Mapping Accountability Mechanisms:

A Review of In-Country Accountability in Health Systems

June 2015

aidspan

Independent observer
of the Global Fund

Aidspan (www.aidspan.org) is an international NGO based in Nairobi, Kenya, whose mission is to reinforce the effectiveness of the Global Fund. Aidspan performs this mission by serving as an independent watchdog of the Fund, and by providing services that can benefit all countries wishing to obtain and make effective use of Global Fund financing.

Aidspan also publishes news, analysis and commentary articles about the Global Fund in its Global Fund Observer (GFO) newsletter and on GFO Live. To receive GFO Newsletter, send an email to receive-gfo-newsletter@aidspan.org. The subject line and text area can be left blank. To see articles on GFO Live, go to www.aidspan.org/page/gfo-live.

Aidspan finances its work primarily through grants from governments and foundations. Aidspan does not accept funding of any kind from the Global Fund.

Table of Contents

List of Figures

Preface

Aidspan (www.aidspan.org) is an international NGO based in Nairobi, Kenya, whose mission is to reinforce the effectiveness of the Global Fund. Aidspan performs this mission by serving as an independent watchdog of the Fund, and by providing services that can benefit all countries wishing to obtain and make effective use of Global Fund financing.

This report is one of several Aidspan reports available at www.aidspan.org/page/research. Other reports recently published by Aidspan include:

• Expenditure reported by national Tuberculosis programs in 22 high burden countries between 2010 and 2012: what is the Global Fund's contribution?
• Sub Recipient Survey: A brief report on opinions and perceptions from the East African Region
• Options for Reforming the Global Fund Board
• The Local Fund Agents: A review of their functions, operations and performance since 2002
• Procurement Cost Trends for Global Fund Commodities: Analysis of Trends for Selected Commodities 2005–2012
• Global Fund Principal Recipient Survey: An Assessment of Opinions and Experiences of Principal Recipients

Also available in the guides section of the Aidspan website at www.aidspan.org/page/guides-global-fund are the following publications: Understanding the New Fund Model and A Guide to Building and Running an Effective CCM.

Aidspan also publishes news, analysis and commentary articles about the Global Fund in its Global Fund Observer (GFO) newsletter and on GFO Live. To receive GFO Newsletter, send an email to receive-gfo-newsletter@aidspan.org.

Aidspan finances its work primarily through grants from governments and foundations. Aidspan does not accept funding of any kind from the Global Fund.

Authors and Acknowledgements

Abbreviations

CCMs   County Coordinating Mechanisms
CPUs   Central Planning Mechanisms
CSG   Child Support Grant
CSOs   Civil Society Organizations
JPWF   Joint Program of Work and Funding
MMUs   Ministerial Management Units
MOHSW   Ministry of Health and Social Welfare
NGOs   Non-Governmental Organisations
PAC   Public Accounts Committee
PETS   Public Expenditure Tracking Surveys
PIC   Public Investments Committee
PPPHK   Public Private Partnership Health Kenya
PRA   Participatory Rural Appraisal
SWAps   Sector Wide Approaches

Definition of Key Terms

Accountability: involves measures to ensure that the person or organization with the authority to provide a service actually delivers that service i.e. that providers and policy-makers are answerable for their actions, and to demonstrate that they have delivered.

Fiscal Accountability: concerns monitoring and reporting on allocation, disbursement and utilization of financial resources, using the tools of auditing, budgeting and accounting i.e. the verification of income and expenditure [1].

Administrative or Managerial Accountability: refers to the answerability of those with delegated authority for carrying out tasks according to agreed performance criteria, using mechanisms that reduce abuse, improve adherence to standards and foster learning for improved performance (adopted from [1, 2]).

Political Accountability: aims at ensuring that government delivers on electoral promises, fulfils the public trust, aggregates and represents citizens' interests, and responds to ongoing and emerging societal needs and concerns [1]

Social Accountability: the broad range of actions and mechanisms beyond voting that citizens can use to hold the state to account, as well as actions on the part of government, civil society, media and other societal actors that promote or facilitate these efforts [3].

Horizontal Accountability: refers to accountability measures introduced internally within an organization, for instance, supervisory systems or mechanisms for financial control [4].

Vertical Accountability: is where external actors hold individuals or organisations to account e.g. community leaders complain about poor service delivery or corrupt practices at their local health facility [4].

Executive summary

In the past decade, many initiatives at national and sub-national levels in countries in eastern and southern Africa have been developed to strengthen oversight and accountability especially in the health sector. The primary aim has been to strengthen risk management, reduce corruption, increase performance, and achieve better results, through various mechanisms. However, to understand how accountability is working for Global Fund finance, Aidspan has identified a need for a more detailed mapping of the formal and informal mechanisms in a few countries. This review is part of that broad objective and is aimed at describing the basic mechanisms for fiscal, programmatic, and governance accountability across the health sectors in sub-Saharan Africa.

We conducted a literature search in main electronic public health databases – PubMed and Google, including Google Scholar. We also searched some government websites, and manually searched the reference lists of retrieved materials. Existing data was analysed by the thematic grouping of identified accountability mechanisms using a framework developed from the literature, and an accountability map developed showing the formal and informal mechanisms of accountability in the health sector.

The literature presents a broad range of health system accountability mechanisms ranging from institutional-driven mechanisms to organic social accountability mechanisms driven largely by community groups and networks. Horizontal mechanisms exist between the executive and parliament, with various oversight bodies providing additional mechanisms. Some accountability mechanisms are temporary in nature, merely existing to address a specific issue or set of issues over a fixed period of time, whereas others were more permanent components, either embedded within constitution or policy frameworks, or incorporated within operations of institutions.

A broad range of accountability mechanisms have developed, beyond the traditional mechanisms, which targeted government officials. These new range of mechanism include top-down processes governments use to explain and justify their decisions; bottom-up mechanisms aimed at promoting public participation in policy agenda setting and increasing transparency and answerability; and hybrid or organic processes which transcend and facilitates accountability across a spectrum of actors. There exist commonalities and differences within and between these three processes of accountability.

