

Capacity Building for Monitoring for Accountability in Health: Issues and Perspectives

Accountability and Monitoring in Health Initiative
Public Health Program

Introduction

Building active citizenship for promoting and ensuring responsive and accountable health systems is a critical part of monitoring for accountability in health approaches. To do this effectively is closely linked to people's ability to articulate and mobilize around their right to health, not only within their own immediate contexts but also at a more national or global level.

This involves a wide range of skills, from technical knowledge on different approaches to monitoring for accountability in health¹, through to the ability to analyze, strategize, organize and advocate, as well as skills in communication, alliance building and participatory action. Some of these skills are concrete and measurable (e.g. skills in facilitating training), others are harder to isolate (e.g. strengthening strategic thinking) but equally important in ensuring that successes are translated into sustainable change in people's lives.

To this end, the Open Society's Public Health Program (PHP) works to strengthen the capacity of organizations and leaders who represent and/or work with marginalized communities to advocate for better health policies and practices and increased government accountability and transparency in health care. The transparency and accountability efforts, under the Program's Accountability and Monitoring in Health Initiative (AMHI), include strategies to strengthen civil society and affected groups to do monitoring and advocacy through support to advocacy organizations and those that provide capacity building.

Capacity building (CB), however, cannot be undertaken without understanding the larger context in which it is being implemented. It should be noted that the funding support (from donors) and sources of technical assistance often are from different contexts than recipient organizations. Such asymmetries of power and resources, as well as unfamiliar cultural settings, have the potential to undermine, or even contradict, any commitment to a fairer, more inclusive and just way of providing health for all. AMHI attempts to overcome this situation by soliciting the views, experiences and skills of their grantees as much as possible in the implementation of their capacity building interventions.

¹ **Monitoring for accountability** is intended to include both community monitoring and applied budget work approaches. Community monitoring in health is the systematic documentation of the quality and accessibility of health services and review against specific commitments or standards by beneficiaries of services for the purpose of advocating with providers and policy makers for improved policies and services. Examples include community score cards, citizens' report cards, and social audits. Applied budget work is the engagement with budgetary allocations and spending, through budget monitoring and analysis, to advocate for accountability in the planning and use of financial resources. Distinctions will be noted with regard to specific best practices. This term is used interchangeably with monitoring approaches throughout the document.

As a result, AMHI's capacity building strategy has been unfolding over the years with input from other initiatives within the PHP and the Open Society Foundations' national and regional foundations, as well as from organizations receiving or providing capacity building support and technical assistance (TA). With a view to refining our CB strategy, AMHI organized a 3-day consultation in Turkey in June 2012 that was attended by 25 people from 16 organizations bringing experiences from Southeastern Europe, Central America, South Asia, and East and Southern Africa. Representatives from the Open Society's Mental Health Initiative, Health Media Initiative, Roma Health Program, International Harm Reduction Development Program as well as the Open Society Initiative for Eastern Africa, Open Society Initiative for Southern Africa and Foundation Open Society-Macedonia also attended.

This document draws heavily on the discussions arising from this consultation. It summarizes the full meeting report and is intended to provide practical recommendations for those supporting or undertaking capacity building in monitoring for accountability in health. In particular, it sets out to explore the following questions:

1. What are the factors that affect the **context** of capacity building approaches?
2. What **values** underpin capacity building work within the field of monitoring for accountability in health?
3. How do these values impact on **approaches and methods** used for building civil society capacity in this field?
4. How can AMHI, and its grantees receiving and providing capacity building support best **assess** whether capacity building efforts are contributing to strengthening the field of monitoring for accountability in health?

These questions are all interrelated. The underlying values of an organization will influence the type of approach or methods they use, just as the internal organizational and wider environmental contexts are likely to play a part in shaping the priorities of an organization – whether donor or recipient - and the way they work with their respective communities. These synergies are reflected in the following sections.

In addition, this document includes two types of shaded boxes, one which reflects a particular perspective on a topic or adds more information; and the other which poses specific questions for reflection. It is hoped that these boxes will help in deepening the discussion on CB by giving voice to the range of issues and perspectives represented at the AMHI consultation – implementing organizations, individuals and organizations that provide CB and TA, as well as the donor perspective as represented by the Open Society Foundations.

