

Institutionalizing Community Health Conference



27-30 March 2017 | Johannesburg, South Africa



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Can CARE's Community Score Card
improve Community Health Worker
performance and accountability?

Thumbiko Msiska, CARE Malawi



PRESENTATION OUTLINE

- **CSC Approach**
- **Evidence: Results and Impact**
- **Advantages and Challenges**
- **Sustainability**
- **Replication and Scale Up**

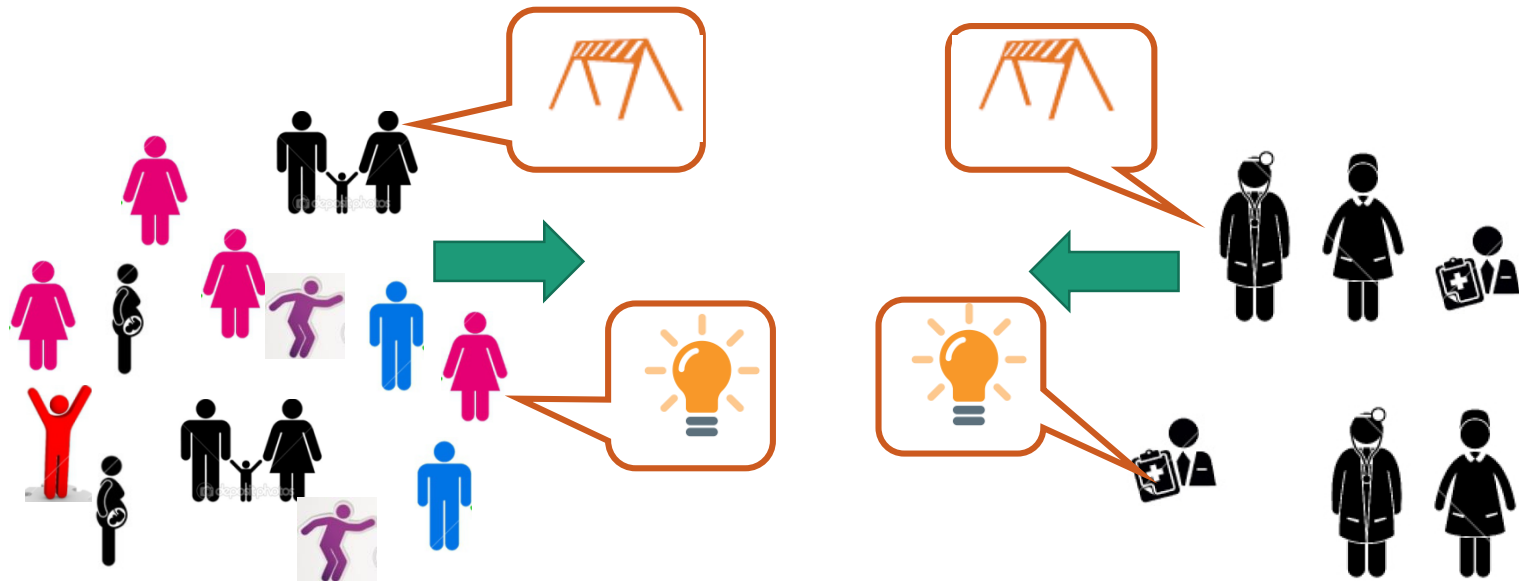
Approach



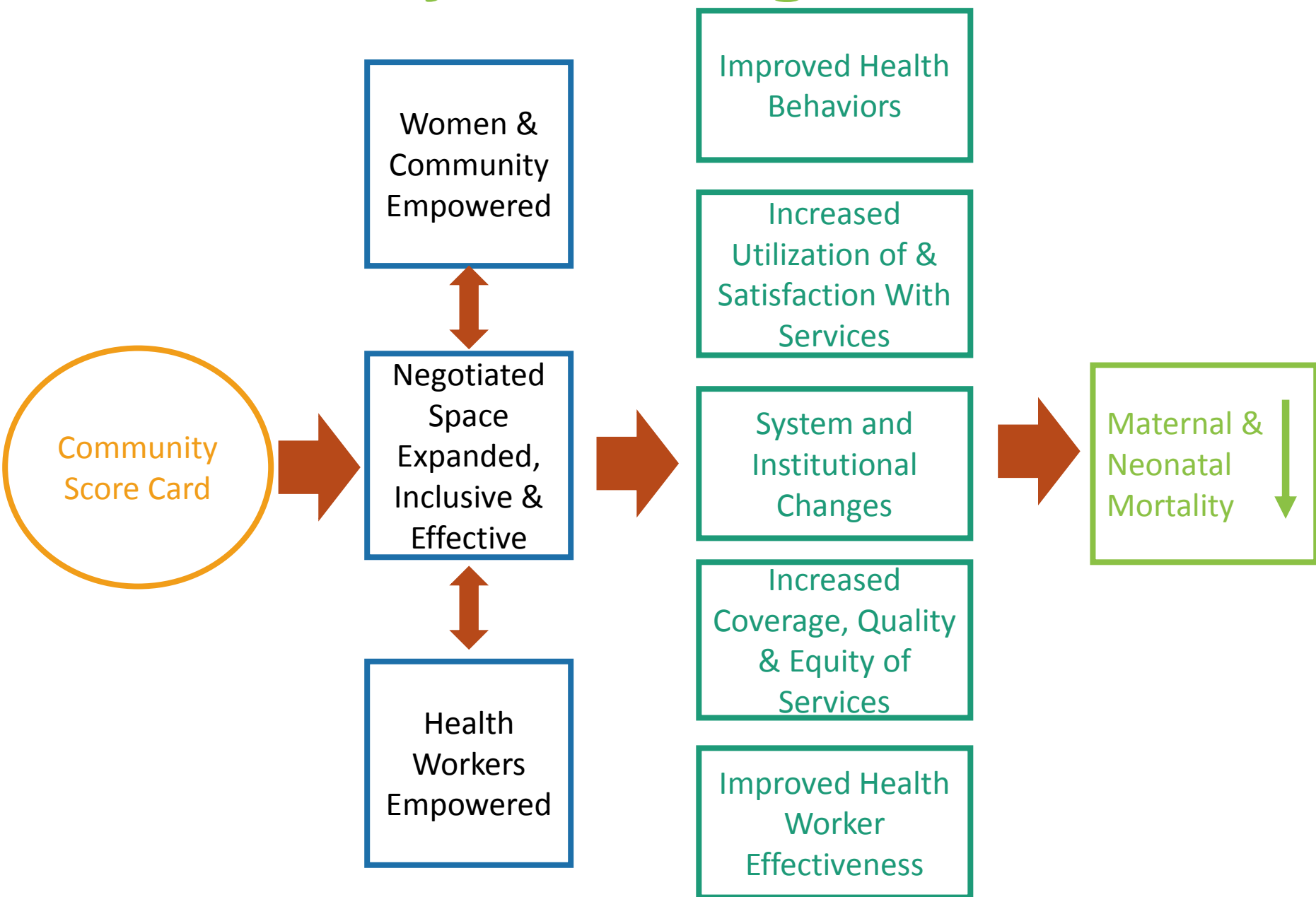
Approach – CARE's Community Score Card (CSC)

A social accountability approach that brings together **community members, service providers, and local government** to

- **identify** service access, utilization and provision **challenges**;
- mutually **generate solutions**;
- and work in partnership to **implement and track the effectiveness of those solutions** in an ongoing process of improvement.



CSC Theory of Change

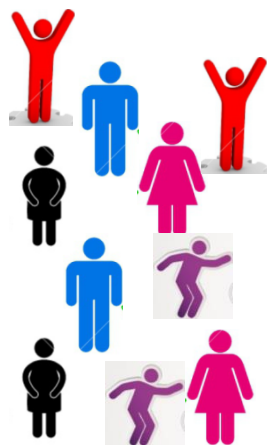


PHASE I: PLANNING AND PREPARATION

PHASE II: Conducting the Score Card with the Community

PHASE III: Conducting the Score Card with Service Providers

PHASE IV: Interface Meeting and Action Planning



Catchment Community

| Indicator | Score | Reason |
|--|-------|--|
| 1. Availability and accessibility to information (MNH, FP, PMCT) | 40 | Not available at health center Not community based (MNH, FP, PMCT) |
| 2. Level of youth involvement in MNH, FP, PMCT | 20 | Adolescents are not being taken into account Adolescents are not being taken into account |
