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**LEADERSHIP, MANAGEMENT
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Inspired Leadership. Sound Management. Transparent Governance.

Cultivating Accountability

FOR HEALTH SYSTEMS STRENGTHENING

Series of Guides for Enhanced Governance
of the Health Sector and Health Institutions
in Low- and Middle-Income Countries

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The guides and accompanying handbooks on governance represent the collective effort and input of many experts in public health leadership, management, and governance. The LMG Project would like to acknowledge the individuals who have made these materials possible.

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Finally, LMG would like to thank all of the individuals and organizations striving to improve health sector governance all over the world. We hope the governance guides and accompanying handbooks will serve as valuable resources for the continued support of good governance.

Introduction

Thank you for all that you do to improve the performance of your health system. Good governing practices not only enable you to achieve more significant results in your work but also more sustainable results. Governance in the context of health has come into sharper focus over the past decade. It is one of the essential factors in the pursuit of stronger health systems and greater health impact. There is an emerging body of evidence that shows that effective governance improves health outcomes. Conversely, poor governance overall, and especially in the health sector, contributes to poor health outcomes. It undermines the vitality of a health system, making it less effective, less efficient, less equitable, and less responsive to the people it is intended to serve.

Governance is a collective process of making decisions to ensure continuous vitality and performance of organizations or health systems. Governance is (1) setting strategic direction and objectives; (2) making policies, laws, rules, regulations, or decisions, and raising and deploying resources to accomplish the strategic goals and objectives; and (3) overseeing and ensuring that the strategic goals and objectives are accomplished. Governance for health is governance done with the objective of protecting and promoting the health of the people served by a public or private organization.

(Source: Management Sciences for Health, "How to Govern the Health Sector and Its Institutions Effectively," The eManager, No. 1, 2013)

Studies, roundtable discussions, and fieldwork done by the Leadership, Management, and Governance (LMG) Project¹ funded by the US Agency for International Development defined five governing practices as essential to the effective functioning of governing bodies:

- Cultivating accountability
- Engaging stakeholders
- Setting a shared strategic direction
- Stewarding resources
- Assessing and enhancing governance

The LMG Project developed this series of guides and the accompanying training handbooks to help you operationalize each of the five governing practices in your organization. You will have an opportunity to use (1) guides that explain each of the five practices; (2) training handbooks that support and prepare you to apply the governing practices described in the guides, and (3) a series of reading materials, case studies, tools, and resources.

We hope you will find the materials and the training course based on them useful and, as a result of investing your time in the course, that you will be more comfortable, confident, and competent in your governing role. As governance leaders or members of governing bodies, using these guides you will be able to apply the five effective governing practices in your organization, and improve your governance performance and in turn, your organization's performance. Training course based on these guides will make the learning of the five governing practices more effective and the course will enable you to develop and implement a governance enhancement plan for your organization. The course uses the five guides as required readings for the participants. We have also developed a separate training facilitator's handbook to help the facilitators deliver the governance enhancement training in a structured way and with maximum effectiveness.

¹ The LMG Project is implemented by a consortium of six partner organizations: Management Sciences for Health, African Medical and Research Foundation, Medic Mobile, International Planned Parenthood Federation, Johns Hopkins University Bloomberg School of Public Health, and Yale University Global Health Leadership Institute. You may visit us at www.lmgforhealth.org.

Purpose and Audience for the Guides

The series consists of five guides on effective governance of the health sector and health institutions:

1. Guide for Cultivating Accountability
2. Guide for Engaging Stakeholders
3. Guide for Setting a Shared Strategic Direction
4. Guide for Stewarding Resources
5. Guide for Continuous Governance Enhancement

The primary users of these guides are the teams of leaders who govern and leaders who manage the health sector and health institutions in low- and middle-income countries. As senior health leaders, the guides are designed to help you implement the five essential governing practices in your organization. The contents of these guides are applicable to the public sector or government organizations and to not-for-profit or nongovernmental organizations (NGO) or civil society organizations. The guides are also applicable at all levels of the health system: national, provincial, district, or community level as well as at the institutional, organizational or health facility level. For example, the Minister or Permanent Secretary or Director of a department in the Ministry of Health and her/his senior leadership team will find the guides and the training course based on these guides useful. The Director or Head of a provincial health department or a district health office or a hospital or a health center and her/his colleagues in the governing body will likewise benefit. Using these materials, members of governing bodies that direct provincial health systems, district health systems, hospitals, and health centers in public and not-for-profit sectors will be able to adapt effective governing practices to their own settings, apply them, improve their governance and, in turn, the performance of their organizations.

To facilitate the structured delivery of the content of the five guides, training handbooks have been developed to accompany the guides and to be used by the training facilitators. The handbooks are designed as the training facilitator's tool and the training facilitator's resource for your capacity building as governance leaders (leaders who govern) or management leaders who support good governing practices. Separate training handbooks have been developed for the training of the governance leaders or governing bodies of (1) ministries of health, (2) provincial health departments or provincial health systems, (3) district health offices or district health systems, (4) hospitals, and (5) health centers.

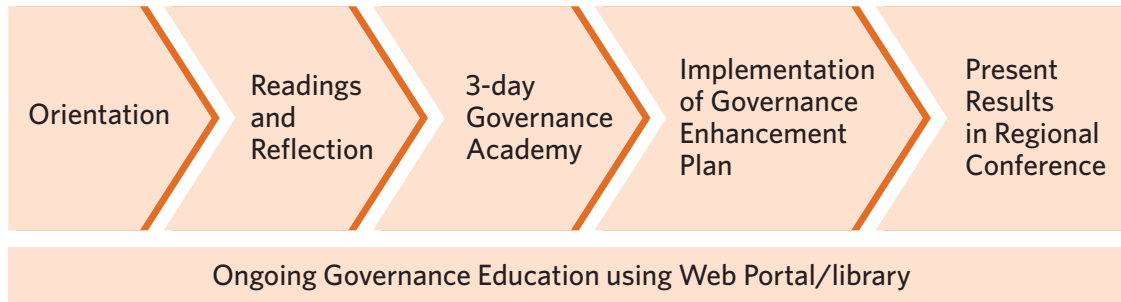
The guides can be used as a self-study resource by the governance leaders or governing bodies to learn the five governing practices and apply them. These are available at www.lmgforhealth.org/expertise/governing.