1. Introduction

Enhancing accountability in health systems through various mechanisms is increasingly emphasized as crucial for improving the nature and quality of health service delivery worldwide and particularly in developing countries [5]. The drive to strengthen public accountability in the health sector is driven by a need to ensure proper accounting for resources. Despite this growing interest in health systems accountability and its recognized potential for service delivery, the concept remains complex, contentious and vague. It has different meanings, criteria and standards depending on whether the term is used by managers, policy makers, researchers, health professionals or beneficiaries of services [6]. As such, while there is considerable literature conceptualizing accountability, the application of the concept in varied development discourses remains loose and untargeted, mainly as a result of the contested nature of the term and the political agendas that it is used to advance [2].

Accountability implies the responsibility to account to another party who has a stake in what has been done. Within the context of governance, it refers to holding bearers of the public office responsible for their performance [7, 8]. Alongside responsiveness, it can be a key ingredient for good governance across the public, private commercial and civil society sectors. Empirical literature on accountability and its application to various public sectors such as health remain scarce. Questions of lack of accountability often arise in a health systems where different stakeholders with diverse lines of accountability between different sets of actors complement and compete with one another [9]. For the purpose of this study, we define accountability process as consisting of 3 elements; the establishment of responsibility and expectations, monitoring and reporting, and evaluation and feedback.

This review describes in-country accountability mechanisms within the health sector in sub-Saharan Africa, as part of a broader project aimed at developing four country case studies that describe accountability mechanisms that monitor health systems in those countries, with a focus on HIV, TB and malaria programmes. It should be noted that many but not all of the examples presented in this review are from Kenya.

The following sections provide brief summaries of the methods used, the review findings, followed by a brief discussion and a conclusion.

2. Methodology

A literature search was undertaken of the main electronic public health databases – PubMed and Google, including Google Scholar. We also searched some government websites, manually searched the reference lists of retrieved materials, and in some cases sought additional literature from our networks to identify additional studies, which included current research. In PubMed, we used combinations of Mesh terms e.g. accountability, health systems, political accountability, sub-Saharan Africa, public participation, client voice and developing countries. We also did free text search terms e.g. accountability and engagement, financial accountability, public accountability. Both published and unpublished literature (where accessible) were reviewed. Searches were limited to literature in English language and included theoretical, descriptive and some empirical work.

Analysis and processing of retrieved literature

We read the abstracts of retrieved documents, selected those we deemed relevant, and abstracted information using a uniform template, focusing on the following key domains:

a) Accountability mechanism, for instance, parliamentary committees; auditor general; health sector regulators; constitutional commissions among others
b) Stated purpose of mechanism and level of enforcement
c) Relationships with other mechanisms and institutions

Analytical framework

The literature on accountability presents a multidimensional concept that carries different definitions and classifications. Different individuals have classified these in diverse ways depending on the purpose of their work. For this review, we classified accountability mechanisms into four broad categories (political, legal, fiscal and administrative), and identified examples of each at the national and decentralized level (Figure 1). This categorization, informed by Asha George's work in the Indian health sector [10], was preferred because of its broad conceptualization of accountability, and previous application in defining the concept in relation to the health sector.

Figure 1: Analytical Framework Components
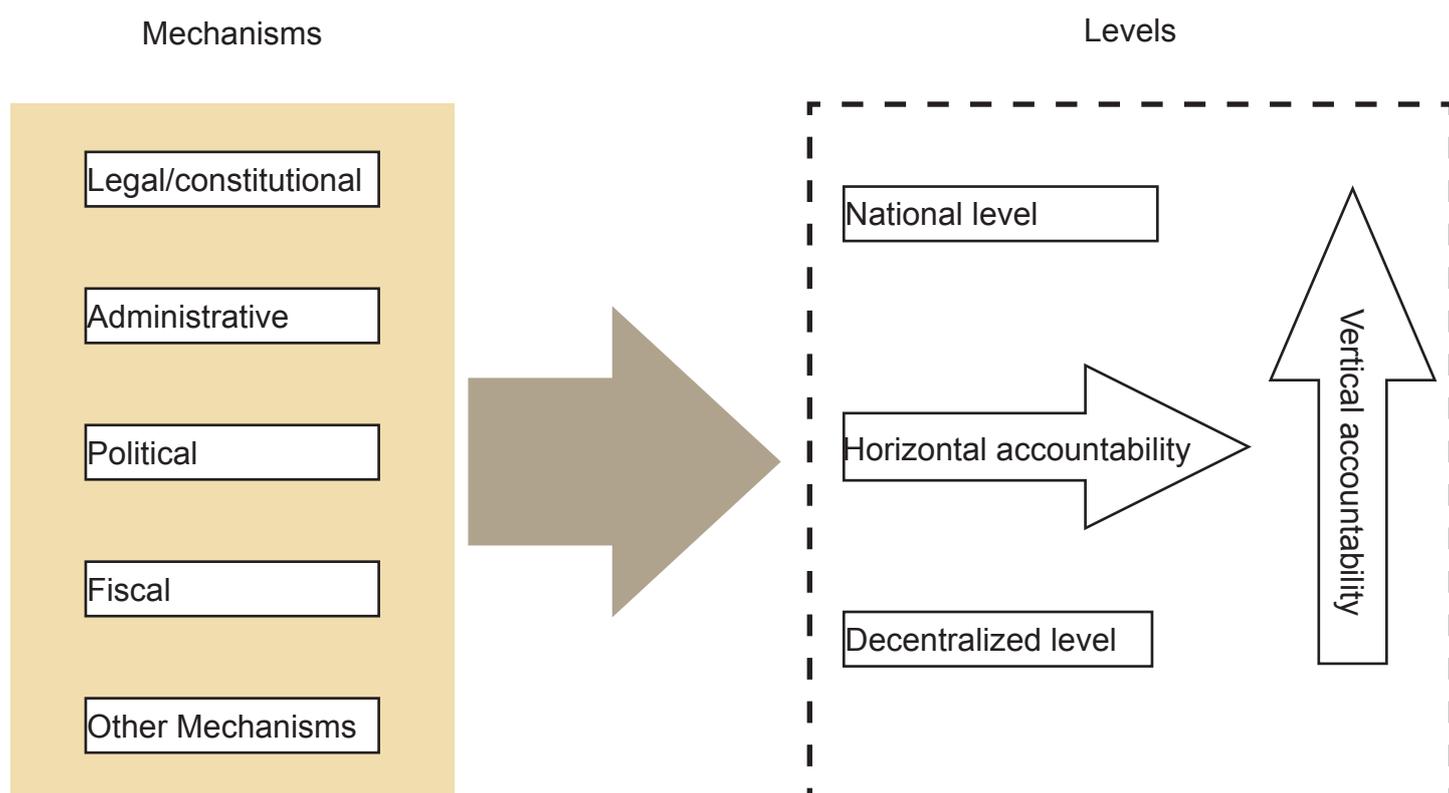
3. Findings