For Reflection:

Are donors providers or funders of CB processes?

This is not always clear, as noted in the Consultation Report (page 13), and this lack of clarity can have a negative impact on the relationship between donor and recipient. AMHI is already grappling with this issue. *“On the one hand, we see our role in CB as mainly identifying resource needs (financial and technical) and then linking partners to these resources. We prefer not to engage with grantees in the actual skills training. However, it has often been challenging to identify consultants or organizations to facilitate CB, particularly in countries and regions where this work is in its infancy”.*

The Importance of Context

Capacity building is not an isolated activity, independent of the wider context in which it is situated. Any capacity building activity has to take into account the broader developmental challenges unfolding both within the context of the organizations undertaking monitoring work and the wider environment. These two contexts were presented by AMHI at the consultation and are reflected in Figure 1 below.

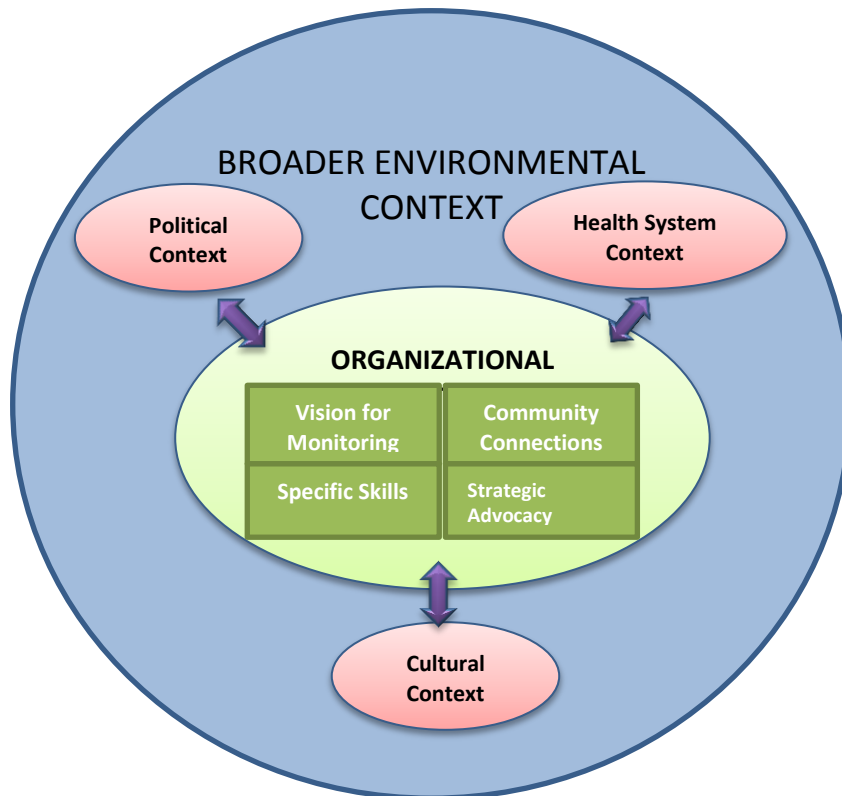


Figure 1: AMHI's Analytical Framework for Capacity Building in Monitoring

The four boxes represent the key internal, organizational factors that can be used to identify the potential of an organization for capacity building support, guide the capacity needs assessment and capacity building interventions. These include:

- the organization's vision and mission and their alignment with monitoring;
- the organization's rootedness in the communities with which it works;
- the organization's strategic advocacy objectives; and
- the specific skills and understanding (e.g. research, advocacy, community mobilization, etc.) related to monitoring.

The three peripheral ovals represent a set of contextual criteria:

- political context that allows or provides spaces for monitoring and engagement;
- health system context of capacity, limitations and possibilities of change; and
- cultural context that may include histories of solidarities and/or divisions.

All these factors are understood to be interrelated and are often difficult to separate. Nevertheless, they are important in defining the factors that impact CB work. Further, and as pointed out at the consultation in Turkey, there is also the wider global perspective that international organizations like AMHI bring to the relationship with partners, offering an international solidarity and perspective, as well as support in networking and alliance building.

