

BENIN ACCOUNTABILITY MAPPING MATRIX

ACCOUNTABILITY ACTOR	DOMINANT ROLE	ACCOUNTABILITY STATUS	RECOMMENDATIONS
<p>Policymakers such as members of parliament at the national level, and department heads within the MOH</p>	<ul style="list-style-type: none"> • Regulation and equity in resource allocation • Promote transparency and citizen trust • Oversight for effectiveness • To ensure government delivers on electoral promises. 	<ul style="list-style-type: none"> • General appreciation of the role accountability could play in strengthening health service delivery in Benin. • Health policy documents in place, however, little emphasis on the 'how to' ensure accountability. • Health committees at different levels in place to promote accountability. However, limited capacity on accountability amongst stakeholders noted. • While several non-state actors are present to push for accountability, there are no clear sanctions for misuse or abuse of public resources 	<ul style="list-style-type: none"> • Promote none state actors' inclusion in the policy dialogue • Strengthen capacity of health committees • Promote transparency and citizen trust through feedback and access to information. • Roll out existing policy documents and accountability tools e.g. hotlines • Develop unique approaches for marginalised populations' engagement in accountability activities
<p>Private sector (For profit and not for profit)</p>	<ul style="list-style-type: none"> • Promoting equity in health access • Representing private sector interest in the policy dialogue 	<ul style="list-style-type: none"> • Limited inclusion for private sector in health policy formulation and implementation. • Intermittent reporting noted on health service provision. • Limited oversight over private practise by public sector health managers at the different levels 	<ul style="list-style-type: none"> • Include the private sector in UHC policy formulation to promote equity and financial protection. • Strengthen oversight for the private sector.
<p>Public sector health service providers and health managers</p>	<ul style="list-style-type: none"> • Ensuring institutional capacity for quality health services • Promoting equity in access to health. • Tracking financial resources. 	<ul style="list-style-type: none"> • Health planning and performance review structures and tools in place at health facility, commune and zonal levels • Limited capacity to use the tools and health data for decision making at the different review levels. • Health providers control the information from the health facilities with little transparency to community members Emphasis on vertical accountability to supervisors but little appreciation for accountability to the community. Weak capacity to exercise oversight by health managers 	<ul style="list-style-type: none"> • Strengthen data management for informed decision making • Sensitise and train on processes and tools for transparency and equity • Strengthen accountability to community members by activating COGECS. • Leverage technological innovation to strengthen oversight, reporting and feedback • Detect and sanction malfeasance
<p>Academics and researchers</p>	<ul style="list-style-type: none"> • Evidence generation in formulation and implementation of accountability related policies 	<ul style="list-style-type: none"> • Academia and research involvement in health reforms, policy formulation and implementation 	<ul style="list-style-type: none"> • Promote the inclusion of actors from academia and research in the health policies formulation
<p>Civil Society Organisations (CSOs) These include youth networks as well as women's CSOs</p>	<ul style="list-style-type: none"> • Representing citizen interests to duty bearers • Campaign for the provision of quality health services to the community members. • Looking after electoral promises are fulfilled. 	<ul style="list-style-type: none"> • Most CSOs with stake in the health sector are invited to health committees at decentralised levels during health policy formulation. However, there's need for greater involvement in pushing for accountability during these processes • CSOs are mainly involved in health education and promotion at the local levels with limited focus on accountability. • Media especially local radios are a trusted platform for pushing for accountability amongst community members • Little appreciation of the role of CSOs in promoting social accountability to improve the quality of health services and general lack of awareness amongst CSOs on their potential to enhance social accountability. 	<ul style="list-style-type: none"> • Sensitize CSOs on policy documents for accountability during health policies and strategies' implementation. • Train CSOs in social accountability in order to represent the interests of citizens to duty bearers • Harness the demographic dividend of young people to promote accountability. • Strengthen accountability capacity of youth, women, and people living with disability. • Create 'safe spaces' such as media and community dialogue platforms such as the Comité de Gestion du Centre de Santé (COGECS) for meaningful representation of community interests to duty bearers.

This report is published in English and French. There may be some slight differences due to the translation
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