You may start with taking some of the governance self-assessments that you will find in the appendices in the Guide for Continuous Governance Enhancement. This will help you assess your governing practices. You may then start with the guide for the governing practice where you feel you need to improve the most. Alternatively, you may start with the guide on cultivating accountability, and then move on to the guides on engaging stakeholders, setting shared strategic direction, stewarding resources, and continuous governance enhancement, in that order. The practices are inter-related, one builds on another. This sequence will allow you to benefit from this attribute of the practices. The learning and its application will be more effective if a structured training is organized using the training handbook relevant for your setting. The guides, handbooks, and other resource materials will support your capacity building as leaders who govern or leaders who manage, and leaders who are dedicated to strengthening the performance and results of health systems in low- and middle-income countries.

The learning continuum comprises a carefully designed learning experience consisting of: general orientation of new governing body members; readings, reflection, and collective self-assessment by the governing body; a three-day Governance Academy through which the knowledge on how to

apply the five effective governing practices can best be mastered; implementation of a governance enhancement plan and an action plan to improve selected measures of the organization's performance; and presentation of lessons learned and results in a regional conference; all of this is supported by continuous governance education using the resources available on the LMG website www.lmgforhealth.org/expertise/governing.

Governance Learning Continuum



The three-day Governance Academy or governance workshop is at the heart of this learning plan. As described in the accompanying training handbooks, there are twelve sessions in the Governance Academy designed to help participants master the contents of the five guides. The sessions are practice-oriented and based on an experiential learning methodology. The handbooks describe specific trainer goals and learning objectives for each session. Course participants are expected to be teams of governance leaders and senior management leaders from similar settings. For example, participants could be senior governance and management leaders from several different hospitals. However, they should be from hospital settings only so that the focus is on applying the practices in a hospital setting. By the end of the course, the teams would have prepared a governance enhancement plan and an action plan to improve two to three strategic measures of their organization's performance. When they go back to their organizations, senior governance and management leaders work together as a team to consistently apply the five essential governing practices, implement their plans and improve their organization's governance and performance.

Governance enhancement plan comprises periodically assessing governing practices and continuously trying to improve these practices through regular governance assessments, governance orientation and education, building diversity in the governing body, cultivating essential governance competencies, conducting productive meetings, establishing governance policies, and using governance technologies like dashboard.

The primary purpose of enhancing governance is improving the organizational performance. For this reason, the governance leaders working with the senior management and key stakeholders develop an action plan to improve two to three strategic measures of the organization's performance. This involves practical application of the governance capabilities of the governing body and also consistent application of the effective governing practices they learned in course of the governance enhancement education. When the governance leaders see their governance decisions translating into higher organizational performance, they are inclined to consistently apply the effective governing practices. A virtuous cycle is set into motion, improved governance leading to better organizational performance, which in turn motivates the governance leaders to continuously enhance their governance.

Governing Practice—Cultivating Accountability

Accountability means that institutions—ministries, organizations, and health facilities—are responsible for meeting the needs of the people whom they were created to serve and protect. Cultivating accountability is creating an environment in which governing actions are trustworthy, fair, inclusive, and effective. In doing so, the governing body establishes itself as legitimate. Openness, transparency, and responsiveness are its key enabling factors. Cultivating accountability may be difficult to achieve, yet it has clear benefits.

Accountability exists when there is a relationship between two parties, and the performance of tasks or functions by one party is subject to the other’s oversight, direction, or requests for information. Accountability means ensuring that officials in public, private, and voluntary sector organizations are answerable for their actions and that there is redress when duties and commitments are not met.

Social accountability refers to a broad range of actions and processes that citizens, communities, independent media, and civil society organizations may use to hold public officials and public servants accountable. Social accountability is increasingly recognized by health institutions as a means of improving service delivery. Social accountability tools include participatory budgeting, public expenditure tracking, citizen report cards, community monitoring, social audits, public hearings, and community radio. These tools can contribute to improved governance and increased development effectiveness through better service delivery and empowerment.

When accountability is strengthened, the opportunity for corruption is diminished, and outcomes of the health system, such as responsiveness, equity, and efficiency, are positively affected. To explore the good governing practice of cultivating accountability, you will want to consider the principles and actions presented below:

Cultivate Accountability: Foster a facilitative decision-making environment based on systems and structures that support transparency and accountability.

Principles underlying the practice	Governing actions you can take:
Accountability Transparency Legal, ethical, and moral behavior Accessibility Social justice Moral capital Oversight Legitimacy	<ul style="list-style-type: none"> ▪ Establish, champion, practice, and enforce codes of conduct that uphold the key governance principles. ▪ Embed accountability in the governing institutions by creating ways to share information and rewarding behaviors that reinforce the key governance principles. ▪ Make all reports on finances, activities, and plans available to the public, and share them formally with stakeholders, staff, public monitoring bodies, and the media. ▪ Set expectations that other stakeholders share. ▪ Establish oversight and review processes to regularly assess the impact and appropriateness of decisions made. ▪ Establish a formal consultation process through which stakeholders may voice concerns or provide other feedback. ▪ Sustain a culture of integrity and openness that serves the public interest.

Cultivating Accountability

To master this governing practice, those who govern and those who support good governance need to discuss and understand the following nine capabilities:

1. Your personal accountability
2. Accountability of your organization to its stakeholders
3. Internal accountability in your organization
4. Accountability of health providers and health workers
5. Managing performance
6. Sharing information
7. Developing social accountability
8. Using technology to support accountability
9. Smart oversight



This guide presents a number of activities that may be implemented to achieve each of these nine capabilities. A variety of tools and resources to support these activities are provided in the Appendix of this guide. In the following sections of the guide, “you” should be interpreted as you the leader who governs—working with your governing body and the senior management team.

Your Personal Accountability

Good governance in the health sector is a group process. For group decision making to be effective, each person must be personally responsible for her or his own work, behavior, and results. When you are personally responsible, you take ownership of situations, challenges, and strategies and see them through to completion. To help achieve personal accountability, several actions may be considered, such as those listed below.

You are accountable to the people and communities you serve. To demonstrate this, the following actions are important to consider.

