Annex 4. Country case studies

4.1 Methods guide for country case study development

Customized and adapted to the context and topic of each country case study.

Background

To inform the IAP's 2020 report, five country accountability case studies were commissioned as a way of amplifying country experiences and the voices of women, children and adolescents. This document provides guidance on the methods for developing these case studies, with slight adaptations for specific case studies.

Objectives of the country case studies

The country case studies used an accountability lens to:

1. Examine challenges for women's, children's and adolescents' health in the context of UHC and SDGs
2. Amplify the voices of women, children and adolescents, and key stakeholders in countries, and to learn from their lived experiences
3. Identify three to five actions that could be undertaken to drive the change that is needed

Considerations for selecting IAP case study countries

Case study countries were selected based on the following considerations:

- Purposive selection of countries based on IAP members' in-depth experience in countries, and their being able to mobilize a multistakeholder dialogue with the required institutional linkages to enable follow up of recommendations
- Country stakeholders having identified an ongoing challenge and started a change process, with a whole of government, whole of society approach, where an accountability perspective could add value
- Variation of selected country case studies across geographical regions
- Potential to link to national health and SDG reviews, e.g. voluntary national reporting in 2020

List of countries, IAP focal points and lead national institutions

- Ethiopia on community scorecards to strengthen quality of care. Joy Phumaphi as IAP focal point, and based on existing evaluations/case studies by UNICEF, Federal Ministry of Health of Ethiopia and ALMA [59-61]
- Papua New Guinea on complex challenges and women's children's and adolescents' health and rights. Dame Carol Kidu as IAP focal point, with Burnet Institute in Australia and PNG.
- Kenya on medical detention. Joy Phumaphi as IAP focal point, with FIDA KENYA.
- Georgia on public-private partnerships for UHC. Professor Giorgi Pkhakadze as IAP focal point, with David Tvildiani Medical University.

- Guatemala on barriers to accessible, affordable and culturally acceptable care, as a follow up to a previous study to be published on early childhood health and development. Observatory in Sexual and Reproductive Health, Guatemala with PAHO.

Methods and timeline

The steps for developing the case study are based on methods used to develop the previous country case study series on women's, children's and adolescents' health in the context of the MDGs and SDGs.[62-65] The IAP focal point worked closely with a national institution to lead the case study development. The IAP Secretariat supported the overall coordination of the case studies and provided additional administrative, technical and writing support to country teams as required.

Annex Table 8. IAP accountability country case study steps

Steps to develop the country case study	**Lead institution, IAP focal point, consultants and partners**	**Estimated timeframe, for a draft case study by 30 May 2020***
Country case study coordination and communication IAP focal point: Lead academic institution:		15 days
Step 1. Introduction, socialization and buy-in by the government and other stakeholders as appropriate Ensure the government (e.g Ministry of Health) and key stakeholders are aware of the case study and explore how it can add value to strengthening accountability by linking it to country review process, e.g. for national or global reviews (e.g. VNR at HLPF) etc.	Lead academic institution, in coordination with IAP focal point and IAP Secretariat	5 days
Step 2. Data collection, evidence gathering and document review and key stakeholder interviews Review of background documents, videos and context, including field visits as required to understand the accountability context and identify key stakeholders. Identify key videos and background materials that amplify the voices of women, children and adolescents, and others left furthest behind, 'the human face' of why accountability matters. Based on the review of the background documents and context, use purposive sampling to identify key stakeholders and undertake interviews and/or focus group discussions. The aim is to garner different perspectives and experiences from a range of stakeholders and to address any information gaps.	Lead academic institution, supported by consultant(s) as needed and coordinating with IAP focal point Note: the approach at this step is to identify and review existing materials, including videos. Key partners and stakeholders across sectors and levels, including women and adolescents, government, civil society, patient groups, private sector, health workers, etc. (TBC) Note: The case study questions to guide Step 2 are presented separately to this table (see below).	30 days

Steps to develop the country case study	Lead institution, IAP focal point, consultants and partners	Estimated timeframe, for a draft case study by 30 May 2020*
Step 3. Development of the working draft for the multistakeholder dialogue meeting Based on Step 2	Lead national institution, supported by consultant(s) as needed and coordinating with IAP focal point	5 days
Step 4. Multistakeholder dialogue meeting Plan and conduct a small multistakeholder dialogue to gain different perspectives on the findings of Step 1 and 2, and build shared understanding of the accountability issues and agreement on the case study findings	Lead academic institution, supported by consultant(s) as needed and coordinating with IAP focal point Around 10 to 15 key stakeholders for country accountability: civil society, parliamentarians, media, policy-makers, service providers, private sector and academia, to participate in the dialogue (TBC)	10 days
Step 5. Case study write up of around five pages (2000 words), plus references, videos and annexes for more information if needed	Lead academic institution, supported by consultant(s) as needed and coordinating with IAP focal point	15 to 20 days