Defining accountability and structuring the discussion of findings
The literature presents a broad range of health system accountability mechanisms ranging from institutional-driven mechanisms to organic social accountability mechanisms driven largely by community groups and networks. Some accountability mechanisms were also reported to be transient in nature, merely existing to address a specific issue or set of issues over a fixed period of time, whereas others were more permanent components, either embedded within policy frameworks, or incorporated within operations of institutions. The analytical framework presented in section 2 guided the discussion of findings. Findings are discussed under five key headings: legal, administrative, political, fiscal, and other mechanisms, and presented at two levels, the national and decentralized levels.

3.1. Accountability mechanisms at national level

The focus of the review was the national level, where accountability mechanisms were grouped depending on the types of actors that drive the processes. Groups of actors identified include governments, development partners, civil society and the private commercial sector.

The government emerged as the primary driver of accountability mechanisms across the health system, mainly because health care is perceived to be a public good. The government enforces accountability mainly via the executive/cabinet and legislature/parliament, with the judiciary acting as the referee, where interpretation of laws is required, or where sanctions have to be determined. The government, through its line ministries (including Ministry of Health) operates a vertical accountability continuum, with service providers sitting at the bottom, while parliament plays a watchdog role, in addition to its traditional lawmaking responsibilities.

This section briefly describes government initiated/enforced mechanisms aimed at promoting vertical and horizontal accountability.

3.1.1. Legal, policy and regulatory mechanisms

The legal and constitutional accountability framework is usually provided for in the Constitution, with sector specific legislation and policies providing for the establishment of institutions and systems for operationalizing accountability. Aside from providing systems for defining property rights and allocating responsibilities, Constitutions outline the overall governance framework of a country, establishing key institutions and mandating them to lead the processes of developing mechanisms to translate the constitution's intention into practice.

While Constitutions may not list the full range of mechanisms, they typically provide for the establishment of organs that oversee both political and managerial accountability. These may include, for political accountability, parliament, the cabinet, the judiciary, and the ombudsman (currently operational in a majority of African countries), and institutions such as the auditor general's office to provide additional independent accountability.

Constitutions also guarantee civil liberties that allow for the emergence of non-state accountability mechanisms, although the extent to which such liberties operate varies considerably across countries. Bills of Rights (including provisions for freedom of individuals to form associations), and the requirement for inclusion of civil society and private sector actors in decision making processes, are examples of constitutional provisions that support the emergence of non-state accountability mechanisms.

Legal mechanisms rely on the speed at which decisions are delivered (judicial or arbitrative), and to some extent, the relationship between the judiciary and the executive (and presidency). Recent experiences in Kenya, for instance, have shown that achieving good relations with the executive can be a challenge in itself[1]. The relations are often characterized by power struggle between institutions, resulting in multiple (and at times, conflicting) lines of accountability,

---

[1] Kenya Chief Justice's comments during the occasion of president's farewell lunch. Mutunga, W (2013) Chief Justice's Remarks at the President's Farewell Luncheon at the Supreme Court (Nairobi) on Wednesday April 3 2013 http://www.judiciary.go.ke/portal

which kills the purpose of the mechanisms. The legal framework is nonetheless useful in holding public officials accountable, particularly where clear sanctions exist for poor performance.

Regulation is a major component of the legal/ constitutional accountability component. While regulation is often not considered a pure form of accountability, it provides a strong reward and sanctions system that promotes enforcement of other accountability mechanisms. As Murthy et al argued, health services regulation helps policymaker guarantee minimum standards and ensure exclusion of non-compliers [11].

Although regulation focuses on compliance to minimum standards in most countries, recent experiences show attempts to introduce indicators of accountability and good managerial practice, including availability of planning documents, audited accounts, client service charters and feedback/complaint mechanisms *(information from Joint Health Inspections Technical Working Group member in Kenya).*

3.1.2. Administrative accountability through government bureaucratic strutures

Administrative accountability mechanisms refer to structures initiated by governments to ensure public servants meet pre-determined performance targets [12]. These mechanisms focus on the services, outputs, and results of public agencies and programs and are therefore linked to political accountability, which is concerned with responsiveness to citizens and achievement of service delivery targets that meet their needs and demands. In recent times, countries have implemented such mechanisms through public service reforms, which are described below.

a. Performance-based management for accountability (public service reforms)

Public sector reforms have become a popular pathway to improving service delivery and accountability, with countries employing systems of varying complexity and enforcement mechanisms. In Kenya, for instance, the reforms started in 2002, and have included developing results-based management systems, with emphasis on rewards and sanctions for good and poor performers respectively [13]. As part of the reforms, special committees were constituted at different levels of government, including the Cabinet Standing Committee on Public Sector Reforms, the National Steering Committee of Permanent Secretaries; the National Performance Management Steering Committee, Ministerial Management Units (MMUs)/Central Planning Units (CPUs), the Performance Contracting Steering Committee and the Public Service Reform and Development Secretariat. The Kenyan reforms focused on strengthening managerial accountability in the use of public resources.

b. Partnerships for accountability

There are mechanisms that work through direct involvement of state and non-state constituents. Such partnerships are typically driven by the government, and include time-bound specially commissioned mechanisms as well as long-term arrangements. The Country Coordinating Mechanisms (CCMs) are perhaps the best-known example of such partnerships. CCMs are country- level partnerships aimed at generating health sector priorities[2] for purposes of obtaining funding from the Global Fund (and potentially, other partners). They aim to harness local level technical expertise through country-level partnerships and engagements.