1. Take ownership of your decisions. Accountability begins with your own thinking, attitudes, and beliefs about taking personal ownership of your decisions and their outcomes and consequences.
2. Be consistent in your public and private behavior. Practice what you preach.
3. Openly listen when stakeholders, community members, or health workers offer perspectives that are different from your own.
4. Interact openly and candidly with stakeholders, community members, and health workers. Share information with community members and health workers. Use mobile phones for effective dissemination of information.
5. Answer questions from stakeholders, community members, and health workers, and welcome constructive feedback on your actions and decisions.
6. Accept responsibility for your actions, and accept ownership of the results of your decisions.
7. Accept responsibility for the future direction and accomplishments of your organization.
8. Openly explain the reasons for your decisions.
9. Demonstrate a sense of responsibility to the people and health workers when making decisions.
10. Avoid making excuses and blaming others for mistakes. Openly admit your mistakes to stakeholders, community members, and health workers, and take quick action to deal with the consequences of a mistake.
11. Provide explanations to stakeholders and community members for the underperformance of your ministry, department, or organization, and without making excuses.
12. As a public official, civil servant, public manager, director, or a trustee, you are in a fiduciary relationship or a relationship of trust with your stakeholders. You have a duty to act visibly, predictably and understandably from their perspective.

Of these actions, which two or three are the most important in your situation and why?

What should you do to improve your capacity to take these priority actions?

Accountability of Your Organization to its Stakeholders

Governance leaders are responsible for their own personal behavior and commitments, and must also ensure that their organization is accountable to stakeholders, such as patients, communities, elected politicians, and public and private purchasers and providers of health services. To help ensure this organizational accountability to stakeholders, consider the actions listed below:

1. Establish, champion, practice, and enforce codes of conduct that uphold the key governance principles and demonstrate the legitimate authority of the governance leadership.
2. Embed accountability into your organization by creating mechanisms for sharing information and rewarding behaviors that reinforce key governance principles.
3. Make all reports on finances, activities, plans, and performance available to the public, and share them formally with stakeholders, staff, regulatory bodies, and the media.
4. Set expectations that other stakeholders share.
5. Establish oversight and review processes (internal and external monitoring and evaluation by committees) to continuously assess the impact and appropriateness of decisions made.
6. Encourage stakeholder participation in the development of accountable and sustainable health services.
7. Establish a formal consultation mechanism (open forums, open meetings, etc.) through which constituencies may voice concerns or provide their feedback.
8. Sustain a culture of integrity and openness that serves the public interest.
9. Clarify to your stakeholders the behavior they should expect of you and your staff and the criteria by which you may validly be judged.
10. Establish a strategy based on a comprehensive and balanced understanding of the health needs of your population.
11. Establish goals and standards against which the strategy and performance may be managed and judged.
12. Disclose credible information about the strategy, goals, standards, and performance to the public and stakeholders.
13. Establish mechanisms to investigate whether you and your staff have met the standards, goals, and targets expected of you.
14. Establish a process under which you and your staff are required to defend your actions, face questions, and explain yourselves to the public and stakeholders.
15. Establish a process under which those who are responsible, including yourself, are held accountable for falling below the standards expected or are rewarded for achieving or exceeding the standards.

Of these actions, which two or three are the most important in your situation and why?

What should you do to improve the capacity of your organization to take these priority actions?

Internal Accountability in Your Organization

Health care is a labor-intensive sector. Leaders who govern must create workplace conditions in which internal stakeholders are proud of their work and are enthusiastic in their willingness to continuously improve access to high quality services. The actions below can help you enhance and expand the accountability of staff in your health system or organization. Remember, practicing accountable behaviors is everyone's responsibility – the governing body, management and staff. In addition, the governing body's role is oversight and to make sure that there is internal accountability in the organization.

1. Ensure the free flow of information internally in the organization.
2. Create an environment in which acting with greater accountability is rewarded and something that is not to be feared.
3. Keep fear to a minimum and encourage risk-taking when and where necessary.
4. All staff should be supported in their work by the senior leadership, their direct supervisors, as well as their peers, their immediate work team.
5. Goals or tasks are clear to all employees.
6. Managers have access to data and information in order to make sound decisions.
7. Managers and staff have sufficient resources to be able to succeed.
8. Managers and staff know to whom they're accountable and for what.
9. Performance and targets achieved are monitored in a transparent manner, using a process under which managers and staff may explain their decisions and justify their actions.
10. Results are measured and explained to internal and external stakeholders.
11. There are consequences for nonperformance or underperformance as well as rewards for excellent performance.

Of these actions, which two or three are the most important in your situation?

For these two or three actions, what factors are most likely to frustrate their successful accomplishment?

What should you do to improve your support of employees in your organization, without duplicating management's role or micro-managing?

Accountability of Health Providers and Health Workers

A unique sub-set of employees or internal stakeholders are the clinicians (physicians, nurses, nurse midwives, pharmacists, laboratory technicians) and public health workers. Effective governing bodies are skilled at listening to these health providers and workers to assess how well the system is working and to define innovative and cost effective strategies for performance improvement and health system strengthening. Actions to be more accountable to health providers and workers and to make them accountable include:

1. Be willing to admit mistakes and learn from your mistakes. Set an example for health providers and workers to follow.
2. Encourage health workers and heads of health facilities to share both successes and challenges.
3. Ensure managers provide timely, clear, and specific performance expectations and feedback to health workers and heads of health facilities.
4. Ensure that the performance of health workers is regularly reviewed. Ensure the performance of health facilities is regularly assessed and findings are explained to the stakeholders. Ensure the use of medicines and medical supplies is regularly reviewed.
5. Ensure any underperformance is discussed with the concerned health worker and the head of the health facility. Recognize and praise excellent performance of a health worker or a facility.
6. Set the standards of behavior for health workers and heads of health facilities. Encourage community members to assess whether these standards are being met.
7. Establish a process for community members and stakeholders to ask questions of health workers, the head of the health facility, and members of the hospital board or health center management committee. In response, health workers, the head of the health facility and the governing body should explain their decisions and actions to the community.
8. Ensure clear goals are set for health workers and heads of health facilities and they are supported in achieving these goals.
9. Ensure that health workers and heads of health facilities have sufficient resources to succeed.
10. Establish a system of rewards for health workers who meet established standards. Set up a transparent process for dealing with health workers who do not meet the standards.

What two or three actions can you take working with your management team to enhance the accountability of health workers and health managers in your organization?

Managing Performance

Those who govern should avoid the temptation to micromanage. However, management should develop and use “performance dashboards” or “balanced score cards” that document how well the organization is doing to achieve a handful of key indicators of success or essential measures of progress as against plans.

