

Table 1 Application of the social accountability grid (7) to activities and outcomes of the educational programme of the University of Gezira faculty of medicine, Sudan

Values	Domains and phases								
	Education			Research			Services		
	Planning	Doing	Impacting	Planning	Doing	Impacting	Planning	Doing	Impacting
Relevance	Priority needs are addressed in the faculty's mission. Profile of ideal doctor is provided. Relevance is evaluated	Students are exposed to concepts addressing priority health concerns and their application	Gezira State coordination council set up partnerships between education, policy-makers, health managers, health providers and the community.	Research topics consider the state MOH priorities	Research is conducted into priority health problems in the state	Student and staff research is used to improve health care in the state	Faculty mission states its commitment to sharing delivery of health care	Health services are provided by staff and students	Application of: comprehensive school health programme; safe motherhood initiative; prevention of blindness initiative
Quality	Curriculum is reviewed and updated regularly	Curriculum was reviewed in 1984, 1989, 1999 and 2009	Changes are implemented and evaluated. New objectives are added. Graduates are evaluated by external examiners' reports	Research proposals are reviewed by the research committee	Research is mostly operational applied research	Research has influenced policy changes in the country. Global awards	(Needs to be addressed)	Faculty provides services. Initiated new subspecialty protocols. Developed guidelines in management. Shared responsibilities	Data showed: decreased maternal mortality rates; decreased neonatal mortality rates; increased number of consultants working in rural hospitals
Cost-effectiveness	University budget is decentralized. Private fee-paying students. MOH training sites are used. Faculty staff are committed to support working environment	Faculty has partnership with MOH. Community participation in funding field. Training of students. Faculty staff salaries are topped-up by MOH	Promotion of the faculty's programme over the years. Student intake has increased. Faculty's initiatives to improve health services	(Needs to be addressed)	(Needs to be addressed)	(Needs to be addressed)	Faculty has commitment to encourage delivery of cost-effective care	Facilities and human resources for health-care provision are shared	Cost-effective health care is promoted and encouraged. Partnership and involvement in counselling for decision-making. Faculty staff are involved in health minister's advisory council
Equity	Curriculum is designed to emphasize provision of care to underserved communities. One-quarter of curriculum is community-based	Students are trained in underserved communities. Community-based education courses include: interdisciplinary field training; research and rural development rural residency	Opinions of underserved communities are analysed to influence changes in the community	Faculty research targets underserved communities through the interdisciplinary field training and research programme	Students' research has determined at-risk groups and contributed to addressing their health needs	Recommendations of published research have been accepted by policy-makers for implementation, e.g. provision of second dose of measles for the school pupils	Faculty is committed to encouraging the delivery of health care to underserved communities. Training is done in rural community settings	Faculty provides preventive and curative care. Rural visiting consultant programme uses faculty consultants	Faculty has evaluated community-based education programmes: 84% of community leaders reported community benefits from student programmes. Health centres, midwifery services were opened