Other types of joint planning, management and resource mobilization initiatives include the Joint Program of Work and Funding (JPWF) in Kenya, and Sector-wide Approaches (SWAps)[3] in Tanzania, Malawi, Zambia, DRC among others. SWAps typically allow funders to put money in a common basket for the health sector and address identified challenges together, thereby ensuring a match between policy priorities, technical capacity and output expectations. Reporting is then done to show funders how resources were used. In Malawi, for instance, the SWAp unit carries out annual and bi-annual reviews to show individual funders where their money was used.

---

[2]Priorities narrowly focused on HIV, TB and malaria, with a small component on health systems strengthening
[3] Sector-Wide Approach (SWAp) is an approach to international development that brings together governments, donors and other stakeholders within any sector. Under the SWAp, project funds contribute directly to a sector-specific umbrella and are tied to a defined sector policy under a government authority. In essence, a SWAp calls for a partnership in which government and development agencies change their relationships (to clearer government leadership).

This information is shared widely with donors to help leverage more funding.

c. Decentralization for accountability

Besides reforms targeting civil servant performance and national level partnerships, governments have also used decentralization as a mechanism for accountability. Decentralization refers to delegation of certain decision-making powers and service delivery functions to lower levels of government, and has happened to varying degrees across the majority of Sub-Saharan African Countries. In Uganda, for instance, the Constitution and the Local Government Act of 1997 provide for the decentralization of various administrative and fiscal management functions to local governments [14]. Schedule four of the Constitution defines functions for national and county governments to minimize duplication and conflicts.

In Tanzania, the local government authorities are responsible for service provision at district and municipal level, with the Ministry of Health and Social Welfare (MOHSW) overseeing policy development and regulation [14].

Until recently, Kenya had a system where key administrative functions were decentralized to the province and district level, but where decision-making on fiscal matters and allocation of resources remained centralized. However, the promulgation of the 2010 Constitution devolved the service delivery function for health to the country's 47 county governments. Decentralization serves the dual role of availing more resources to the local level, and increasing accountability by bringing reporting and accounting structure closer to the communities.

3.1.3. Political accountability: parliament

Political accountability provides assurance that resources are used, and authority is exercised, according to appropriate and legal procedures, professional standards, and societal values [1].

Political accountability is effected primarily through election of representatives to the legislative assembly. In so doing citizens maintain a certain level of authority over key public officials. However, the weakness or absence of mechanisms for communicating displeasure to elected officials in between elections periods is major weakness in the electoral process. Effort has been made to address this through specific recall clauses that provide for constituents to recall sitting members of parliament in between elections. In Kenya for example, voters can initiate a recall process to remove from office an elected official considered to be underperforming after at least 2 years of service. Such recall clauses are meant to guarantee a certain degree of accountability in countries where politicians only actively engage the masses around election time. The applicability of such mechanisms is nonetheless limited in high poverty countries with 'electoral clientelism' where patrons directly purchase clients' votes in exchange for material or monetary rewards.

Developing legislation that speaks to the wishes of their respective voter constituencies is only one function of parliament. Parliament often plays the additional role of enforcing horizontal accountability, usually through committees that vet political appointments and oversee key decisions taken by the executive. Where inadequacies are identified, the committees recommend appropriate action; however, the final decision on whether or not their decisions will hold varies across countries, depending on the extent to which power is actually shared across the organs.

In Kenya, the committees are structured in a bipartisan way, and have a working arrangement that allows them to interrogate issues in depth, and where necessary, bring on board specialists and expert opinion from relevant state and non-state institutions. To ensure the government does not audit itself, the key oversight committees are headed by the opposition in Kenya, but with membership across the political divide. Committees include the Public Accounts Committee, the Public Investments Committee, the Budget and Appropriations Committee, and the Parliamentary Committee on Health among others.

Horizontal accountability mechanisms may not on their own, guarantee checks and balances, particularly where the political party in power enjoys a sizeable majority in parliament [15].

For this reason, other mechanisms have been devised, including those that specifically audit financial practices of the government, and the media.

3.1.4. Fiscal accountability

Fiscal accountability mechanisms range from simple balancing of public books to more elaborate resource management mechanisms that focus on financial integrity and performance of public institutions. The latter depicts the state's evolution from tax collector to a service delivery vehicle [2, 12, 16]. The fiscal accountability role is played by various actors at different levels. It is implemented using a variety of approaches, from development of procurement and operational guidelines, and structured reporting systems, to regular audits, monitoring and evaluation, and performance surveys.

As mentioned beforehand, parliament plays a role in promoting prudent use of public resources through special watchdog committees. Examples given for Kenya include Public Accounts Committee (PAC) and the Public Investments Committee (PIC). The two have powers similar to the High Court of Kenya, and can summon anyone to appear before them, and even deploy sanctions to public officials found to have contravened statutory provisions.

3.1.5. Other accountability mechanisms

There are other accountability mechanisms that do not fall neatly into the four aforementioned categories, but which are of considerable importance. This includes systems supported by non-state actors such as the civil society, media, and professional organizations. This section briefly highlights the key mechanisms linked to each of the three groups.

a. The civil society

Civil society is recognized for its role in protecting civil rights and promoting public participation in policy making. Their watchdog role is well recognized, mainly because they enjoy liberties that donors and state-controlled accountability mechanisms don't, including the freedom to raise queries on particularly sensitive matters, and expose poor governance without fear of bureaucratic red-tape or diplomatic incidences [17]. Besides acting as watchdogs, CSOs also

now play an important role in service delivery, delivering important health interventions on the ground (e.g. immunization services) and also as key players in the health policy process by taking part in many decision making processes (e.g. as part of global health initiatives such as the Global Fund) [18].

The civil society provides a significant proportion of health care services across the bulk of sub-Saharan Africa, including countries like Kenya, Uganda, Zambia, Malawi and South Africa. In Kenya, for instance, over 15% of health care facilities are owned and operated by non-governmental organizations and civil society organizations, with the vast majority serving rural communities and the urban poor [19]. In Malawi, the Marie Stopes International owned Blue Star social franchise network manages over 70 health facilities, most providing reproductive health services to women belonging to the poorest socio-economic status quintile. In addition, Marie Stopes supports Baja La Mtsogolo, a network of 31 'static' clinics and 364 community outreach sites, also serving predominantly poorer groups [20].