Important activities for the governing body to consider are:

1. Formulate a clear mission, and strategy to achieve it.
2. Develop an explicit measurement strategy to measure your progress.
3. Ensure measures for all strategic and operational objectives are identified.
4. Ensure key users of measures are involved in the design and development of indicators.
5. Ensure measures are developed with users of measures in mind. Each user should be able to get a clear picture of performance with sufficient detail.
6. Ensure that the customer or health service user perspective is kept in mind throughout the measurement process.
7. Ensure that the performance information is used to refine programs and policies.
8. Ensure the performance measures are periodically reviewed and revised.
9. Ensure performance is measured and reported disaggregated by gender.
10. Ensure the skills of managers and employees are developed in selecting and using meaningful measures to support their decision making.
11. Ensure employees are involved in selecting and implementing measures.
12. Improve managers’ and employees’ perception of the value of measuring performance.

Identify two or three steps that, with your organization’s senior leaders, you will take to cultivate a culture of performance measurement in your organization.

Sharing Information

Effective governance decision makers need information that is accurate and timely, covering the right issues, and presented in formats that are easy to understand and use. Effective governing bodies establish a positive partnership with health managers and clinicians to define exactly what should be the minimum dataset that will inform all concerned about how well the organization is performing on the following core dimensions:

- People using services
- Costs of services used
- Vacancies among health workers
- Citizen satisfaction
- Health worker satisfaction
- Medicine and supply stock-outs
- Death rates

These are several activities that may be undertaken by the management and staff and ensured by the governing body to make wise use of information and cultivate a culture of accountability.

1. Publish relevant information and make it accessible.
2. Present information in simple and readily comprehensible language and formats appropriate for different stakeholders.
3. The information should retain the detail and disaggregation necessary for analysis, evaluation, and participation.
4. Publish timely and accurate information.
5. Make information available in sufficient time to permit analysis, evaluation, and engagement by relevant stakeholders.
6. Provide information during the planning phase as well as during and after the implementation of policies and programs.
7. Manage information to keep it up-to-date, accurate, and complete.
8. Grant access to information to those who are affected by decisions, transactions, or the work of your organization. This could include a wide range of internal and external stakeholders: employees, patients, citizens, shareholders, suppliers, and NGOs.
9. Local laws governing access to information, if they have been enacted in your situation, will help you establish a framework for citizens and civil society to access information about your organization's health services.
10. Performance measures and financial statements should be shared with the public and all other stakeholders. Information about budget, spending, and outcomes should be shared.
11. Internal transparency, i.e., transparency within your organization, is as important as transparency with external stakeholders. Internal transparency increases employee loyalty and collaboration.
12. Use of modern information and communication technologies facilitates wider and more effective dissemination of information.

What two or three actions can you take with management to help share information with the public and other stakeholders so that stakeholders may more effectively engage with and best use your organization's services?

Developing Social Accountability

The governance of health systems owes a duty to engage with, to inform, and to be accountable to a broad array of external stakeholders in local, provincial, or national society. Effective governing bodies do not hide from public scrutiny; rather, they proactively design sensible engagement strategies and performance reporting with these groups.

Social accountability refers to a broad range of actions and mechanisms that citizens, communities, independent media, and civil society organizations may use to hold public officials and public servants accountable. These mechanisms contribute to improved governance and increased health system effectiveness through better health service delivery and empowerment.

Social accountability in the delivery of health services may be strengthened by using several of the mechanisms listed below. Descriptions of these mechanisms are provided in the Appendix.

1. Participatory budgeting
2. Public expenditure tracking
3. Citizen report cards
4. Community score cards
5. Social audit
6. Citizen charters
7. Public hearings
8. Community radio

Which two or three of these mechanisms are appropriate in your situation? Which mechanisms can your organization use to make health service providers more accountable to the communities they serve?

Gender and social accountability

Gender accountability is related to gender relations and power differences, and there is often a lack of knowledge and sensitivity among politicians and providers regarding people's specific needs based on gender. Women often encounter problems accessing health services and holding service providers accountable. No structure may be available for them to articulate their expectations and needs. To overcome these constraints, social accountability processes have been widely promoted as a mechanism to make service delivery responsive to gender concerns.

Women, particularly young women, face many challenges in participating in politics or in holding politicians or policy makers to account. Cambodia is a case in point. Women – and young women in particular – are not yet well represented and actively engaged in political decision-making processes. For example, 18 percent of the commune councilors are women when women constitute 51 percent of the total population. The representation of young women is even poorer. Women between the ages of 25 to 35 constitute 14.3% of women of all ages but hold only 281 out of 11,450 commune council seats – a proportion of 2.5 percent. Of the 1,633 commune council chief positions, only 8 are held by women of this age group. Older women are likelier to hold these positions of power. Young Women's Political Participation and Representation in Local Governance in Cambodia, a case study (available at www.cwpw.net/images/case.pdf) and its accompanying film, "Polishing a Diamond" (www.youtube.com/watch?v=S6Gc2LhSQTg&list=PLA1442106EA2E06BE&feature=share), reflects the voices and experiences of young women. These young women exemplify the issues, hopes and concerns of women in many countries in respect of political participation. Women remain less visible than men in the public sphere in Cambodia. Lately small but growing number of young women are now joining local politics. The case study recommends a three-pronged strategy: politics needs to be framed in terms that resonate with the issues, concerns, and dreams of young women, it should be made more accessible to them, and partnerships and alliances should be built among various women's rights and youth organizations, organizations working for women's political participation, political parties, and the media.

Yet there are many examples where women are actively involved in social accountability processes. The Women of Uganda Network, a non-governmental organization, is strengthening women's groups and community-based organizations in five districts of northern Uganda to help them better monitor service delivery and fight corruption. The NGO seeks to use modern information and communication technologies for this purpose. Under the Ethiopia Social Accountability Project (ESAP2), women are participating in social accountability committees and are demanding better health and family planning services. With ESAP2 support, the Women's Association of Tigray in northern Ethiopia has used community score cards to monitor health and education service delivery for women. The association has successfully implemented a range of activities focused on gender and women empowerment such as advocating for increasing women's participation, providing skill development training and capital for poor women, and providing care and support for vulnerable children and women living with HIV.

In the state of Odisha in India, the White Ribbon Alliance for Safe Motherhood (WRA-India) used social accountability tools such as (1) maternal death audits via verbal autopsies, (2) health facility checklists, and (3) public hearings and rallies to bring women together with government officials and service providers to address grievances regarding maternal care. Public hearings provided women a forum to collectively voice their concerns and demands. Supported by the WRA-Uganda, community members, mainly women in Uganda using a check list assessed health facilities for availability of maternal health services. In Nepal, over 1,000 village-based women's committees are actively addressing violence against women and children.

