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Evidence from the implementation of a social accountability approach to improve family planning services: Perspectives from community members and health workers in Togo

Breakthrough RESEARCH

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Evidence from the implementation of a social accountability approach to improve family planning services: Perspectives from community members and health workers in Togo

This brief summarizes findings from Breakthrough RESEARCH's formative qualitative evaluation of a social accountability approach implemented in and around the city of Lomé, Togo to strengthen family planning (FP) services. It is intended to inform FP programs implemented by the USAID-funded West Africa Breakthrough ACTION (WABA) and AmplifyPF projects to further improve FP related outcomes. This brief provides an overview of the social accountability approach and describes the enabling factors and challenges associated with implementation as well as perceived outcomes related to the effectiveness of the social accountability approach to improve FP service delivery at the community level, at the facility, and in terms of client and provider interactions.

The brief concludes with strategies to leverage these findings to improve implementation to achieve increased FP client satisfaction service utilization.

Background

In Togo, only 26% of married women of reproductive age are currently using a modern method of contraception and unmet need for contraception is high at 32%.^{1,2} Several factors influence contraceptive uptake including socio-cultural norms such as the belief that male partners make decisions related to women's reproductive health needs. Facility level barriers such as a lack of equipment and commodities, as well as trained staff, also challenge contraceptive uptake and continuation of contraceptive use.^{3,4} There

KEY POINTS

Activities implemented through the social accountability approach worked synergistically to increase mutual understanding for FP service needs between clients and providers.

Community-based activities addressed gender norms through engagement with male audiences and addressed misinformation and rumors about FP.

Site walk through (SWT) visits increased community members' empathy for health workers and their working conditions.

Community leadership is essential to ensuring activities identified through action plans are implemented.

is a growing body of evidence that suggests social accountability approaches tailored to local contexts can improve reproductive health services.⁵ While there have been several studies focused on clients and the community level, few studies consider how social accountability approaches address collective needs of clients, communities, and health workers.⁶ More evidence is needed to understand how social accountability approaches influence both health workers and communities, given the collaborative nature of these approaches.⁷

“Social accountability is a form of participatory citizen engagement in which citizens are recognized as service users who are ultimately impacted by health care decisions and thereby can affect change in health policies, health services and/or health provider behavior through their collective influence and action.”⁸

Breakthrough ACTION and AmplifyPF Projects

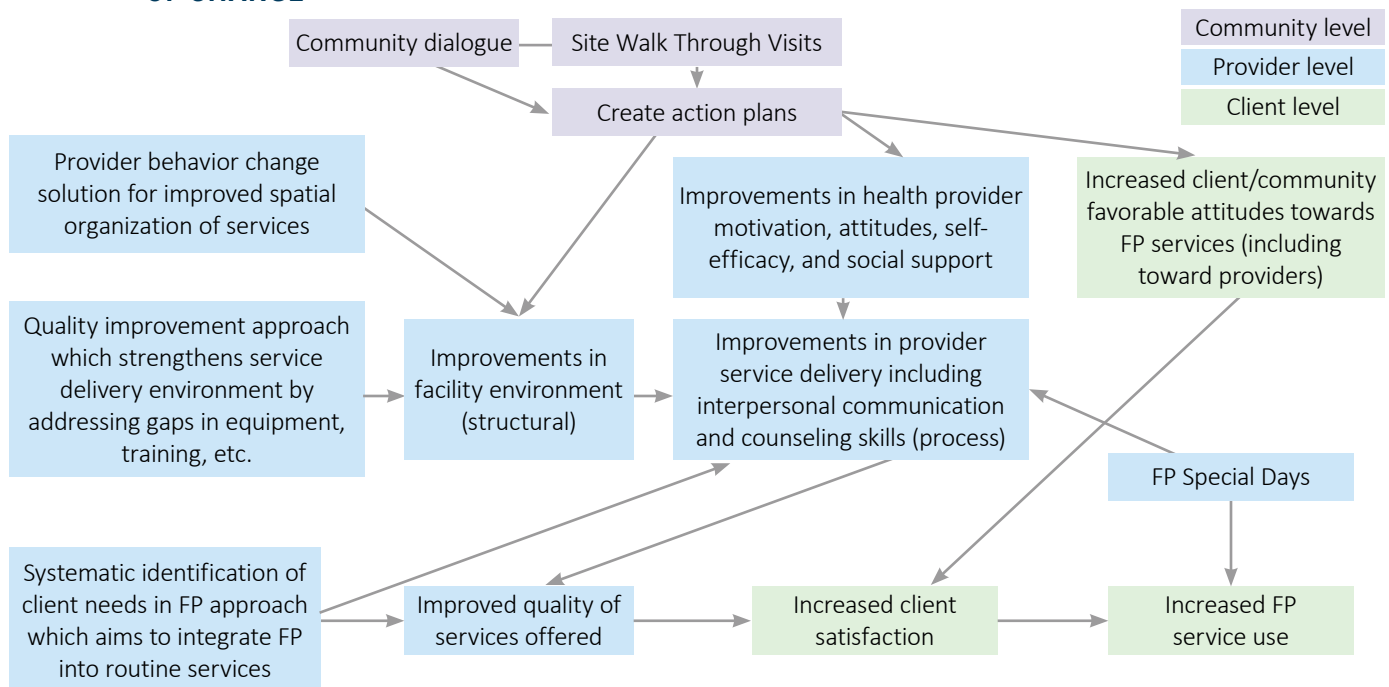
WABA is a regional buy-in of the USAID-funded Breakthrough ACTION project which aims to increase coordination and effectiveness of social and behavior change (SBC) interventions to drive demand for reproductive health services in four countries: Burkina Faso, Côte d’Ivoire, Niger, and Togo. WABA works in partnership and synergistically with AmplifyPF, USAID’s flagship FP project implementing the Integrated Learning Networks (ILN) model to strengthen service delivery in these four