The role of civil society has grown considerably across developing countries. A report by a Panel of Eminent Persons on United Nations observed that the civil society can no longer be seen as bystanders by governments, but as a partner in development [21].

Civil society organizations in Sub-Saharan Africa have promoted accountability through litigation, strategic use of the media, advocacy and mobilizing citizens and local organizations to agitate for policy reforms [22]. The use of these approaches has varied across countries, for instance, the South African civil society is reported to have used litigation successfully to strengthen the implementation of the Child Support Grant initiative [22] and in persuading the South African government to make anti-retroviral drug treatment more widely available for HIV/AIDS treatment [23]. In Uganda, the Anti-Corruption Coalition in Uganda (ACCU) used the media to highlight policy inadequacies and poor use of public resources, purportedly resulting in an overall improvement in governance [24]. The media is often used to expose inappropriate

policy decisions or poor use of resources and serves the role of getting the public involved in agitating for reforms and improvements.

Civil society accountability mechanisms are not limited to confrontational interaction with government. There are strategies that entail collaboration with government. Civil society groups may promote accountability, for instance, through presenting evidence to the executive and other government agencies, or strengthening the capacity of government actors on key policy or management issues.

Despite its growing prominence, the civil society has faced major challenges, including laws aimed at increasing control over their activities, and questions over their legitimacy. In Kenya, for instance, the Public Benefits Organizations Act 2013 (PBO Act 2013) was enacted to provide for a new regulatory and institutional framework within which NGOs and civil society groups must operate. Prior to this, organizations playing the role of NGOs/civil society groups were registered under different legislation. Some were, for instance, registered under the Non-Governmental Organizations Co-ordination Act of 1990 (repealed in 2013 following enactment of PBO Act 2013), while others were registered as Trusts, as Societies, and as non-profit companies. Analysts fear that the PBO Act of 2013 will hamper NGO activity, as it outlaws participation in discussions that touch on politics.

The South African civil society legislative environment bears similarities to Kenya's, with the requirement that Public Benefits Organizations be registered under the Income Tax Act to receive various tax benefits. However, the South African law allows for the existence of civil society groups as voluntary associations and trusts, besides the ones that are registered as NGOs under the Non Profit Organizations Act.

Besides legal and regulatory challenges highlighted above, CSOs' effectiveness as accountability agents in most SSA health systems is limited by among other factors the challenge of their legitimacy especially where some funders prefer to bypass governments and use CSOs instead for service delivery, and a lack of own accountability and transparency [23].

Bypassing governments, some have argued, undermines the very health systems that the CSOs and their funders intend to support e.g. by pulling resources and skilled health workers away from the mainstream health sector to CSOs' programme specific work, yet in many cases most CSOs do not have the capacity to effectively deliver services that have national impact [25].

b. Professional organizations and regulatory agencies

Professional organizations and regulatory agencies play a complementary role in supporting accountability mechanisms, with the former using 'soft' sticks mainly as a way of entrenching professional integrity and ethics, while the latter uses warnings and sanctions to guarantee compliance to basic minimum standards.

In Kenya for instance, the Medical Practitioners and Dentists Board (MPDB) listens to cases of medical malpractice and negligence through its Preliminary Investigations Committee (PIC) and Preliminary Conduct Committee (PCC), and forwards complaints deemed to have merit to the Full Medical Board Tribunal (*Information from the MPDB CEO*).

Voluntary compliance to international standards such as ISO (for instance SA 8000 and AA 1000) carry frameworks aimed at improving performance and the quality of assessments [26].

c. Media

As observed earlier, the media play a vital role in enhancing horizontal accountability across government arms. The media provides information to the public, putting government arms under scrutiny in the process. Failure to carry out their respective responsibilities properly may result in exposure, and damaging of reputation, which may subsequently lead to reduced popularity/votes (in the case of parliamentarians) and direct sanctions (in the case of the executive). The media can 'name' and 'shame' firms that fail to comply with certain social requirements. It can also provide citizens with a platform to report firms' social, environmental and ethical performance.

3.2. Accountability mechanisms at decentralized level

A major deficiency of accountability mechanisms at the local level, is incomplete decentralization of authority from the national level, which results in the local level officials not being completely accountable, and in some cases, enjoying some form of protection, from the national level government [27]. An example cited in the Kenyan health system is that of non-performing officials simply being transferred to a different region rather than facing appropriate sanctions or receiving warnings. Beside incomplete transfer of authority, there have been concerns that some of the checks and balances that exist at national level may not be present (or may be ineffective) at local levels, as powerful actors are more likely to exert control at local levels. Finally, the media, a relatively powerful accountability mechanism at national level, has been reported to have a lot less influence at local levels, where resource constraints hamper effective investigate journalism.

For these reasons, accountability mechanisms have been devised to strengthen governance at the decentralized level, and at service delivery points. This section focuses specifically on accountability mechanisms at play between the decentralized governance level and the service delivery points, with a specific focus on health care service delivery points.

3.1.5. Other accountability mechanisms

Civil education activities

Civic education activities, often led by civic organisations, are anchored on the assumption that the public can be mobilized towards greater understanding of the benefits of accountability, and therefore demand more from their leadership. Civic education activities are increasingly used to bridge the gap of occasioned by information asymmetry common in principal-agent relations (in this case electorate and the holders of public office). As such civic education activities help reduce the costs associated with acquiring information, which might be impossible to acquire for the general public e.g. knowing legal and policy provisions governing public service delivery and what standards citizens should expect from office holders. Even though

state-civic organisations' relations are generally characterized by conflict and suspicion, it maybe that diminishing space between actors within state boundaries and the need to extract better results for public accountability necessitates a complementary working relation between civic organizations and the state. This can help avoid circumstances in which citizens have to depend exclusively on state horizontal mechanisms, as there could be instances of manipulation; in the same vein, it is undesirable to depend on civic organizations, as their efforts could be thwarted by the state. Consequently, the synergy between these two sectors is vital for producing best results in the public accountability regime [28]. It must also be noted that civic groups' continuous presence in supporting oversight functions, through civic education, may be unrealistic in unfavorable socio-political contexts [29].