* *Time may vary depending on existing capacities to undertake the development of the case studies, available information on the accountability questions, and the level of effort/logistics to organize the key stakeholder interviews and multistakeholder dialogue.*

More than 200 people participated across the country case studies, and a wide range of stakeholders shared their experiences and perspectives; these included community members (importantly, women and adolescents), health professionals, civil society, government representatives, patient groups, researchers and academics, the private sector, UN representatives and the media.

The COVID-19 pandemic occurred as the case studies were getting underway, so adaptations to the methods were necessary. For example, some virtual interviews and MSDs were used in place of previously planned face-to-face meetings.

4.2 Case study semi-structured questions

The questions to inform data collection, evidence gathering and key stakeholder interviews (Step 2 above) were based on EWEC accountability framework and literature reviews. These were semi-structured questions that were adapted to context-specific needs.

Country context: Describe the geographical, political, economic, sociocultural, environmental, epidemiological and demographic context

Institutions:

1. What institutions and infrastructure are in place to support accountability for women's, children's and adolescents' health (e.g. political and legislative' governance and systems' security and protection' information and media)? How are these foundations applied (or not) to ensure people's participation and mechanisms (for monitor, review and act) are both mandated and legally actionable?

2. Is there a perceived culture of accountability for women's, children's and adolescents' health (transparency, answerability, controllability, decisions based on evidence, rights and rule of law, with universality, equity, equality and commitment to shared goals)?

Participation:

3. Among different country stakeholders, what is the understanding of what accountability is and why it matters?
4. To what extent are there provisions for people to:
    a. have access to relevant information and resources for their health and rights
    b. have their voices heard to inform priorities and decision-making for their health and development
5. What are the barriers to people knowing and claiming their rights and holding duty bearers accountable, e.g. lack of awareness of rights, health information, etc; power differentials such as between clients and health providers, etc?

Mechanisms and processes:

Monitor (related to resources, results and rights)

6. What mechanisms are used to monitor progress on universal health coverage, women's, children's and adolescents' health, human rights and sustainable development?
7. What are the strengths and weaknesses of these monitoring mechanisms?
8. What do the data show as areas where there is progress or lack/reversal of progress in accountability along the continuum of care and service delivery and along the life course, who is left behind, where and why?

Review (related to resources, results and rights)

9. What mechanisms exist to review monitoring data and people's lived experiences, and is there independent review?
10. What are the strengths and weaknesses of these different review mechanisms?
11. What recommendations did the review processes generate?

Remedy/Reform and Act (related to resources, results and rights)

12. Are there provisions to link the review recommendations to required remedies and actions to address the gaps and reach those left behind?
13. Are there examples where remedies and actions effectively addressed the problems identified?
14. Considering examples of positive accountability impact, what were key contributing factors?

Annex Table 9. Overview of research quality criteria

Criteria for ensuring rigor in quantitative and qualitative research[66]

Quality criteria	Quantitative	Qualitative
Generalizability	– Statistical generalizability	– Analytical/ theoretical generalizability; transferability within and across contexts
Validity	– Accuracy of measurement – Validity: face, construct, criterion	– Appropriateness of methods and expertise and experience of researchers – Validity: democratic (all perspectives accurately represented); dialogic (review and deliberation of findings); process (cogent and dependable); outcome (resolution of research question)
Reliability	– Precision – Replicability: inter-observer, test-retest, triangulation	– Auditability and transparent documentation of methods – Consistency in applying methods – Achieving theoretical saturation
Credibility	– Triangulation of data sources – Counterfactual analysis and causal inference	– Triangulation of data sources – Expertise and experience of researchers – Diverse perspectives to test and refine the findings, including consideration of alternative interpretations
Context for application of quality criteria	– Embedded in a broader understanding of and expertise in quantitative research design, data analysis, application, and limitations	– Embedded in a broader understanding of and expertise in qualitative research design, data analysis, application, and limitations – In-depth understanding of context of analysis from different stakeholder perspectives and 'thick description'