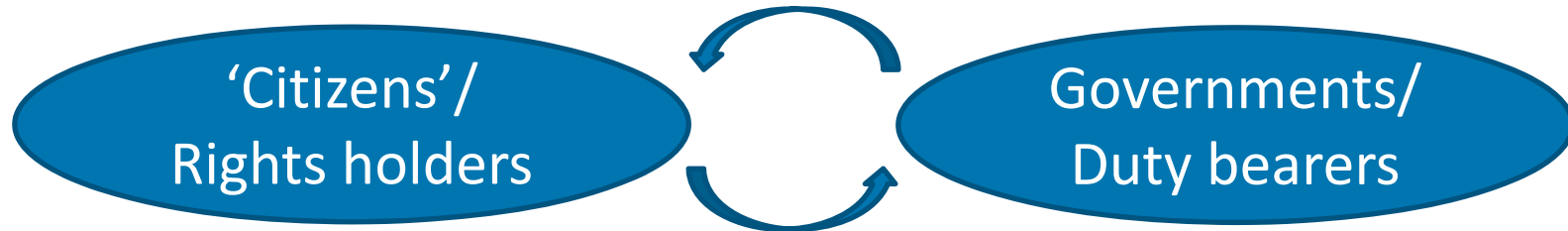


Youth-led monitoring and social accountability



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What is social accountability?



“Elected governments, from ministries to district officials, have a duty to their citizens, including all other persons the state is obliged to serve, and citizens have the right to hold their government representatives accountable for their duties. Along with transparency and participation, this accountability is part of basic good governance.”

IPPF IMAP statement on social accountability to achieve high quality service provision