| 3. Level of youth involvement in reproductive health issues | 15 | Adolescents are not being taken into account Adolescents are not being taken into account |
| 4. Reception of clients at the facility | 25 | Adolescents are not being taken into account Adolescents are not being taken into account |
| 5. Relationship between providers and communities | 15 | Adolescents are not being taken into account Adolescents are not being taken into account |
| 6. Health seeking behavior | 30 | Adolescents are not being taken into account Adolescents are not being taken into account |
| 7. Fertility levels | 20 | Adolescents are not being taken into account Adolescents are not being taken into account |
| 8. Commitment of service providers | 35 | Adolescents are not being taken into account Adolescents are not being taken into account |



Local gov't & decision makers

| Indicator | Score | Reason |
|--|-------|--|
| 1. Availability and accessibility to information (MNH, FP, PMCT) | 40 | Not available at health center Not community based (MNH, FP, PMCT) |
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Health providers

PHASE V: Action Plan Implementation and M&E

Repeat Cycle



Evidence

CSC RCT Overview

Project: Maternal Health Alliance Project

Donor: Sall Family Foundation

Implementers: CARE, in partnership with the Government of Malawi

Dates: January 2011- December 2015
(evaluation 2012-2014)

Location: Ntcheu district, Malawi

Goal: to identify, test and share broadly applicable approaches for improving reproductive and maternal health services and outcomes.