Under OECD's Mwananchi Program, the National Women's Lobby Group in Malawi is training 60 community volunteers in accountability and governance skills so they can monitor implementation of health and education projects in the Chidachanga district. The Movement for Resettlement and

Rural Development in the Kenema District of Sierra Leone is working with rural women to build their confidence to run for elected office, and is increasing cooperation between women of different political parties to encourage increased women's participation in politics overall. In Zambia, Petauke Explorers Radio uses radio and local media to raise awareness about the need for policy-makers, civil society organizations and communities to engage with each other on issues affecting the participation of women, and it promotes policy-engagement on governance by involving community members in the production of radio programs. The Zambia Council for Social Development is promoting the equal participation of men and women in local governance through locally developed participation action plans, gender promotion groups and gender manuals.

In Peru, an alliance was established between the regional ombudsman's office and networks of community women leaders. Following a capacity building intervention, 47 women were selected to work as monitors. The women, working in pairs, introduce themselves to health staff. They monitor health facilities over periods from three to eight hours and they review information on admissions, maternity and child health consultations, and the administrative health insurance section. The women monitors consult health service users about the quality of the services and how they were treated in the health center. The monitors speak with healthcare providers, observe procedures and note both good and bad practices, and the names of the health workers. Once a month, there is a meeting with the regional ombudsman's office where the women report their findings. The ombudsman's office representative records the information and reports findings to the healthcare facility manager and to the health team. An evaluation of this initiative demonstrated many benefits to both clients and to health workers who developed a greater understanding of the rights of the health service users, improved attitudes, and became more responsive to the needs of the poor. The evaluation also showed increased numbers of births in health facilities (from 9,183 to 12,184), and increased access to culturally appropriate childbirth care. This work contributed to the institutionalization of citizen surveillance as part of Peru's 2010 National Health Policy.

HelpAge International in Bolivia trained five older people's organizations to monitor the financing and delivery of services. The organizations helped to improve the quality of medical services, and acted to increase the knowledge of insurance among older people, especially women. A law later enacted includes a monitoring framework consisting of Comites de Vigilancia (civil society organizations that monitor the work of municipal governments) and organizations of older men and women, which have a responsibility to identify the obstacles in accessing the health services.

Using Technology to Support Accountability

New communication technologies are increasingly available to support: (1) the engagement of internal and external stakeholders; (2) a two-way flow of timely and accurate ideas, insights, and information among stakeholders for planning and performance monitoring; and (3) the prompt celebration of progress as against plans to show appreciation for the work and results achieved.

Governing body members should familiarize themselves with various eHealth and mHealth technologies available in the market. eHealth is the use of information and communication technologies for protecting, promoting, or restoring health, for example, for treating patients, conducting research, educating the health workforce, tracking diseases, or monitoring public health. mHealth is the use of mobile and wireless devices to improve health outcomes, health care services and health research.

Of the activities listed below, which two or three are the most important in your situation?

1. Use mobile phones and other modern information and communication technologies for promoting transparency, cultivating accountability, and engaging with stakeholders.
2. Use data generated or transmitted via these technologies to enhance performance accountability.
3. Use mobile phones and other eHealth strategies for monitoring service delivery, and rapidly collecting data and evidence for evaluation purposes.
4. Use modern technology for knowledge exchange and capacity development of health workers in providing service in a transparent and accountable way.
5. Use mobile phones and eHealth strategies to assess health service access for your organization's hard-to-reach populations.
6. Use mHealth and eHealth strategies to improve transparency and accountability in health care through health information management and its display on public websites.
7. Facilitate citizen-led public accountability using mobile phones, for example, through SMS-based applications that generate frequent and detailed overviews of health worker attendance.
8. Involve citizens in the monitoring of health services, such as using mobile phones to report on the availability of medicines and vaccines, stock-outs, waiting time at clinics, health worker payments, functionality of equipment, etc.
9. Use eProcurement to publish contract and procurement opportunities for goods and services.

In which two or three practical ways can your organization use technology to make health services more transparent and accountable to health service users?

Smart Oversight

Good governance is shaped by, and also shapes, good leadership and management of health systems, organizations, and programs. While micromanagement by governance leaders erodes the morale and effectiveness of managers, effective governance does need to protect and enhance the mission and the assets entrusted to the governing body. Leaders who govern have a duty to monitor the organization's plans and performance. This oversight role is critical and essential.

Of the activities listed below, which two or three are the most important in your situation? How can you best accomplish them?

1. Remain mission focused.
2. Make sure that policies are followed and implemented.
3. Oversee and ensure that your organization or department meets its legal obligations.
4. Evaluate performance of health leaders and health managers on a regular basis.
5. Make sure that adequate internal controls are in place.
6. Monitor the financial health of your organization. Look at its financial sustainability, i.e., the financial capacity of your organization to continue its activities in the future and to expand activities to keep up with population growth and with the additional demands created by the epidemiological situation.
7. Build your organization's long-term ability to mobilize and allocate sufficient and appropriate resources (manpower, technology, information, and funding) for activities that meet the health needs of your communities.
8. Use actual financial data for planning, oversight, and evaluation.
9. Set up and monitor key financial indicators.
10. Assess and minimize risk, i.e., ensure that your organization or department maintains a good financial standing, that it is audited in a professional way, and that warning signs are pursued when something is wrong.
11. Govern in constructive partnership with health workers and health managers, recognizing that your effectiveness and their effectiveness are interdependent.

For the two or three most important oversight actions, answer the following three questions:

- 1. What are the obstacles leaders who govern are likely to experience in the oversight process?**
- 2. How might those obstacles best be removed or reduced by the governing body?**
- 3. What are two or three practical ways to help ensure the successful accomplishment of smart governance oversight?**

Appendix: Transparency and Accountability Tools

(Source: South Asia Social Accountability Network [SasaNet] and the Affiliated Network for Social Accountability in East Asia and the Pacific [ANSA-EAP])

Accreditation

Accreditation is a formal process conducted by an external agency that examines all aspects of the functioning of an organization. The examination is conducted using specific, pre-defined standards that address all dimensions of organizational performance, and which are designed to create uniformity in organizational operations. Accreditation may be a requirement for government grants or entry into a profession. Accrediting agencies are sometimes accredited by a government agency in either the executive or judicial branch. Moreover, accreditation decisions take on a quasi-legal status and may be subject to judicial review because of their impact.

