Social accountability refers to the efforts of citizens and civil society to scrutinize and hold duty bearers (politicians, government officials, and service providers) to account for providing mandated services, most often at the sub-national or community levels. Social accountability is based on the assumption that increased and targeted citizen and civil society engagement and action will lead public officials to act on their commitments.

**WHY STUDY THE HEALTHY ACTION PROJECT?**

In July 2014, the Evidence Project gathered 26 experts for a two-day meeting on “Strengthening the Evidence Base on Social Accountability for Improving Family Planning and Reproductive Health Programs.” Participants included social accountability experts from diverse fields (governance, maternal health, family planning) as well as researchers, implementers, and activists. The meeting was one of the first public discussions that specifically addressed social accountability in the context of family planning and reproductive health (FP/RH). Meeting participants agreed on the need for case studies of FP/RH initiatives to identify ‘good practices’ in order to advance the application of social accountability to the FP/RH field.

The Evidence Project is conducting a case study of one such initiative featured at the meeting, namely the Healthy Action (HA) Project. The case study is analyzing how the HA Project improved clients’ access to FP/RH services at the district level through the use of social accountability mechanisms that catalyzed civic engagement in FP/RH policies and services. It will fill critical evidence gaps in understanding the relevance of social accountability to FP/RH programs.

**The Healthy Action Project**

The HA Project worked with local civil society in Kenya, Tanzania, and Uganda to empower citizens to become meaningful participants in FP/RH policies and service delivery by increasing their advocacy capacity to formulate policy priorities, monitor their implementation, and hold decision-makers to account. At the district-level, the HA Project’s activities focused on: (1) increasing citizen access to information; (2) building civil society and community coalitions at district level, (3) enabling project staff to undertake civic education of local communities; and (4) training local community members in holding dialogues with public officials.

In Uganda, DSW (the German Foundation for World Population) and Reproductive Health Uganda (RHU) implemented the HA Project in five districts over a 36-month period between 2009 and 2011; the project was then extended to March 2013. The five districts were Wakiso, Mukono, and Mityana, all in the Central Region; Bulisa in the Western Region; and Kamuli in the Eastern Region.

In each district, project coordinators undertook budget analysis of spending on FP/RH and prepared a locally specific policy brief; mapped the district political landscape; organized community groups, undertook civic education and community mobilization, and engaged decisionmakers in community dialogues to advocate for improvements in services. Decisionmakers included both political actors (district councilors, the social service committee, and the national member of Parliament) and technical actors (district health technical team; district health officer and district stakeholder forums).
HOW THE DATA ARE BEING COLLECTED

The Evidence Project is conducting a retrospective case study of the HA Project in two districts – Wakiso and Mukono – based on the following four sources of data:

**Political Economy Analyses (PEA)**

PEAs entail the use of tools and techniques to understand the country context, identify factors that shape the political process, and determine incentives that shape political behavior. Evidence Project researchers will review existing PEAs conducted in Uganda by such agencies as DFID, UNDP and the World Bank. This information will be supplemented by documentation and informant interviews related to the provision of FP services. The findings will be vetted at a stakeholder workshop, finalizing important contextual information to situate the district field work.

**Project Documents**

The researchers will review HA Project reports, including the end-of-project report, project documents, meeting minutes as well as examine baseline and endline data. This review will aid in understanding the project’s goals, activities, implementation process and challenges, and how the intervention led to outcomes in the study sites. If possible, the researchers will also undertake an analysis of project expenditures to better understand the cost of intervention components.

**Interviews with Project Staff and Stakeholders**

In each district the researchers will interview the following informants about their experiences and perceptions of the project’s implementation process and outcomes:

- Project staff
- Stakeholders including district officials, service providers, and community members who received training to engage decisionmakers
- Local officials, leaders, and other community members

**Local Statistics**

The researchers will examine clinical registers, local health statistics from district health officials, and local district plans, budgets, and expenditures data to document reported service level changes and their uptake.

FOSTERING RESEARCH UTILIZATION

A variety of strategies will be used to foster research utilization, including convening a local Technical Advisory Group to guide the study and interpret the findings. Once finalized, the findings will be presented at in-country and international forums, and through working groups like the Reproductive Health Supplies Coalition’s Advocacy and Accountability Working Group and the FP2020 Rights and Empowerment Working Group. Additionally, the findings will be used by the Evidence Project to inform a prospective evaluation study.

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