Horizontal (formal) accountability

Internal, state to state relations

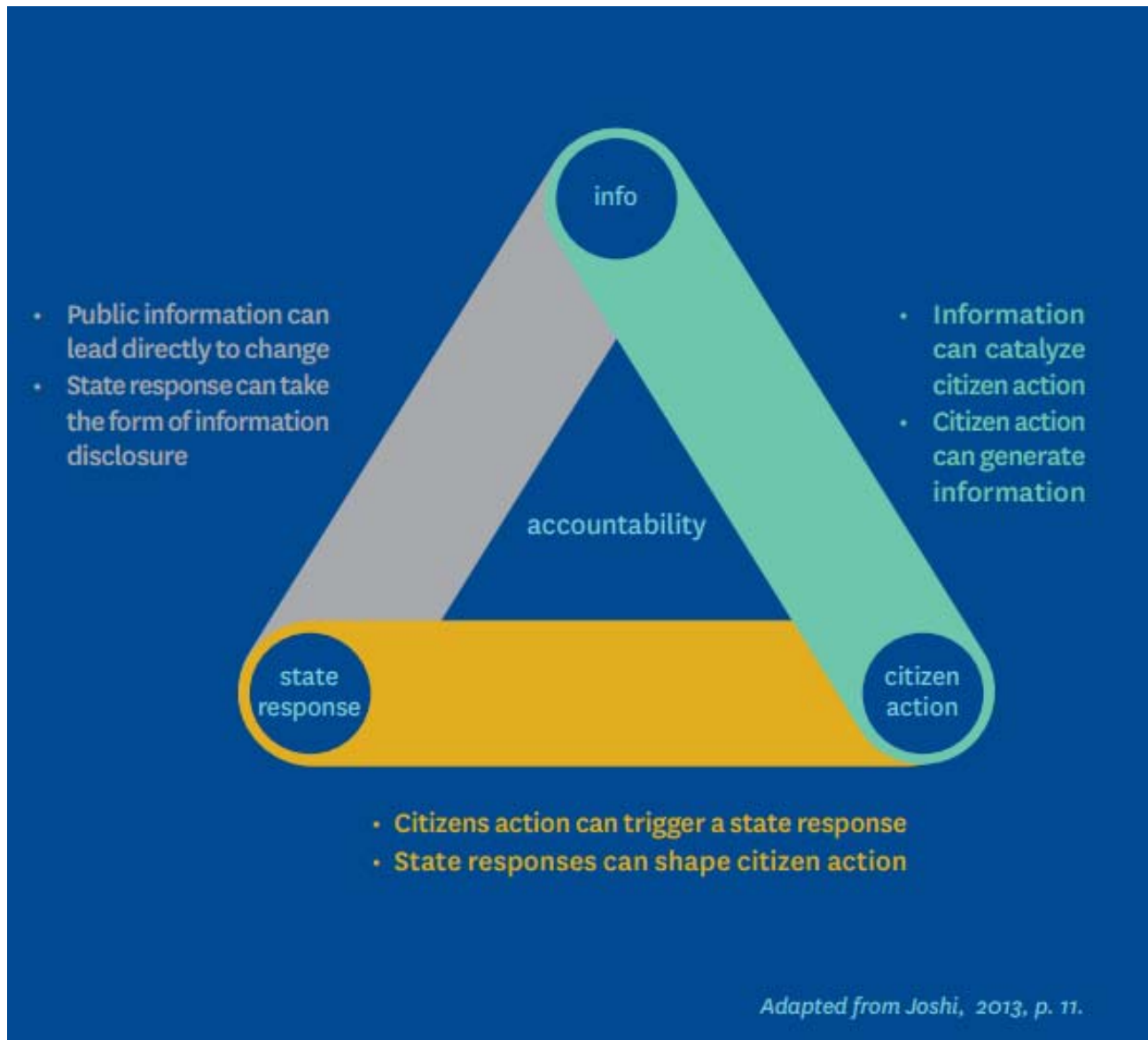
Vertical (informal) accountability

Citizens directly hold duty bearers to account

Diagonal (mixed)

Alliances between citizens and public institutions

What is social accountability?





Typical outcomes

- Democratic outcomes: more informed, organized, and systematic engagement between citizens and the state
- Developmental outcomes: more effective services delivery and public sector performance
- Empowerment outcomes: increased or improved means to increase and aggregate the voice of the disengaged and vulnerable groups



Particular challenges for SRHR accountability

- Sex! Tension between personal nature of SRHR and public nature of social accountability
- Sex! Often, SRHR issues will not receive widespread support, diversity of perspectives
- Varied service delivery points – not just public, facility based
- Truly engaging intended beneficiaries especially from marginalized groups



Particular challenges for youth advocates

- Increased stigma for talking about sexuality issues due to age/marital status etc
- Youth may not be taken seriously, scope to speak out publically about rights as ‘full’ citizens (gender)
- Require high quality training and capacity building
- Young people as volunteers – turnover and availability
- Funding constraints ...

Bolivia

CIES youth networks worked with local authorities to guarantee the inclusion of youth-friendly SRH services in the law.

“Through the Voices project, I met with the authorities and demanded solutions for young people’s health problems. They started to listen to us and saw that we had well-grounded arguments for change. They started taking us seriously, and then things changed.”



YOUTH LEADER, RODOLFO PALERMO, LEADS AN ICEBREAKER ACTIVITY AT A YOUTH SEXUAL AND REPRODUCTIVE HEALTH TRAINING IN EL ALTO.

Main Achievements

- › Incorporation of sexual and reproductive health and rights into a bill on youth that was presented to Congress with broad support from diverse civil society organizations.
- › Passage of a bill by local government to provide differential health services to youth in El Alto, one of Bolivia’s largest and most marginalized municipalities.
- › Creation of a partnership with Bolivia’s Ministry of Health to pilot state-run, youth-friendly health centers in three regions.
- › Participation of youth and women’s organizations in government efforts to incorporate sexual and reproductive health and rights into the autonomous bylaws of three Bolivian regions.

Panama

APLAFA trained young social auditors to conduct interviews with directors and young users of clinics – audit was officially recognised by Minister of Health.

Main Achievements

- Completion of a social audit on youth-friendly services (assessing the quality of services, infrastructure and supplies) that was officially recognized by the Minister of Health.
- Signed agreements with three public service providers to implement recommendations emerging from the audits.
- Development of a “school” for social auditors, with the original graduates now training a second generation of auditors.
- Partnership with the Ministry of Health’s National Coordination of Childhood and Adolescents and the Pan-American Health Organization for the implementation of the Integral Services for Youth Guidelines.
- Successful training of journalists on sexual and reproductive health and rights, as a means to influence public opinion and build political will for youth-friendly services and comprehensive sexuality education.



“one clinic was demanding the presence of an adult during professional counselling sessions...this is outrageous”

Findings from social audits in Western Hemisphere region...

Model was replicated in Dominican Republic

https://youtu.be/0pGBJgRH_Gc

Conclusions:

- Access to information about high-quality YFS empowers and informs young people to take control of their sexual health and to hold governments accountable
- Strengthens democracy, improving link between public policies and YP/community needs
- Creates (qualitative and quantitative) evidence to support recommendations for decision makers, and to position young people as legitimate stakeholders.

