About the title

Sermons, carrots and sticks: Exploring social accountability relations between citizens, health providers and intermediaries in maternal health care in rural Africa.

A central finding in this thesis is that social accountability is a dynamic and ongoing relationship between citizens, health providers and intermediaries that operates in a wider ‘web of accountability’ where responsibilities and accountabilities in maternal health care are negotiated and informally or formally enforced. In the authors’ view, negotiation and enforcement are about the exchange of ‘sermons, carrots and sticks’. The metaphor has been used to describe strategies to influence public behavior, clinicians’ behavior, and as a typology of policy instruments. For the author, sermons, carrots, and sticks represent the mechanisms that operate in the daily interactions between citizens, service providers, public and traditional authorities observed in this study. Sermons refer to narratives and norms of desired or recommended behaviors (to deliver at a health facility, to treat patients in a friendly manner), carrots initiate or reward desired behavior (awards for a well-performing facility, appreciation for effort, or gifts and food items for a nurse who performed a successful delivery), sticks deter or punish undesirable behavior (negative buzz and blaming of health workers, fines for failure to deliver at a health facility, denial of care, transfer of an abusive health worker). As demonstrated in this thesis, sermons, carrots and sticks are used by local actors to call each other to account for individual and collective responsibilities to make services work and to achieve maternal health goals. To some extent, and for some actors, these mechanisms work out positively. The exchange of incentives, however, is also a political process in that what norms of behavior by whom get defined and monitored, awarded or punished, is informed by relations of power. The studies in Malawi found that health providers receive more carrots than women for their contribution to good maternal health, while women are more likely to receive sticks for the poor status of maternal health goals. Health workers receive sermons that remind them to ‘keep up’ and serve the public and the country while women are reminded of their reproductive duties and obligations to comply with social and health system norms. In the conclusion, the author argues that a political analysis of norms of behavior, responsibility and accountability would benefit social accountability initiatives and increase their potential to contribute to improved health service practices but also equality in governance and accountability relations.