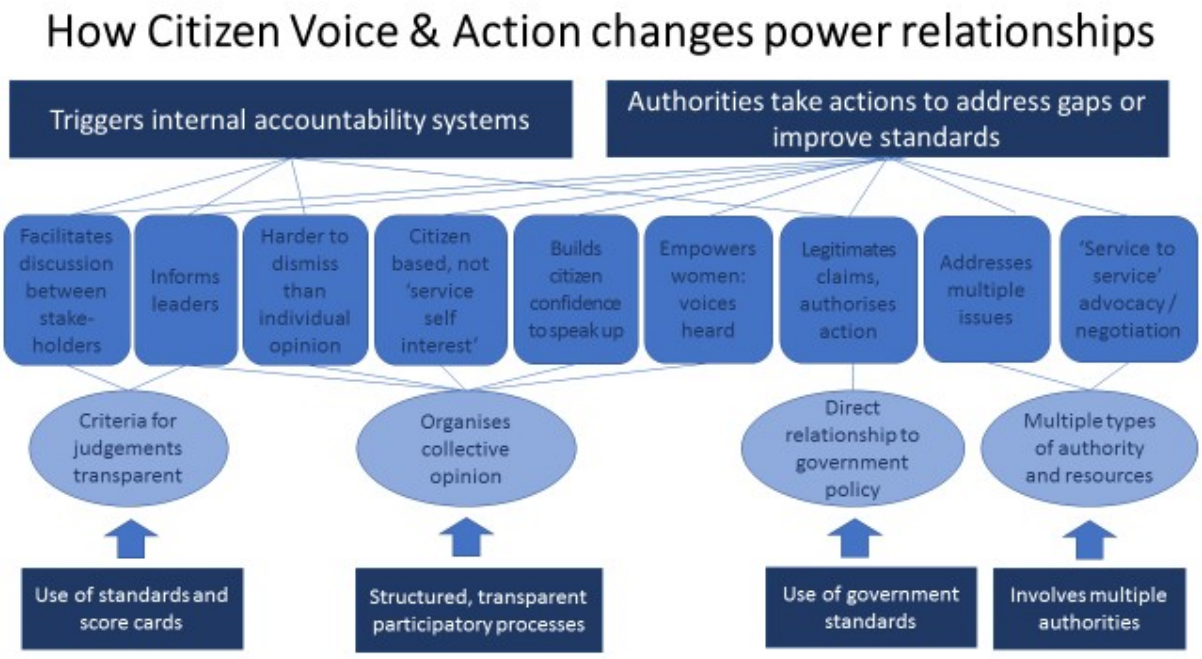
[6] India, Brazil, Indonesia, Philippines, Uganda, Kenya. The community health care strategy of Afghanistan 2015 promotes the use of community scorecards based on the experience of health officials seeing these approaches

[7] Such as community services scorecards, social audits and participatory budgeting

[8] Note CDD, as a general rule, usually promotes participatory planning rather than social accountability approaches such as social audits, community scorecards and participatory budgeting. But there is more documented on the role of CDD programming at scale in fragile contexts. A large research program at IDS is currently underway to understand, if and how, social accountability - or empowerment and accountability approaches - can be adapted in fragile contexts, but many NGOs have been adapting these approaches in fragile contexts for several years

There is preliminary evidence to suggest that social accountability can support social cohesion and legitimacy. For example, a multi country research project by Tufts University found that the legitimacy of local authorities improved in the perception of communities when they involved communities in the design of services. This was the case even when services didn't improve, suggesting that the mere effort of inclusion influenced a key outcome of interest to donors. [15] This finding is reinforced by 2017 research suggesting that certain aspects of the way in which services are delivered and experienced can influence the way people think about government. "Social accountability emerges as particularly important, with grievance mechanisms linked to positive perception change present in a number of cases." [16]

Annexes



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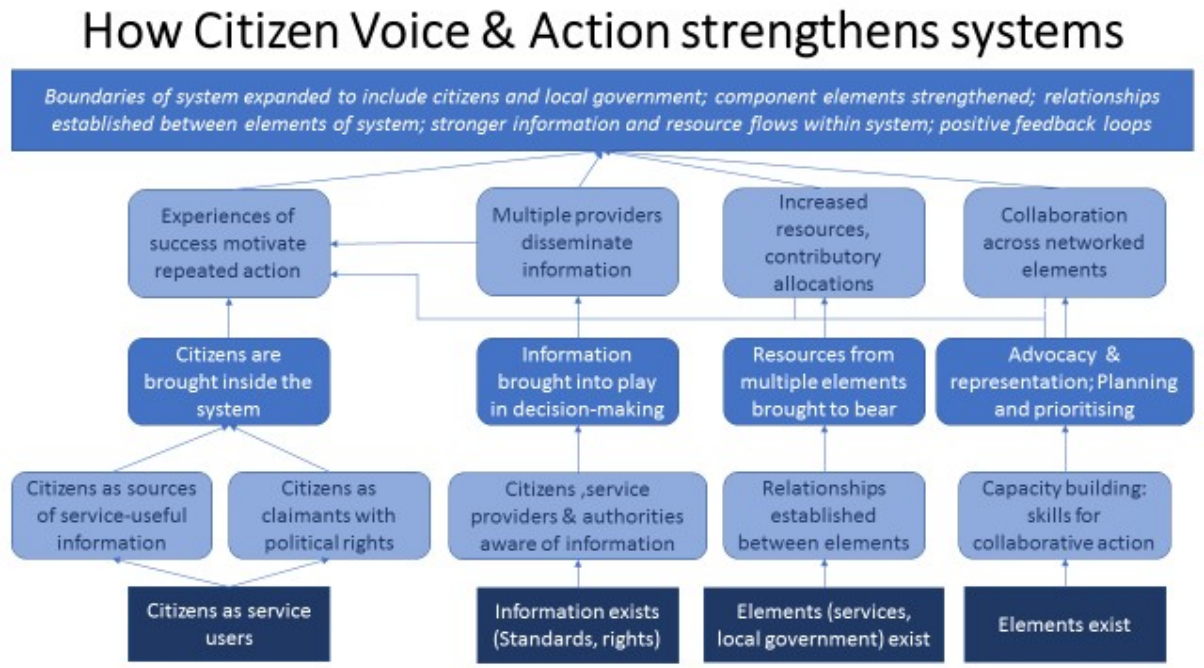

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