Community Scorecard

The community scorecard is a tool used for the assessment, planning, monitoring, and evaluation of service delivery. The community scorecard is very useful to local governing bodies, such as a community health council.



It is a participatory, community-based monitoring tool that enables the assessment of health services provided by a health post or other health facility. It is used to inform community members about available services and to solicit their opinions about the accessibility and quality of these services. Its use can increase social and public accountability and the responsiveness of health workers and facility staff. To implement a community scorecard in your community, take the following steps:

1. Develop a scorecard:
 - a. Organize community members into one or more discussion groups.
 - b. Ask each group to identify performance indicators for the health services the community receives.
 - c. Ask each group to score each indicator and give reasons for the scores.
 - d. Ask each group to develop their own suggestions on how to improve the services, based on the performance criteria they have identified.

2. Health workers and other facility staff conduct a self-assessment:
 - a. Help the community health workers and facility staff to develop a self-evaluation score card.
 - b. Hold a session with them to develop performance indicators.
 - c. Ask them to score each indicator and give reasons for the scores.
 - d. Discuss possible solutions to problems identified.
3. Convene a joint meeting between the community and the health staff:
 - a. With the facilitation assistance of community health council members, each group presents its indicators and scores.
 - b. Reasons for the scores are discussed.
 - c. The health staff give feedback and respond to the scores provided by the community members.
 - d. All participants discuss and agree on possible solutions.
4. Follow-up:
 - a. Record scorecard results and announce the results to the community and to the health staff.
 - b. Use scorecard results to improve the community's experience with health services.
 - c. Ensure the implementation and follow-up of the solutions agreed upon.
 - d. Involve community-based organizations in the scorecard initiative.
 - e. Repeat this scorecard exercise on a periodic basis.

Sample community scorecard for a health facility

No.	Indicators (in order of importance)	Maximum score	Score at the baseline	Score after 6 months	Reasons for giving a specific score
1.	Availability of female staff	10			
2.	Night duty	10			
3.	Behavior of staff	10			
4.	Availability of medicines	10			
5.	Waiting place	10			

Citizen Report Cards

Citizen report cards are participatory surveys that solicit user feedback on the performance of public services. They can significantly enhance public accountability through the media coverage and civil society advocacy that usually accompanies the process. They are used in situations where data, such as user perceptions on quality and satisfaction with public services, are absent. By systematically gathering and disseminating public feedback, citizen report cards serve as a useful medium through which citizens may credibly and collectively comment on the performance of public institutions and advocate for change.

Participatory Budgeting

Participatory budgeting is broadly defined as a mechanism or process through which citizens participate directly in the different phases of budget formulation, decision making, and monitoring of budget execution. Public budgeting can be instrumental in increasing public expenditure transparency and in improving budget targeting. Since it is a useful vehicle to promote civic engagement, public budgeting has been referred to as a school of citizenship.

Independent Budget Analysis

Independent budget analysis work has taken many forms. A common characteristic of this work is that it serves to demystify the often highly technical language of official budgets and to open up to public scrutiny the often opaque budgetary process. Budget analysis is closely linked with the process of budget formulation, as it aims to generate debate on the national budget and influence the budget that is ultimately approved. Typically, independent budget analysis focuses on one or more of the following issues:

1. Improving information sharing and public understanding of the budget.
2. Increasing pro-poor allocations.
3. Improving targeting of funds for vulnerable groups, including women and children.
4. Initiating debate on sector specific implications of budget allocations.
5. Influencing revenue policies.
6. Tracking revenues and expenditures.

Public Expenditure Tracking Survey

A Public Expenditure Tracking Survey (PETS) is a quantitative survey of the supply side of public services. The unit of observation is typically a service facility or local government rather than a household or an enterprise. The survey collects information on facility characteristics, financial flows, outputs (services delivered), accountability arrangements, etc. As quantitative exercises, PETS are separate from, but complementary to qualitative surveys on consumers' perceptions of service delivery. They have been found to be very influential in highlighting the use and abuse of public money.

Social Audit

Social audit is a process that collects information on the resources of an organization. The information is analyzed and shared publicly in a participatory fashion. The central concern of a social audit is how resources are used for social objectives. Most social audits when properly done have these outcomes: produce information that is perceived to be evidence-based, accurate and impartial; create awareness among beneficiaries and providers of local services; improve citizens' access to information concerning government documents; act as a tool for exposing corruption and mismanagement; permit stakeholders to influence the behavior of the government; and monitor progress and help prevent fraud by deterrence.

Citizen's Charter

A citizen's charter is a document that informs citizens about the: entitlements they have as users of a public service; standards they can expect for a service (time frame and quality); remedies available for non-adherence to standards; and procedures and costs and charges for a service. The citizen's charter aims to improve the quality of services by publishing standards that users can expect for each service they receive from a government. The charter entitles users to an explanation and, in some cases, compensation if the standards are not met. If citizens are well informed about their rights as clients of public services and about existing complaint mechanisms to voice grievances, they can exert considerable pressure on service providers to improve their performance. The standards to which service providers commit themselves are useful yardsticks for monitoring and evaluating service delivery.

Public Hearings

Public hearings are formal meetings at the community level where local officials and citizens have the opportunity to exchange information and opinions on community affairs. A typical example is public hearings on community budgets. These meetings are open to the general public and are therefore an important tool for citizens to raise their concerns in front of elected officials and bureaucrats, on the one

hand, and an important feedback mechanism for officials to gain a better understanding of the citizens' experiences and views, on the other hand.

E-Governance

E-governance is the use of information and communication technologies with the aim of improving information and service delivery, encouraging citizen participation in decision making, and making government more accountable, transparent, and effective.

Community Radio

Community radio is an interactive medium of communication that offers a great deal of opportunity for listeners to participate. It is distinct from other forms of broadcasting as it is a non-profit service, owned and managed by a particular community. Community radio station deals with local issues in the local languages and cultural context, and addresses local problems and concerns. Its programs are based on audience participation and reflect the interests and needs of the community. Community radio is especially suited to help poor and illiterate populations be heard, be informed, learn, and participate in a dialogue. Community radio programs are low-cost for both the user and the producer.

We provide an example below where social accountability tools were effectively used to improve quality of health services.