Prima Gynda initiative – Czech Family Planning Association



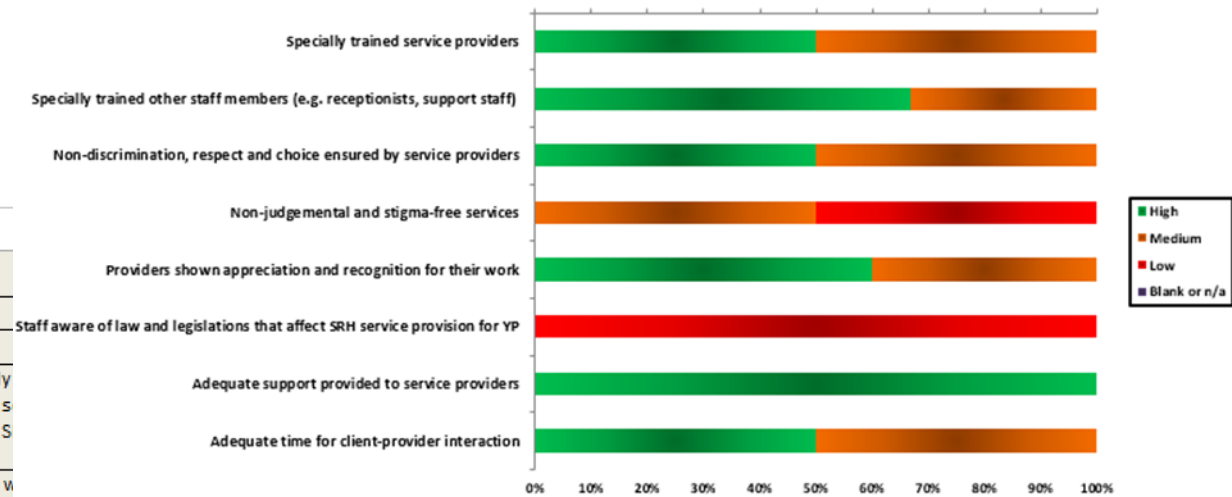
Doctors who commit themselves to the principles, they will get a certificate and their surgery will be marked with a sticker with the logo of the project. This will allow girls and women to turn directly to our certified and thus "authenticated" doctor. For certified physicians can have a girl confident that they will be a doctor to act in accordance with its rights with respect to her wishes, it will not condemn or do not force the girl gets the maximum amount of information, based on which will be able to best decide for example, about which contraceptive method to use, and others.

Provide – A self-assessment tool for youth-friendly services

- Self-assessment tool (not external evaluation)
- Tool used in connection with Quality of Care assessment tool
- Client-centered approach, connecting the community with service delivery points
- Implemented by cross-disciplinary teams (ideally Senior Management rep, a Youth Officer, an M&E Officer, the Clinic Manager, as well as young volunteers)
- Used at the service delivery point level (e.g. clinic, mobile clinic or other health providing settings)
- Variety of data collection methods
- All team members give inputs on each component, consensus is reached



Providers



	A	B			
1	II. FACILITIES				
2	Component	Question			
3					
4	Branding (stigma-free)	1. Do you market your SDP as a youth-friendly separate brand name for the youth-friendly service? (e.g. your SDP, logo that doesn't picture a family, SDP doesn't include 'family planning')			
5		2. Does the signage on the front of your SDP welcome young people?			
6					
7	Convenient location (accessible)	3. Is your SDP easy to find? (e.g. signposted from the main road)	Yes: very easy		Observation
8		4. Is your SDP within walking distance of a public transport hub?	Yes (Less than 10mins)		Discussion with young people Observation
9					
10	Convenient opening hours (accessible)	5. Is your SDP open during after-school hours?	Never		Discussion with young people Observation
11		6. Is your SDP open on weekends?			Observation
12		7. Are there specific opening hours for young people?			Discussion with young people Observation
13		8. Does your SDP have an easy appointment system for young people to use? (e.g. walk-in clinic, appointment system, emergency appointments)	Yes No Not applicable		Discussion with young people Observation
14					
15	Reception area (confidential)	9. Is the average waiting time satisfactory for young clients?			Discussion with young people Observation
16		10. Can clients speak to the receptionist at your service delivery point (SDP) without being overheard by other clients? (e.g. clients cannot be overheard when talking to the receptionist, clients can write down what service they need, separate entrance, separate waiting area, etc.)			Discussion with young people Observation
17					
18	Affordable fees	11. Does your SDP provide subsidized and/or free services for young people? (e.g. subsidised by organisation, projects, government, insurance, etc.)			Discussion with service providers
		12. If No, can young people receive SRH services regardless of their ability to pay?			Discussion with service providers Discussion with young people