Perspective:

Tips for capacity builders who are entering a community for the first time:

- *Build alliances with partners that are already established in this new context.*
- *Ask community members lots of questions. Encourage them to analyze their own context and to articulate their vision of change. An outsider asking such questions can be useful in having organizations explore outside their comfort zone and to stimulate internal reflection.*
- *Before starting the work, reflect on one's own experience and background and how this may be received in the new context. Remain sensitive to these concerns in interactions with the recipient organization and their partners.*

Success of these approaches is heavily dependent on the openness of the organization and the capacity builder's skill in drawing out the relevant information... (Ultimately), priority should be given to identifying capacity builders who are familiar with the organizational and environmental context of those whose capacity they seek to build. (Consultation Report Pages 11 and 18).

Understanding the context allows CB providers to tailor their approaches to the needs of the recipients. As illustrated by organizations at the consultation, even organizations working in adverse economic and political contexts can still undertake monitoring work successfully. In these situations, the focus needs to be on building a strong civil society network with strong skills in monitoring and advocacy work; continuing to upgrade the skills of key government personnel in the health sector to strengthen the long-term role of the state; and training health personnel at community level in participatory approaches to build community voice in a

way that strengthens advocacy and action skills (Consultation Report, page 16). Each organization will emphasize different aspects of the contextual framework, depending on their own situation, strengths and needs. As a result, a capacity builder/ technical assistance providers' knowledge of the context is vital.

Defining our Shared Values

CB is more likely to be effective when grounded in a set of values that align with the recipient organization's vision, mission and goals. These values include:

- A commitment to a shared vision to overcome health inequities and to promote people's right to health, including their right to have access to information, power and resources;
- A view of capacity building as an approach to solidarity-based partnerships which entails an ability to be mutually accountable, open to dialogue and a willingness to be critical but non-judgmental;
- An understanding that monitoring for accountability in health is change-focused;
- A shared responsibility to foster a sense of cooperation, respect and solidarity between communities and organizations, including with the health sector, within countries and globally; and
- A commitment to building on local knowledge with a focus on peer-to-peer learning.

Underlying these set of values is an understanding that CB not only aims to improve monitoring processes, but also aims to strengthen relationships, networks and movements, lead to greater equity at community and systems' levels, and an increased recognition of the importance of community processes.

This calls for a particular focus on horizontal learning processes where it is not just the individual or organization providing capacity building who have the knowledge and skills but also those on the receiving end. The focus shifts away from vertical CB, where there is an ‘expert’ and a passive recipient, to one which allows for a form of peer-to-peer learning which is more demand driven, more interactive and more sustainable in the long term. As noted at the consultation (see adjacent box), donors like AMHI need to put more focus on this type of CB.

Perspective:

Build bridges, not islands of knowledge

*AMHI has underutilized horizontal and peer-based learning. As a result, AMHI’s approach has created islands of knowledge and capabilities in the organizations that have received CB. AMHI should now find ways of building bridges between like-minded organizations. Consultation participants recommend AMHI incorporate other methods, such as peer-to-peer exchange, to facilitate horizontal learning. This is especially important because it relates to the values of solidarity and movement building.
(Consultation Report Page 16)*

Turning values into action

While the importance of defining our shared values featured prominently in discussions on CB in the consultation, equal emphasis was given to how we can effectively operationalize these values. Through the consultation process, it became clear that CB needs to be firmly rooted in a social justice framework with an explicit outcome to build people and communities’ voice and competencies to overcome the causes of their exclusion and unequal access to resources. In practical terms, this means that technical skills training must be integrated into a wider context where people’s abilities to determine their own values and priorities, and to act on these, is recognized as the basis of development. ‘Soft’ or value-based skills are as important as training in the more technical aspects of community monitoring and budget analysis. This includes skills such as communication skills, strategies for challenging attitudes and behavior, creative problem solving, self-reflection, critical thinking and alliance building.

Critical thinking is seen as a skill that cuts across all activities and processes. It involves a commitment to the social and political practice of participatory democracy and social justice, and a willingness to remain open and then integrate new or revised perspectives into people’s way of thinking and acting. To put this into practice would mean providing a range of skills as outlined in the box below.