countries. The ILN model applies a multisectoral approach that convenes stakeholders at the district level to coordinate resources through ILN technical support committees (a smaller group created from district health committees) to ensure the delivery of high-quality FP services and to build health provider capacity through training on FP counseling, delivery, and quality improvement. Together, these programs aim to improve community perceptions of service quality and FP methods through a social accountability approach. Specifically, WABA and AmplifyPF work collaboratively as described in the integrated program theory of change (Figure 1) to identify FP service delivery methods through 1) community dialogues (CDs) to initiate discussions on FP service delivery needs, 2) to conduct SWT visits where community members are provided with the opportunity to ask questions and express concerns about services and finally, and 3) to develop community action plans, where communities and providers work together to identify activities to address service delivery needs.

Study Methods

Breakthrough RESEARCH conducted a formative qualitative evaluation to explore barriers and enabling factors associated with implementation of the social accountability approach and to understand the perceived effect of the interventions on intermediate outcomes outlined in the project theory of change. The study took place in

FIGURE 1 WEST AFRICA BREAKTHROUGH ACTION AND AMPLIFYPF INTEGRATED PROGRAM THEORY OF CHANGE



and around Lome, Togo—where the WABA and AmplifyPF projects have been supporting interventions to improve FP outcomes since 2019 and where the study team identified that the evidence base to inform SBC for FP service delivery interventions was limited in comparison to the other focal countries.

The research team conducted 18 in-depth interviews (IDIs) with FP providers participating in the intervention and 9 focus group discussions (FGDs) with community members from December 2021 to January 2022. Community leaders interviewed included members of the community health management committees, religious leaders, women’s or youth group leaders, mayors, or other government officials such as members of district health teams who had participated in CDs or SWT visits, and/or contributed to development of action plans.

Qualitative coding was based on the theory of change and study questions. Additional codes were developed by applying open coding on a subset of transcripts to co-construct new themes. Thematic analysis was used to consider findings for each intervention.

Key Results

Our study aimed to capture enabling factors and challenges related to implementation of the social accountability approach as well as the perceived outcomes described by health workers and community leaders.

Several overarching themes related to enabling factors and challenges associated with implementation emerged from the data. Table 1 summarizes key findings related to favorable factors and challenges associated with implementation.

TABLE 1 FAVORABLE FACTORS AND CHALLENGES ASSOCIATED WITH IMPLEMENTATION

Approaches	Favorable factors	Challenges
Community dialogues	<p>Participation reflected a range of stakeholders, including representatives from the municipality, chieftaincy, religious leaders, women, and youth leaders, as well as the nurses and midwives from the health centers and WABA and AmplifyPF team members.</p> <p>Providers noted that the dialogues were effective in engaging with men on the benefits of FP.</p> <p>The dialogues helped to strengthen the sense of partnership between the communities and the providers.</p>	<p>COVID-19 influenced the ability of communities to organize because gatherings were discouraged due to physical (social) distance.</p> <p>Several providers noted that the dialogues started late, and their overall duration was too long.</p> <p>Community members noted that the time allotted for the dialogue did not always allow for in-depth development of FP topics and left the community members wanting to develop the topics further.</p> <p>Important community representatives were not always present, especially religious leaders who were invited but did not attend because they do not support modern FP methods.</p>
Site walk through visits	<p>SWT visits were an opportunity for providers to introduce participants to different FP methods.</p> <p>For participants to understand the reasons for non-attendance at facilities, the SWT visits explained the role of each existing, obsolete, or missing piece of equipment while making the link with patient dissatisfaction.</p> <p>Factors encouraging the SWT visits were mainly awareness raising activities organized in the communities to make communities aware of the needs and difficulties encountered by providers at the health centers.</p>	<p>Community members mentioned that in some cases, committees which were to be formed to address issues with service delivery identified during the SWT visits were not formed as intended or did not meet to manage the identified activities.</p> <p>The community also requested additional funding to encourage participants to attend the SWT visits.</p>
Community action plans	<p>Community action plans provided a platform to mobilize community members to address the challenges faced in the health facilities.</p>	<p>Several committees were not functional after the community dialogues and continued follow-up of planned activities was required to encourage their completion.</p> <p>Financial resources were sometimes insufficient to carry out the actions outlined in the plan.</p> <p>Activities were at various stages of implementation and may not have had sufficient time to achieve the desired results.</p>

Perceived effect

The study also assessed the effectiveness of the social accountability approach to improve FP service delivery at the community level, at the facility, and in terms of client and provider interactions.