Community-Based Monitoring of Primary Healthcare Providers in Uganda

Rural dispensaries in Uganda provide preventive outpatient care, maternity, and laboratory services. A number of entities are responsible for the supervision and control of the dispensaries, including the Health Unit Management Committee, which monitors the day-to-day running of the facility, but has no authority to sanction workers. The Health Sub-district, one level above, is supposed to monitor funds, medicines, and service delivery, but monitoring is infrequent. Only the Chief Administrative Officer of the District and the District Service Commission have the authority to suspend or dismiss staff. Usually staffed by one medical worker, two nurses, and three aides, dispensaries provide no incentives for their workers to improve their performance. Researchers conducted a randomized evaluation of 50 dispensaries in nine districts of Uganda to see if community monitoring could impact health worker performance and subsequent use of health services and outcomes.

In the area around 25 randomly selected dispensaries, local NGOs facilitated three sets of meetings. In the first, approximately 150 community members, both the disadvantaged and the elite, discussed the status of their health services and means of identifying steps that providers should take to improve health service provision. Second, a provider staff meeting was held to contrast the citizen view of service provision with that of the health worker. The third, an interface meeting, allowed community members and health workers to discuss patient rights and provider responsibilities. The outcome was a shared action plan, or a contract, outlining the community's and the service providers' agreement on what needs to be done, how, when, and by whom. These three sets of meetings aimed to kick-start the process of community monitoring. After six months, community and interface meetings were held to review progress and suggest improvements.

A survey was administered to both the service providers and a randomly selected subset of households around each dispensary prior to the intervention and again one year later. This information was supplemented by administrative records and visual checks of the dispensary.

Impact on Quality of Care: A year after the first round of meetings, health facilities in treatment villages were 36 percent more likely to have suggestion boxes and 20 percent more likely to have numbered waiting cards, relative to the comparison facilities. There was a 12-minute reduction in waiting time, and a 13 percentage point reduction in absenteeism, and the overall cleanliness of the facilities improved.

Impact on Health Outcomes: Use of general outpatient services was 20 percent higher in the treatment group. Specifically, 58 percent more people came for child birth deliveries, 19 percent more patients sought prenatal care, the number of patients seeking family planning increased by 22 percent, and immunizations increased for all age groups, especially newborns. Households also reduced the number of visits to traditional healers and the extent of self-treatment. Relative to the comparison group, intervention communities saw a 33 percent reduction in the mortality of children under five years old. The degree of community monitoring had a significant relationship to the use of health services and their outcomes. (Source: Abdul Latif Jameel Poverty Action Lab www.povertyactionlab.org/evaluation/community-based-monitoring-primary-healthcare-providers-uganda)

References and Resources

Transparency

Tools to support transparency in local governance. 2004. A publication by United Nations Human Settlements Programme (UN-Habitat) and Transparency International, Nairobi, Kenya

Anti-Corruption Resource Centre. Good practice in strengthening transparency, participation, accountability and integrity. <http://www.u4.no/publications/good-practice-in-strengthening-transparency-participation-accountability-and-integrity/>

Accountability

Social accountability tools and resources are available on South Asia Social Accountability Network (SasaNet) website at <http://www.sasanet.org/Tools.do> and <http://www.sasanet.org/resources.do>. They are also on the Affiliated Network for Social Accountability in East Asia and the Pacific (ANSA-EAP) at <http://www.ansa-eap.net/>.

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Want To Learn More?

Govern4Health App

(Available on the Apple App Store and the Android Market)

This app is created to provide health leaders with basic information on the essential practices of good governance. The Govern4Health app aims to demystify health governance by providing practical guidance for the leaders who govern and leaders who manage the health sector and health systems. Unlike traditional methods of learning, the Govern4Health app provides a highly interactive way for users to learn about implementing good governance through different quizzes, discussion forums, and governing tips which can be accessed at any time. The app also offers evidence on why governance matters, along with a tool to assess gender responsiveness and tips on how to continually enhance governance.

LMG governance guides and handbooks

The guides contain best practices, tools and references, and resources for good governance. Training Facilitation Handbooks are designed to accompany the guides and are meant to be used by training facilitators to deliver the contents of the guides following a structured methodology. Separate handbooks are available for training governance leaders of (1) ministries of health, (2) provincial health departments or provincial health systems, (3) district health offices or district health systems, (4) hospitals, and (5) health centers. The LMG governance guides and handbooks are available at www.lmgforhealth.org/expertise/governing

Guides

1. Guide for Cultivating Accountability
2. Guide for Engaging Stakeholders
3. Guide for Setting a Shared Strategic Direction
4. Guide for Stewarding Resources
5. Guide for Continuous Governance Enhancement

Handbooks

1. Training Facilitation Handbook for the Ministry of Health Governance Leaders and Staff
2. Training Facilitation Handbook for Provincial Health Office Governance Leaders and Staff
3. Training Facilitation Handbook for District Health Office Governance Leaders and Staff
4. Training Facilitation Handbook for Hospital Governance Leaders and Staff
5. Training Facilitation Handbook for Health Center Governance Leaders and Staff

LeaderNet

LeaderNet is a virtual community of health professionals, managers, facilitators, and technical experts who are interested in improving the leadership, management and governance of health services and programs. LeaderNet offers multilingual online seminars, tools and resources on leadership, management and governance, and networking opportunities for health professionals around the world. You may join LeaderNet community of practice at leadernet.org!

