Community Engagement for Improved Accountability and Health Service Delivery

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Denise Namburete,
Executive Director, N´weti
Mozambique
N´weti´s approach to Social and Behavioral Change

N´weti´s approach considers integration of Social and Behavioral Change:

(a) before the provider-client interaction – community mobilization for increased health seeking behavior, awareness raising on key health issues, demand generation, referrals to HF. All through SBCC approaches

b) during the provider-client interaction - improving the client experience through participatory monitoring/performance assessment of services

(c) after the provider-client interaction - boosting behavioral initiation and maintenance/monitoring of agreed actions
Community Monitoring of Health Service Provision

- Mobilization
- Scoring
- Engagement, Tracking and Local Advocacy
- Institutionalization and Devolution
- Systematization
- Interface Meeting
- Interface Preparation
- Legitimization of the Single Community Matrix
The Community Score Card (CSC)

• A promising strategy to generate community engagement, commitment and empowerment to achieve quality in health service delivery
• Designed for participatory community monitoring, public accountability, transparency and building leadership and governance
• It challenges health inequalities by challenging political inequalities
• Addresses inequalities of access, of voices and of health outcomes
How Evidence is used

• Evidence of the CSC is used by N´weti to:
  – monitor quality of the health services
  – to put upfront the priorities of the users (participatory planning)
  – to monitor implementation of health policies
  – to influence planning at district level
  – as evidence for advocacy at local and central level
Sample of Monitored Indicators

• Waiting time
• Quality of services
• Availability of medicines
• Courtesy in attendance
• Illicit charges - bribes
• Timeliness of service providers
• Confidentiality of the diagnosis
• Guidance on medicine intake
• Availability of health providers during office hours
• Maintenance and hygiene of the health facility
**CSC Matrix – Health Users Sample**

### Cartão de Pontuação Comunitária - Utente

**Engajamento do Cidadão e da Sociedade Civil para Melhoria dos Serviços de Saúde Sexual e Reprodutiva para Adolescentes e Jovens**

<table>
<thead>
<tr>
<th>Previsão</th>
<th>Descrição</th>
<th>Data</th>
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</table>
| Posto Administrativo | Centro de Saúde | Número de Participações:
| Nome: | | Homens: |
| Número: | Mulheres: |
| Hora do início | Hora do fim |
| Nome dos Facilitadores: | |
| Nome do Supervisor: | |

#### Avaliação

<table>
<thead>
<tr>
<th>Assunto/Indicador</th>
<th>Como classifica</th>
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</thead>
<tbody>
<tr>
<td>1. Aspetos importantes sobre serviços de Saúde Sexual e Reprodutiva para Adolescentes e Jovens</td>
<td></td>
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<tr>
<td>2. Medicamentos</td>
<td></td>
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<tr>
<td>3. Envolvimentos</td>
<td></td>
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<tr>
<td>4. Serviços de Saúde Sexual Reprodutiva para Adolescentes e Jovens</td>
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</tbody>
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#### Questões

<table>
<thead>
<tr>
<th>Questão</th>
<th>Resposta</th>
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<tbody>
<tr>
<td>1. O atendimento de Saúde Sexual e Reprodutiva para Adolescentes e Jovens são atendidos com respeito?</td>
<td></td>
</tr>
<tr>
<td>2. O atendimento de Saúde Sexual e Reprodutiva para Adolescentes e Jovens são atendidos com respeito?</td>
<td></td>
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</tbody>
</table>

#### Classificação

- **Mau**
- **Muito Mau**
- **Razoável**
- **Bom**
- **Muito Bom**

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**Owen!**

**TuaCena!**

**USAID**

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**Owen!**

**TuaCena!**

**USAID**
Perception of the Quality of ART Services

- Knowledge of rights & responsibilities associated with children in ART
- Quality of information on retention of children in ART
- Quality of communication on nutrition for children in ART
- Counselling on side effects of ART in children
- Counselling on drug intake for children in ART
- Drug availability
- Quality of communication between caretakers and service providers
- Confidentiality of children HIV diagnosis
Reasons for low rating on pediatric ART service provision

i.e.

- Breach of confidentiality of the diagnosis
- Lack of information on how to take medication
- Lack of information on care and nutrition for children on ART;
- Lack of information on rights and entitlements for children living with HIV and AIDS
- Waiting time, courtesy issues, absenteeism, lack of courtesy in attendance
Outcomes of the Community Score Card

• People’s health rights awareness has increased
• Relationship users/service providers improved
• Awareness of health provision as a right and not only as a service has improved
• Improved health co-management committees
• Citizens feel that their voice is now heard
• Contributes to behavioural change of health providers
Social/Health Accountability Outcomes

• Reduction in waiting time
• Improvements on the quality of care
• Improvements on the availability of medicines
• Reduction of illicit charges
• Increased sense of ownership of the Health Facilities by users
• Improved client satisfaction and increases retention
Health Outcomes

• Increased:
  – Uptake of ART
  – Immunization
  – Institutional Birth
  – Family Planning
  – Ante-Natal Care
  – Primary health care
  – Health services in general
Challenges of the Community Score Card Process

- Defensive attitude of the health service providers
- Fear of reprisals by the health users
- Facilitation skills is critical at local level
- Understanding scoring dynamics is key
- Proper translation of the indicators into local languages has been a challenge
- Challenges in ensuring immediate and concrete actions from higher level decision makers
Lessons Learned

• The willingness of providers to score transparently is conditioned by the level of understanding of the process

• Community dialogues before the start of the Community Score Card leads to informed participation

• Co-management committee is key - coordination and monitoring of the priority actions set out in the dialogue and negotiation between the community and the providers

• Social Contracts increases the level of government and health authorities commitment to improve the quality of services
Limitations

• Meaningful control from regular citizens of the institutionalisation, follow-up of commitments and local level advocacy actions

• Dynamics of social exclusion on certain stages of the process need to be considered

• Deeper understanding of power dynamics is critical

• Previous histories of engagement and context are determinant for achieving the intended changes

• N’weti has been able to foster authorities’ response through positive incentives as well as seeking formal sanctions such as dismissal
From Local to National

Levels of Advocacy

- National Advocacy
- Provincial Advocacy
- District Advocacy
- Local Advocacy at Health Facility

1. Priorities without local solution become evidence for higher level advocacy
2. Evidence solved by level

Engagement, Tracking and Local Advocacy

Mobilization

Community Score Card cycle

Scoring

Systematization

Institutionalization and Devolution

Interface meeting

Interface preparation

Legitimization of the single community matrix
Denise Namburete
d.namburete@nweti.org.mz