Local level planning and/or budgeting meetings

Engagement of citizens though local level planning and or budgeting could be a strong tool for enhancing citizens' collective and intuitional activism, and can support efforts to supplement the limited effectiveness of civil society's watchdog functions by reducing the state's monopoly over responsibility for official executive oversight [29]. However, such mechanisms can only be effective to the extent that there is: legal basis of community level participation within institutions of public sector oversight; well-defined procedures for the conduct of encounters between citizens and public sector actors in the meetings; (linked to civic education above, citizen access to information; and availability and recognition of the right to dissent and report directly to other oversight bodies [30, 31].

Service charters

Services charters (in the case of health sector, Patients' Rights Charters), include a range of commitments by various public sectors (in the case of health, a country's health ministry) through its workers to improvement of service delivery and increased citizen involvement in decision-making about service delivery [32]. Charters are one of three strategies used to advance the rights of patients, the others being legislative, either specifically applied to patient rights, or the inclusion of patient rights in

general health legislation [33]. Patients' Rights Charters are framed as guidelines that target the relationship between health professionals and users of health services and can be seen as a vertical accountability mechanism [see Figure 1]. Within this framework standards of care are set that patients can expect to receive and demand as rights that are due to them by virtue of being human, and a set of responsibilities for users are articulated. The charters disseminate information defining standards that providers must agree to uphold and therefore shift accountability downwards from providers to patients [Seckinelgin, H. 2003 as cited in 32, 34, 35].

3.2.2. Accountability through collective action and mobilization

Accountability mechanisms that empower individuals to engage with service providers, may not on their own, lead to sufficient improvement, particularly across poorer populations, where power relations are unbalanced in favor of service providers. It is, for this reason, that there exist social accountability mechanisms that involve collective action across individuals and institutions. Collective action may involve a range of actors and institutions such as NGOs, community member groups and the media, and are designed to improve service delivery through the use of deterrent strategies such as reputational damage and loss of political mileage. In so doing, service providers, are forced to change their way of operation (the change may come following political pressure exerted by their superiors). A key strength of the collection action mechanisms is the ability for the stakeholders to gain prominence

3.2.3. Accountability through surveys and information dissemination

Participatory Citizen Surveys
Citizen surveys represent a participative model of government, appropriate for engaging citizens in the governance process, thereby increasing the prospect of social accountability [36]. Together with citizen report cards, they provide mechanisms through which ordinary citizens and/or civil society organizations can engage directly or indirectly in exacting accountability [37]. Surveys, opinion polls, and scorecards provide governments and other actors in political setting with unique combination of the use of

participatory data collection and analysis tools and the expanded space to citizens and their groups, hence the possibility of a solid evidence base and direct interaction with state actors [28]. The thinking is that improved knowledge of citizens' needs can help improve public service delivery and effectiveness.

3.3. Accountability Map

The map (Figure 2) shows linkages across different accountability mechanisms in Kenya, with national and county mechanisms being presented on the left and right sides respectively. The colors of the arrows indicate the predominant accountability mechanism, with dashed arrows showing that the mechanism may be present (at least on paper), but that either they are not routinely enforced, or there is little knowledge on the degree to which any systems exist to guarantee their enforcement.

In between the two broad levels (national and county) are a variety of intergovernmental forums (IGFs). The term 'IGF' refers to a variety of systems established after devolution to link activities of national and county governments and allow for a smooth transfer of functions from the former to the latter. These include a forum at the presidential level (comprises of the president and representatives of the council of governors), and a similar arrangement between the cabinet secretary for health and five representatives of county executive members for health.

Key actors at the national level include the president's office, the national assembly and senate (the two houses of parliament), the cabinet (including the ministry of health), and the various commissions created under the Constitution. The Commissions include the Commission for Revenue Allocation (CRA), the Commission for Implementation of the Constitution (CIC), the Commission on Administrative Justice (CAJ, Kenya's Ombudsman), the Salary and Remuneration Commission (SRC), the Auditor General, and the Controller of Budget. Also included at national level are: (i) The four national referral hospitals (Kenyatta National Hospital, Moi Referral Hospital, National Spinal Injury Hospital and the Mathare Mental Hospital, and (ii) the eight Kenyan health sector regulators (Medical

Practitioners and Dentists Board, Pharmacy and Poisons Board, Kenya Nutritionists and Dieticians Institute, Kenya Medical Laboratory Technicians and Technologists Board, Clinical Officers Council, Nursing Council of Kenya, Radiation Protection Board, and the Public Health Officers and Technicians Council).

At the centre are mechanisms that link to multiple components. These include judiciary (which interprets laws and hears cases filed by all actors), civil society, the media (which highlights inadequacies throughout the system), and interest groups that represent different constituents (including consumer groups and patients rights groups such as the Consumers Federation of Kenya).

At county level are the governors, the county government organs (county executive and county assembly), and the county public health care facilities.

At the bottom of the map are citizens to whom service providers are ultimately accountable. Accountability mechanisms here include client service charters, information and educational initiatives, as well as complaint collection, processing and resolution mechanisms.