Governance guides and handbooks from other organizations

1. Healthy NHS Board
<http://www.leadershipacademy.nhs.uk/discover/the-healthy-nhs-board/>
2. Good Governance Institute
<http://www.good-governance.org.uk/publications/>
3. Healthcare Quality Improvement Partnership
<http://www.hqip.org.uk/assets/Guidance/GGI-HQIP-Good-Governance-Handbook-Jan-2012.pdf>
4. Institute of Healthcare Improvement
<http://www.ihl.org/resources/Pages/Tools/HowtoGuideGovernanceLeadership.aspx>
5. Governance Center of Excellence
<http://www.thegce.ca/Pages/default.aspx#5>
6. IPPF Code of Good Governance
<http://www.ippf.org/resource/IPPF-Code-Good-Governance>
7. IPPF Governance Handbook
<http://www.ippf.org/resource/Welcome-Board-governance-handbook>
8. Center for Healthcare Governance
<http://www.americangovernance.com/americangovernance/resources/blueribbon.html>
<http://www.americangovernance.com/resources/reports/guide-to-good-governance/>
9. CDC Local Public Health Governance Performance Assessment
<http://www.cdc.gov/nphsp/documents/final-governance-ms.pdf>
http://www.cdc.gov/nphsp/documents/governance/07_110300-gov-booklet.pdf
10. WHO
http://www.who.int/healthinfo/statistics/toolkit_hss/EN_PDF_Toolkit_HSS_Governance.pdf
11. MSH Pharmaceuticals and the Public Interest: The Importance of Good Governance
<https://www.msh.org/resources/pharmaceuticals-and-the-public-interest-the-importance-of-good-governance>
12. Effective Governance for Quality and Patient Safety in Canadian Healthcare Organizations
<http://www.patientsafetyinstitute.ca/English/research/PatientSafetyPartnershipProjects/governanceForQuality/Documents/Full%20Report.pdf>
13. Governance Guide for Primary Health Organizations
<http://www.nzdoctor.co.nz/media/265830/governanceguideforphosdraft07.pdf>
14. Good governance guide helping local governments govern better
<http://www.goodgovernanceguide.org.au/>
15. Good Governance Institute of Australia
<http://www.governanceinstitute.com.au/knowledge-resources/good-governance-guides/>
16. Good governance guide for public sector agencies
<http://www.publicsector.wa.gov.au/public-administration/public-sector-governance/good-governance-guide-public-sector-agencies>
17. Practical Guide to Collaborative Governance and Training Manual
http://www.policyconsensus.org/publications/practicalguide/collaborative_governance.html

18. ELDIS
http://www.eldis.org/go/topics/resource-guides/health-systems/governance-and-health#.U3mtp_YU-wl
19. DIY committee guide
<http://www.diycommitteeguide.org/resource/governance-health-check>
20. National Association of Local Boards of Health
<http://nalboh.org>
21. National Association of Public Hospitals and Health Systems
<http://www.naph.org>
22. National Center for Healthcare Leadership
<http://www.nchl.org/>
23. Great Boards
<http://www.greatboards.org/>
24. BoardSource
<https://www.boardsource.org/eweb/DynamicPage.aspx?Site=bds2012&WebKey=6d3c3e6f-9d8c-441b-946c-f5a41d1e4b86>
25. Assessing Governance to Achieve Health and Education Goals published by UNDP Oslo Governance Center

Continued governance education opportunities

Many continued governance education opportunities are currently available if you would like to continue learning. We have listed several such opportunities below.

e-Institute of the World Bank

1. e-courses
 - a. Introduction to Social Accountability
 - b. Social Accountability Tools for the Africa Region
 - c. ICT for Social Accountability
 - d. Gender Equality and Development
 - e. Health Outcomes and the Poor
 - f. Management in Health
 - g. Results Based Financing in Health
 - h. Strengthening the Essential Public Health Functions: Part I, II and III

Part I covers introductory module and basis and organization of health systems: (i) Health Situation Monitoring; (ii) Surveillance and Risk Control; (iii) Human Resource Development; (iv) Emergencies and Disasters.

Part II covers strategy and policy: (v) Policy Development; (vi) Regulation; (vii) Health Promotion; and (viii) Research.

Part III covers Track 3: Access and Quality: (ix) Quality of Services; (x) Equitable Access; (xi) Social Participation; and (xii) Inter-sectoral Action for Health.

2. Webinars

- a. Introduction to Principles and Guidelines for Better Governance in Hospitals
<http://einstitute.worldbank.org/ei/webinar/themes/improving-governance-and-social-accountability-in-health-care-services-delivery>
- b. Improving Health Service Delivery in Uganda: A Multistakeholder Approach
<http://einstitute.worldbank.org/ei/webinar/improving-health-service-delivery-uganda-multistakeholder-approach>

3. eCommunities

<http://einstitute.worldbank.org/ei/community>

An e-community is a web site where people and practitioners from around the globe who share common concerns get together to exchange ideas, experiences, resources, challenges and possible solutions, and tools on a specific subject. You will find several online learning communities at the above site. Governance and Health Systems (Electronic Network of Procurement Practitioners (eNePP)) and Governance (Voices against Corruption Youth Network) are two examples. You may join the communities of practice of your interest.

Online courses from other institutions

1. Maastricht University

<http://mgsog.merit.unu.edu/education/onlinecourses.php?cat=governance>

Governance is a complex concept which is often used but not always correctly understood. It is an elusive notion, defined and measured in various ways. This course guides participants through theoretical debates surrounding the concept of governance while at the same time presenting a range of examples to illustrate how governance works in practice. The framework of the course covers: governance as an analytical term, governance and public administration, governance and globalization, governance as decision-making, governance and international organizations. The target group of this course is students, policy practitioners, NGO staff, and civil and international servants. The course is structured in 5 learning modules stretched across 10 weeks. The learning process consists of a series of online lectures, tutorial supervision, online movie screenings, and assignments.

2. Wisdom center

<http://www.wisdomnet.co.uk/courses/clinical-governance>

This short training course is for clinicians and health service managers. It provides a comprehensive introduction to clinical governance and risk management, and how they can be used to deliver excellence in clinical care. Training is delivered entirely online. You can start at any time and take as long as you wish to complete the training. Most participants prefer to study one topic a week (approximately two hours study time), spreading it over a ten-week period.

The course has been divided into 10 topics, covering the key elements of clinical governance and risk management, that include finding and using evidence, EBP and guidelines, patient and public involvement, accountability, performance and underperformance, risk management, audit, effectiveness and coding, patient safety and significant event audit, and data security and confidentiality.

3. UNESCO

Online Course on Governance of Decentralized Sanitation

<http://www.unesco-ihe.org/online-course-governance-decentralized-sanitation>

The overall objective of this course is to provide participants with an understanding of policy and management challenges with reference to peri-urban sanitation services.

4. The Governance Institute

<http://www.governanceinstitute.com.au/learning/short-courses-certificates/>

Governance Institute's Certificate courses provide knowledge and skills for those in a governance role who are responsible for the corporate accountability functions of an organization and who require a broad understanding of their governance responsibilities and the skills required to carry them out. This can be in a public or proprietary company, a not-for-profit, public sector or other organization.

5. Online Health Governance Development Program

<http://www.cha.ca/online-health-governance-development-program-to-launch/>

The Canadian Healthcare Association (CHA) has launched the Governance Development Program (GDP) - a distance learning program designed to support the training of health sector boards of directors. The GDP is a series of online courses aimed at developing and strengthening key health governance competencies. This series of courses focuses on essential governance skills and knowledge. CHA has another course in the series: Governing for Quality and Safety.

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