Perspective:

Putting critical thinking into practice

- *Raise important (and difficult) questions and problems, formulating them clearly and precisely;*
- *Look for the root causes of problems;*
- *Gather and assess information, taking into account socio-economic and cultural issues;*
- *Think open-mindedly within alternative systems of thought, recognizing and assessing, as need be, their assumptions, implications and practical consequences;*
- *Communicate effectively and work with others in figuring out solutions to complex problems.*

(adapted from Paul and Elder, 2006)

Two challenges surface in focusing on values as a key component of capacity building work:

For Reflection:

How do we successfully transfer values during a CB process?

'Soft skills' are difficult to transfer. They are the more intangible and invisible features of capacity building involving conceptual and attitudinal concerns, rather than technical work. They are not easily assessed and are often only noticeable through the effects they have on practice. And, yet, these are the very values that ground an organization's monitoring work, ensuring that they address the more complex aspects related to power and privilege.

For Reflection:

How do issues of conflicting values affect CB practice?

We cannot assume there will be a broad consensus on priority values. In a complex social system in which there are unequal voices, it is likely that different actors and constituencies will have different – and sometimes conflicting – values. These differences may lie in the community itself (based on gender, age or other power differences), within the organization (recipient or donor), or between the implementing organization and the capacity building practitioner.

The second challenge, on conflicting values, is especially difficult to address. It points to the need for CB providers to take seriously the importance of acknowledging their own values, in identifying the values of others, and then in reflecting on how to deal with any differences or conflicts. While partially responding to this issue, the consultation came up with the following non-negotiable characteristics of CB providers (Consultation Report, page 23):

Facilitation/personal attributes:

- Ability to walk the talk (i.e. to do what they teach others)
- Willingness to ask difficult questions and be challenged
- Ability to provide a long-term engagement
- Ability to think outside the box
- Ability to recognize their own limitations
- Ability to build relationships and work towards common goals
- Participatory facilitation and inquiry skills
- Good communication skills
- Ability to enthuse, motivate and inspire

Technical attributes:

- Data gathering skills
- Knowledge of legal systems
- Knowledge of health systems / the health sector
- Advocacy experience and skills

Implications for CB Processes

The discussion on values above points to the importance of using a capacity building approach that strengthens community voice and action in the interest of building a more equitable and just society. Capacity building is possible at any stage in a program cycle – during the early stages of defining context and needs, in proposal writing, through to planning, implementation and assessing change.

However, irrespective of when an organization is receiving skills training, there are some key principles that need to be adhered to in order to meet wider capacity building objectives. These include an understanding that:

- The most successful forms of CB are flexible in their approach, allowing for the unexpected (and often meaningful) to surface, and also recognize that CB needs change over time;
- CB is not a one-off event but is a continuous process moving between the sharing of knowledge, critical reflection and action (the reflection-action-reflection cycle);
- Through encouraging self-reflection and analysis, CB can strengthen the collective consciousness (i.e. shared beliefs and attitudes which can unify a group and lead them to take collective action) of an organization or community, leading to a more organized and clearly articulated approach to monitoring of public policies and services; and
- CB involves collective learning and is participatory in nature.

Perspective: Donors are also accountable

From the perspective of a donor, there are a number of strategies we can adopt to show our commitment to the way we work with our grantees. These include:

- *Accountability- Asking our grantees to provide feedback on our performance. Feedback can be based on the operational support provided, the openness of our relationship or on the impact of skills building.*
- *Turning solidarity into action- In the spirit of solidarity, and when possible, we remain sensitive to the actual needs of marginalized communities, and not only focus on prioritizing our own internal processes.*
- *Democracy- Removing grant conditions (e.g.: some bilateral donors require a letter from the government to be eligible for transparency and accountability funding) in environments where this may impede support for projects that promote democracy.*

Matching methods to CB processes

There are a wide range of methods to meet organizations' capacity needs. These include:

- mentorships (one-on-one learning)
- internships
- exchange visits
- training workshops
- skills-specific technical assistance
- distance learning
- self-study guides
- reflection meetings
- forums for peer exchange
- audio visual material

These methods are most successful when they promote participation and critical thinking, rather than resorting to the more traditional top-down approach to capacity building. While some methods are better suited to specific transference of concrete skills (e.g. technical assistance), the way a method is used, rather than the actual choice of method, is what counts. For example, mentoring may be a good vehicle for changing attitudes, but if the mentor is didactic rather than reflective in the way s/he discusses the issues, then the attitudinal component of the training will probably be lost.