Figure 2: Accountability Map – Kenya
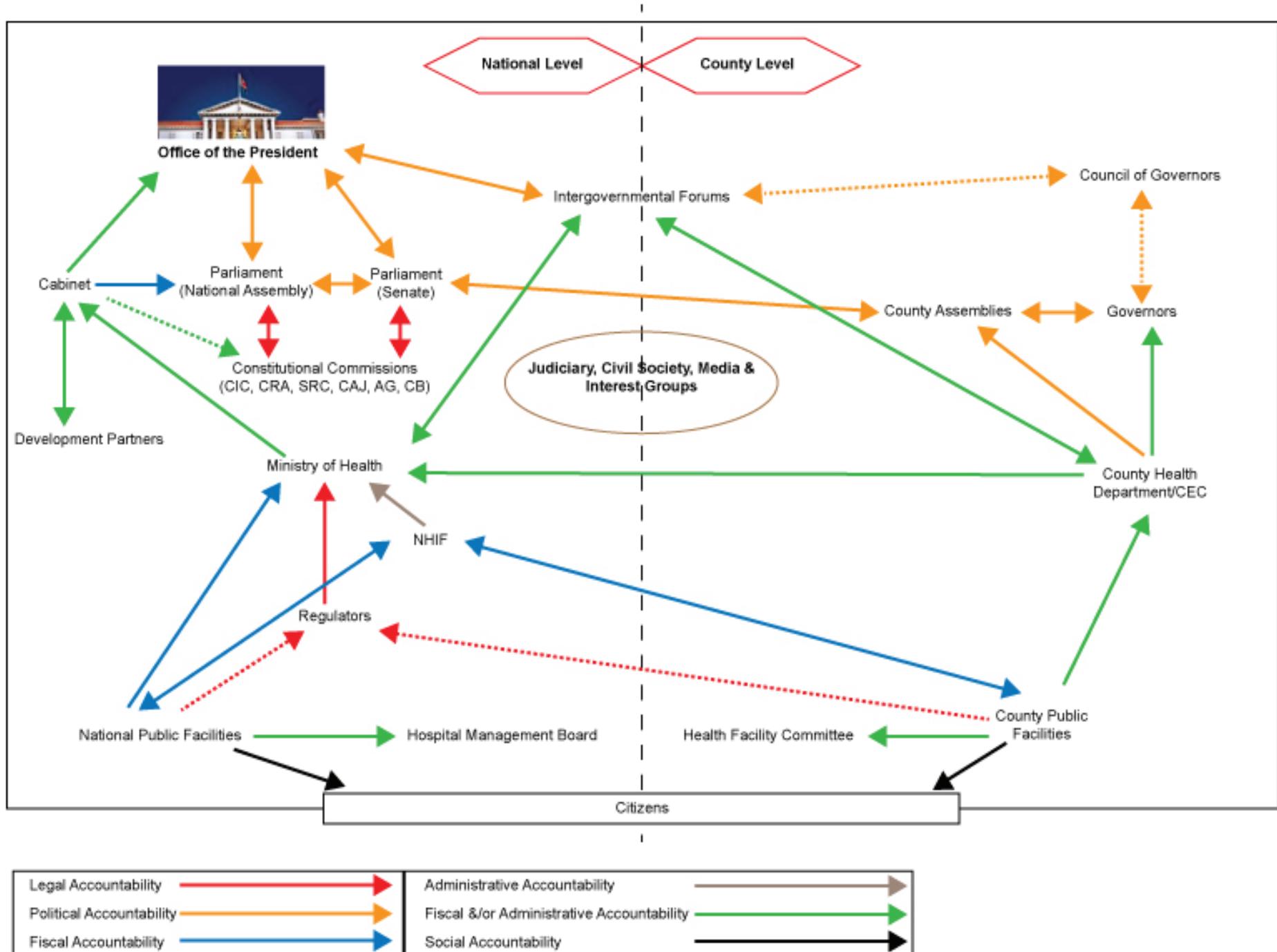
4. Conclusions and Recommendations

In the past, the concept of accountability focused on elected officials justifying themselves to the electorate and explaining reasons behind their decisions and actions. However, this traditional form of accountability has lost ground in recent times, as bureaucracies continue growing, and as more and more state functions are delegated to non-elected persons. Additionally, more and more government decisions are arrived at following consultative processes that involve citizens and the civil society, making it harder (and somewhat unfair) to leave the government as the organ directly answerable to the public, and liable for any insufficiencies.

For these reasons, a broad range of accountability mechanisms have developed, ranging from top-down processes governments use to explain their decisions to bottom-up mechanisms aimed at promoting public participation in policy agenda setting and increasing transparency and answerability. This makes the accountability map increasing complex. The review identified commonalities and variations in accountability mechanisms across countries and regions.

Gaps in accountability mechanisms/ questions arising from the review
Where is the effect of civil society felt most on the accountability map?
•The accountability map presents the media, judiciary and civil society at the centre, meaning that these actors have mechanisms that spread across all levels. However, it is important that the role of civil society is better understood in the context of the map, particularly, where its role is most felt.

Who audits the auditor?
•Questions asked about oversight committees, and how independent and objective they are
•Questions asked about the independence of consultancy audit firms like PwC and KPMG
•Questions asked about NGOs, and who exactly they are accountable to (funders, who may be based elsewhere, or the locals who are being served)

While CSOs are recognized champions of accountability, there have been concerns

over how accountable they are themselves, particularly to beneficiary communities. This is mainly because the bulk of past discussions on accountability have focused on the government, yet the civil society and private sector are getting more and more involved in service provision and policy development. It is nonetheless recognized that the NGO accountability map is a lot more complex than that of governments; NGOs will typically be accountable to funders and boards of management (upstream), to host country governments via compliance to relevant legislation (horizontally), and to beneficiary communities and other local entities (downstream).

While civil society organizations often talk of community accountability, enforcement mechanisms are a lot harder to get right. Most NGOs have no clear way of promoting their accountability to the community, and conversely, communities have limited options through which they can demand for increased accountability from NGOs [18, 23, 25].

One way in which NGO accountability is tracking of expenditure and measuring indicators that focus on fiscal responsibility. While this is, in itself, insufficient for accountability (some refer to this as 'accountancy, rather than accountability') it is, in itself a useful way of ensuring organizations deliver on what they promised within agreed budget lines.

References

1. Brinkerhoff DW: Accountability and health systems: toward conceptual clarity and policy relevance Health policy and planning 2004, 19(6):371-379.

2. Newell P, Bellour S: Mapping Accountability: Origins, Contexts and Implications for Development. In IDS Working paper series 168. IDS; 2002.

3. Claasen M, Alpin-Lardies C, Ayer V: Social Accountability in Africa: Practitioners Experiences and Lessons. Cape Town: Affiliated Network for Social Accountability (ANSA); 2010.

4. World Bank: Making services work for poor people Washington DC: World Bank 2004.

5. AHPSR: Neglected Health Systems Research: Governance and Accountability. Geneva: Alliance for Health Policy and Systems Research & WHO; 2008.