Community attitudes toward FP services: At the community level, results indicated that the interventions helped to dispel rumors related to FP in the community and addressed resistance by some men in the community toward the use of FP methods. The activities also helped to increase community awareness of the challenges faced in the health facilities and generated empathy in the community toward the needs of youth and adolescents.

“During this activity, what was important to me was that we dispelled the rumor about the IUD [intrauterine device], because many women had reservations about it because they said that when you put the IUD in your belly, it goes into your lungs. So they were really afraid to practice this method. ...With this presentation...the women who were on IUDs who were in the group had testimonies that made others say that therefore it was a good method, [and] so it was rumors. That’s what really amazed me.

—Female health worker, Togblecope

Improvement in the facility environment: At the facility level, the social accountability approach helped to identify the need and provide materials and equipment from the community that improved the quality of services available.

“What is good in the guided site visits is that it is the population itself that detects the problems related to the health facility and the population or the participants give approaches of solutions and plans to be put in place to get there. ...I would say that in the health center, following this guided site visit, our structures are well equipped with screens and mosquito nets, and this is a gift from the community.

—Male health worker, Anyron

Improvement in client and provider interactions: The social accountability approach helped to improve community members’ understanding of the challenges faced by health workers such as inadequate and malfunctioning

equipment and how this affects a provider’s ability to serve clients. The CDs also improved providers’ reception of clients in the health facilities by making them aware of women’s fears and how they need to tailor their FP counseling to address client needs.

“She [the client] said that there were many people who said that it is like that when you [use FP] after you are not going to give birth anymore.... We told them that this is not the case.... So they understood too. For the Depo-Provera they also asked questions that they learned that this is how some people do it and then when they want to get pregnant, they stop but the pregnancy does not come. We said yes, that’s true, but it’s because the product is in the blood in some of them, the product has to finish completely in the blood before the pregnancy comes, but in some of them, it’s only appointment they miss, they get pregnant. So each one has...(silence) each organism with its own temperament, so they have understood too.

—Female, health worker Togblecope

Recommendations

- Additional research is needed to understand if the approach contributed to contraceptive uptake as well as the role supervisors and policymakers contribute to health worker performance.
- Given the limited adherence to community action plans, programs may need to consider alternative approaches to generate resources to address structural challenges at health facilities.
- Given the time required to respond to community concerns, shorter more frequent dialogues may be needed to ensure concerns are addressed within a time period that is more feasible for providers.
- While the program generated community empathy for providers, there was less evidence on how activities increased provider accountability to the community. Introducing a community score card approach may foster greater collective action between stakeholders.
- Validated quantitative measures that assess the linkages between community participation, empowerment and quality of care are needed to provide a more robust assessment of social accountability approaches.

References

1. FP2030. 2022. FP2030 FP Indicator Data File (2022). track20.org/pages/data_analysis/core_indicators/progress_report.php
2. Ministère de la Planification, du Développement et de l'Aménagement du Territoire (MPDAT), Ministère de la Santé (MS) et ICF International. 2015. *Enquête Démographique et de Santé au Togo 2013–2014*. MPDAT, MS et ICF International.
3. Ayanore, M. A., M. Pavlova & W. Groot. 2015. "Unmet reproductive health needs among women in some West African countries: A systematic review of outcome measures and determinants," *Reproductive Health* 13(1): 5. doi: 10.1186/s12978-015-0104-x
4. Ali, M., M. Farron, T. Ramachandran Dilip, & R. Folz. 2018. "Assessment of family planning service availability and readiness in 10 African countries," *Global Health: Science and Practice* 6(3):473–483. doi: 10.9745/GHSP-D-18-00041
5. Squires, F. et al. 2020. "Social accountability for reproductive, maternal, newborn, child and adolescent health: A review of reviews," *PLoS ONE* 15(10): e0238776. doi: 10.1371/journal.pone.0238776
6. Gullo, S. et al. 2020. "Effects of the Community Score Card approach on reproductive health service-related outcomes in Malawi," *PLoS ONE* 15(5): e0232868. doi: 10.1371/journal.pone.0232868
7. Butler, N. et al. 2020. "A strategic approach to social accountability: Bwalo forums within the reproductive maternal and child health accountability ecosystem in Malawi," *BMC Health Services Research* 20(1): 568. doi: 10.1186/s12913-020-05394-0
8. Malena, C., R. Forster, & J. Singh. 2004. "Social accountability: An introduction to the concept and emerging practice," *Social Development Working Paper No. 76*. World Bank. <http://documents1.worldbank.org/curated/en/327691468779445304/pdf/310420PA-PEROSoIity0SDP0Civic0no1076.pdf>

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