**Perspective:
Avoid top down use of methods**

Any method can be conducted in a top down manner if the facilitator is not conscious of the values that underpin this work and especially how different power and value conflicts can reinforce the very imbalances they are trying to address. To ensure the success of any CB process, methods and pedagogy should be constantly checked against agreed values. (Consultation Report Page 29).

As noted earlier in this document, methods should include peer-to-peer learning so as to strengthen regional solidarity and horizontal learning. Some methods are better designed for this type of learning (such as exchange visits), but all methods can include some component of peer learning as long as the facilitator structures the program in such a way as to allow for open sharing and discussion.

In this context, the consultation identified three inter-related domains of learning, that is: building knowledge, challenging and/or reinforcing attitudes, and skills practice. By combining a range of methods, it becomes possible to consciously work through these different domains, ensuring that the method is in line with the appropriate domain of learning and that it

takes into account the underlying assumptions of the group receiving the training. It is best to use a combination of methods which allow for reflection and discussion over time when exploring attitudes and perceptions.

Ideally, CB should include a mix of both structured (e.g. group training) and unstructured (e.g. mentoring) components. One-off training by an outsider can be used for specific skills building, provided that it is supplemented with other CB support as necessary. However, whatever method is used, it is important to ensure that the approach is located in values that move the community toward a better understanding of their right and ability to negotiate improved services with greater accountability.

Assessing Progress

Finding ways to measure the success of a capacity building process is not only complex and challenging, but also raises some important questions about what it is we are trying to measure. Building capacity is not a quick fix, but tends to ‘emerge’ over time, affected by many factors both internal to the organization or community, and/or the context in which they work. Thus, any attempt to monitor progress in relation to pre-determined indicators does not allow for the less tangible dimensions of capacity and broader learning from experience to arise. In many cases, unexpected results or insights, garnered over a sustained period of time, may prove more important than what was planned.

There is also the issue of what it is we want to measure: increased capacity or improved monitoring and advocacy? Some grantees explicitly noted that they are not primarily focused on assessing knowledge gained during the CB process, but are looking for demonstrated capacity in how new knowledge and skills have affected practice. Thus, some of the indicators for assessing progress as a result of a CB process may include whether there is improved delivery of public health services, whether people have become empowered in monitoring these services, and whether this has led to greater democracy.

To take this further, there are also instances when it is not enough to measure impact of the CB process on the health system or on health behaviors/outcomes alone. Often there are extraneous factors, outside the control of the implementing organization. These also need to be taken into account when designing indicators of change. For example, there are:

1. Levels of activities, process indicators, outputs that are primarily under the control of the implementing organization where external factors are secondary or peripheral. Examples include community meetings, workshops and trainings. For these activities, you can have reasonably quantitative or specific output indicators.
2. Levels of activities that are initiated or proposed by the implementing organization, but implementation is partially dependent on environmental factors. For example, a public hearing can be proposed, but government officials may not attend. Progress here is demonstrated by efforts taken to create new opportunities. Qualitative indicators are typically more useful here, particularly when recognizing something that has never happened before.
3. Levels of activities that reflect changes related to deepening of democracy, changes in the health system, etc. Implementing organizations have a role in this type of change, but it is highly susceptible to environmental factors e.g. governance system, role of the ruling party, etc.

It is important to tease out these three kinds of activities so as to design appropriate indicators or measures of change.

Funders need to encourage implementing organizations to measure progress in this wider framework, but we still have to engage with the question of how we can assess whether capacity building efforts in particular are working. Although the methodology of a logical framework has its merits, the problem is that it tends to be used as a checklist for the purpose of accounting to us, the donors. The logical framework was felt to be limited in its ability to encourage partners to critically reflect on the quality of, or assumptions underlying, their work.