6. Posner PL: Accountability Institutions and the Policy Process: The United States Experience. OECD Journal on Budgeting 2006, 5(3).

7. Cornwall A, Lucas H, Pasteur K: Introduction: Accountability through Participation: Developing Workable Partnership Models in the Health Sector. IDS Bulletin 2000, 31(1):1-13.

8. World Bank: World Development Report 1993: Investing in health. Oxford: Oxford University Press for the World Bank; 1993.

9. Bruen C, Brugha R, Kageni A, Wafula F: A Concept in Flux: Questioning Accountability in the Context of Global Health Cooperation. 2014.

10. George A: Using accountability to improve repreoductive health services. Reprod Health Matters 2003, 11(21):161-170.

11. Murthy R, Klugman B: Service accountability and community participation in the context of health sector reforms in Asia: implications for sexual and reproductive health services. Health Policy and Planning 2004, 19 (Suppl. 1):i78-i86.

12. Brinkerhoff DW: Taking Account of Accountability: A Conceptual Overview and Strategic Options Edited by Governance UCfDa: Abt Associates Inc.; 2001.

13. Nyamwamu C: Ensuring Social Accountability in Times of Political Crisis in Kenya. In Social Accountability in Africa: Practitioners' Experiences and Lessons. Edited by Claasen M, Alpín-Lardiés C, Ayer V. Cape Town: ABC Press; 2010.

14. Brucker M, Kubica K, Kway M, Sizomu A, Teti C: Decentralisation, Social Accountability and Family Planning Services: the cases of Uganda, Kenya and Tanzania. Kampala, Uganda: Deutsche Stiftung Weltbevoelkerung (DSW); 2011.

15. Schacter M: Public Sector Reform in Developing Countries: Issues, Lessons and Future Directions. Ottawa: CIDA; 2000.

16. Holland J, Thirkell A, Trepanier E, Earle L: MEASURING CHANGE AND RESULTS IN VOICE AND ACCOUNTABILITY WORK. In DFID Working Paper Series 2009.

17.   Wapner P: Politics Beyond the State: Environmental Activism and World Civic Politics. World Politics 1995, 47(3):311-340.

18.   Kelly KJ, Birdsall K: The effects of national and international HIV/AIDS funding and governance mechanisms on the development of civil-society responses to HIV/AIDS in East and Southern Africa. AIDS Care 2010, 22(sup2):1580-1587.

19.   Barnes J, O'Hanlon B, Feeley F, McKeon K, Gitonga N, Decker C: Kenya Private Health Sector Assessment. Private Sector Partnerships-One project, Abt Associates Inc: Bethesda, MD; 2009.

20.   Levey R, Ilana, Gitonga N, Smith, Crosby D, Baleva J, Sanders E, Wakefield A: Malawi Private Health Sector Assessment. Bethesda, MD: Strengthening Health Outcomes through the Private Sector Project, Abt Associates Inc; 2011.

21.   Panel of Eminent Persons on United Nations-Civil Society Relations: We the peoples: Civil Society, the United Nations, and Global Governance. United Nations Civil Society Relations Report. Geneva: United Nations; 2004.

22.   Overy N: Impact case study of civil society interventions around Child Support Grant in South Africa: International Budget Partnership; 2010.

23.   Doyle C, Patel P: Civil society organisations and global health initiatives: Problems of legitimacy. Social Science & Medicine 2008, 66(9):1928-1938.

24.   Devlin-Foltz D, Ssewakiryanga R, Owor E, Ruhangataremwa A: Civil Society Advocacy in Uganda: Lessons learned. Kampala: Aspen Institute; 2013.

25.   Ekirapa A, Mgomella GS, Kyobutungi C: Civil society organizations: Capacity to address the needs of the urban poor in Nairobi. J Public Health Pol 2012, 33(4):404-422.

26.   Newell P, Bellour S: Mapping Accountability: Origins, Context and Implications for Development. Sussex: Institute of Development Studies (IDS Working Paper 168); 2002.

27.   Blair H: Participation and Accountability at the Periphery: Democratic Local Governance in Six Countries. World Development 2000, 28(1):21-39.

28.   Sarker AE, Hassan M: Civic Engagement and Public Accountability: An Analysis with Particular Reference to Developing Countries. In The 14th Annual IRSPM Conference. he University of Bern, Switzerland; 2010.

29.   Goetz AM, Gaventa J: Bringing citizen voice and client service to focus into service delivery. In IDS Working paper 138. Sussex: Institute of development studies; 2001.

30.   Atela M: Health System Accountability and Participation in Sub-Saharan Africa: a review of the Literature. Development Policy & Practice; KIT - Royal Tropical Institute 2009.

31.   Goetz AM, Jenkins R: Hybrid Forms Of Accountability: Citizen engagement in institutions of public-sector oversight in India. Public Management Review 2001, 3(3):363-383.

32.   Atela M, Bakibinga P, Ettarh R, Cohn S: Usefulness of health facility service charters: a mixed methods assessment of community experiences and perceptions in a district in Kenya (under review). 2014.

33.   London L, Holtman Z, Gilson L, Khumalo G, Erasmus E, Sebokedi L, Pillay K, Baldwin-Ragaven L, Claasen L, Tshabalalah M et al: Operationalising Health as a Human Right: Evaluation of the Patients' Rights Charter and Monitoring Mechanisms for Human Rights in the Health Sector. . School of Public Health, University of Cape Town; 2006.

34.   George A: Using accountability to improve reproductive health care. Reprod Health Matters 2003a, 11(21):161-170.

35.   Atela M: Health system accountability and primary health care delivery in rural Kenya: an analysis of the structures, PROCESS and outcomes. University of Cambridge. URL http://www.repository.cam.ac.uk/handle/1810/245802 Theses - Public Health and Primary Care 2013.

36.   Ackerman J: Co-governance for Accountability: Beyond "Exit" and "Voice". World Development 2004, 32(3):447-463.

37.   World Bank: tate-Society Synergy for Accountability: Lessons for the World Bank. Washington, D.C: World Bank; 2004.