For Reflection:

How flexible can funders be while still needing to measure progress?

Flexibility in responding to the changing CB needs of grantees brings its own challenges when it comes to assessing progress. The CB program can take much longer than anticipated and it also becomes more difficult to stick to one set of progress indicators. How can funders honor this process while still meeting their reporting obligations?

Our challenge, therefore, is to find ways of identifying indicators of change at the outset of a CB process that are aligned to the intentions of the CB work and the specific context in which the CB is taking place, are participatory in nature, and which also give space for reassessing those indicators over time to take into account emerging challenges. In this context, quantitative approaches are often not enough to capture the various nuances of change taking place: both quantitative and qualitative measures need to be used to collect different kinds of information.

Perspective:

Assessing change within a participatory framework

Assessing change within a participatory framework has the following common characteristics:

- *they involve structured interactions among stakeholders based on day-to-day experiences using stories as a means of making sense out of what changes are happening, and why;*
- *they are not exclusively concerned with quantitative measurement – such as counting the number of people trained - but with creating consensus between recipients and provider on what constitutes qualitative improvements that will contribute to the broad goals of the organization and/or community; and*
- *they allow even the most vulnerable stakeholders or beneficiaries to have a voice in periodic reflection. The capacities of beneficiaries for critical analysis, debate and decision taking are thereby improved. (Watson, 2010)*

Within this framework, there are several innovative approaches to monitoring CB programmes, all of which have been used by our partners in various degrees. These include:

- outcome mapping
- process indicators
- documenting stories of change
- interviews with non-implementers to assess change
- progress markers (in which partners define the changes they would like to see happen or hope will happen)
- periodic strategic planning or reflective meetings

In the end, there is no standard way of assessing progress and much depends on the type of organization receiving CB, their values and expected outcomes. Every organization will have different capacity needs and different indicators of change.

In conclusion...

So, what are the key lessons emerging? Taking into account the different perspectives of implementing organization, capacity builders, and donors, while also recognizing that we can, and do, work effectively together, we draw out the following issues to consider when embarking on a CB process, starting with our agreed definition of CB:

Our agreed definition of Capacity Building:

Ultimately, we agree that capacity building “is based on the fundamental concept that people all have an equal share of the world’s resources and have the right to be authors of their own development In this case, capacity building refers to strengthening the skills, competencies and abilities of people and communities in developing societies so that they can overcome the causes of their exclusion and suffering.”

(Oxfam definition quoted in Eade 2007 and Consultation Report page 9)

This definition implies that we need to acknowledge at the outset that capacity building is taking place within a global context in which there are intractable challenges that have to do with inequalities, power differences and situations of exclusion which, like a vicious cycle, are reinforcing the very need to implement a CB process in the first place. The challenge is to design and implement CB programs that break out of this cycle, and which reflect “a mutual commitment to partnership, reciprocity, shared risk-taking and inter-dependence” (Eade 2007).

To do this, at the very least, we need to:

- Jointly identify capacity building needs and openly discuss the capacities required for monitoring for accountability in health work, including discussion on the implementing organizations’ values, analyses, concerns and aspirations, their strengths and areas where capacity development may be required.
- Jointly develop a capacity building plan, including identification of capacity building resources, selection of methods and how capacity building efforts align with the overall values of the organization and expected outcomes.

- Critically reflect on ways to strengthen horizontal and peer learning at community, organizational, national and global levels.
- Recognize that capacity building is a long term, continual process and that a more sustained relationship yields more lasting change.
- Be flexible to change, and be willing to refine the capacity building plan, outputs and indicators of progress when necessary.
- Agree on benchmarks for measuring progress which go wider than the capacity building process to include changes in practice.
- Allow space for structured reflection and criticism of processes and relationships, including recognition of the importance of horizontal and downward accountability.

We believe that these recommendations, if implemented, will go a long way in strengthening relationships more strongly based on trust and solidarity, in countering some of the structural inequalities between different actors in the development process, and in ensuring a more sustained approach to developing the capacity of those committed to building a more equitable and accountable health system.

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