Tested & Evaluated:
Gullo S, Galavotti C, Sebert
Kuhlmann A, Msiska T, Hastings P,
Marti CN (2017) [Effects of a social accountability approach, CARE's Community Score Card, on reproductive health-related outcomes in Malawi: A cluster-randomized controlled evaluation.](#)
PLoS ONE 12(2)

Evaluation Design

- **Cluster-randomized control design**
 - 10 intervention sites
 - 10 control sites
 - Study population= 398,230
- **Health facilities were matched and randomly assigned to either intervention or control**

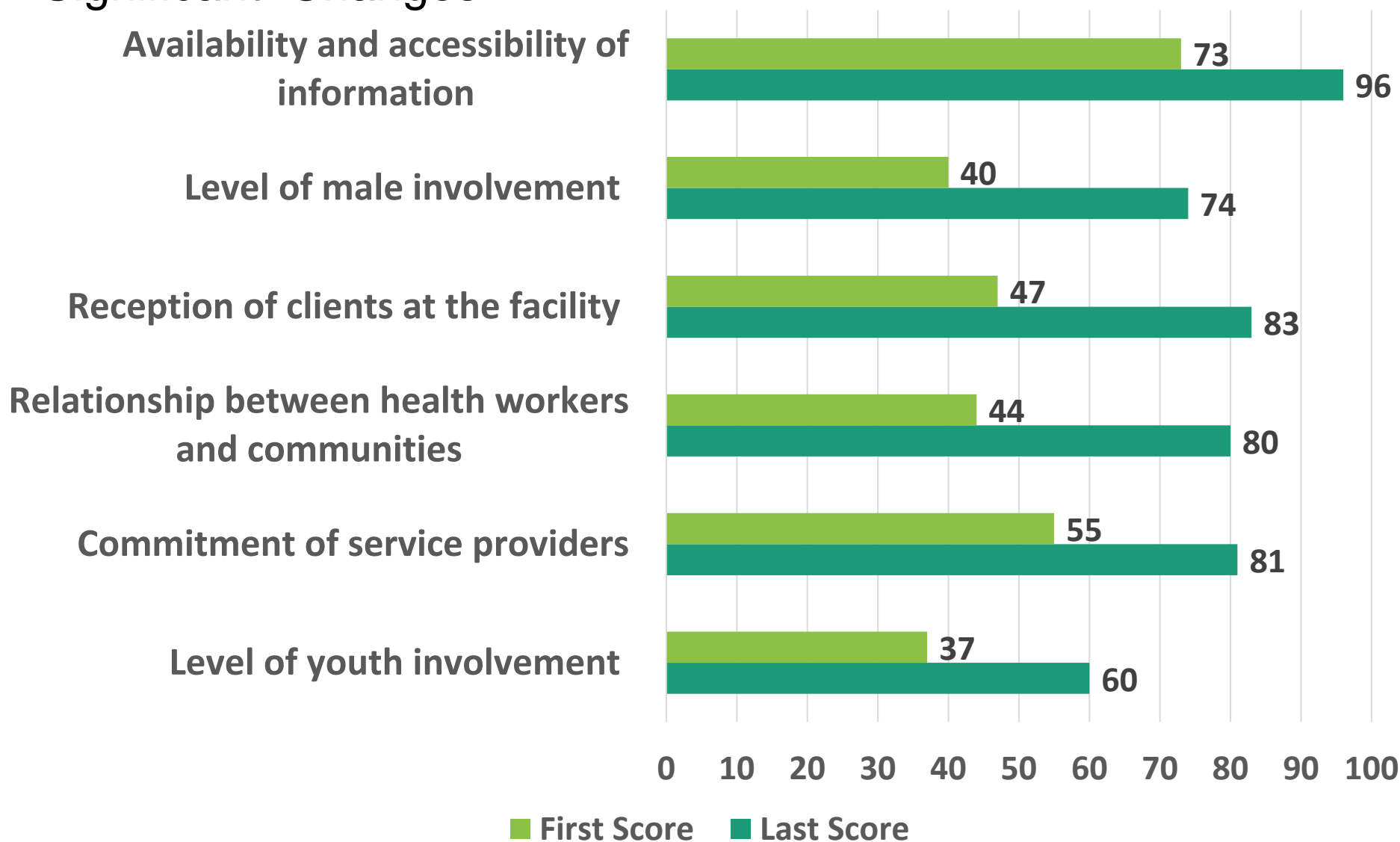


| Women's Survey | Score Card Indicator Monitoring Data |
|---|--|
| <p>Cross-sectional, quantitative</p> <p>Face-to-face survey</p> <p>Baseline (2012) sample = 1,301</p> <p>Endline (2015) sample = 1,300</p> <p>Analysis</p> <p>Difference in Differences Approach</p> <p>Instrumental Variable Approach</p> | <p>Score Card Indicators</p> <ul style="list-style-type: none">• 12 indicators per Score Card• 10 intervention sites• 3-4 rounds of Score Cards per site <p>Analysis</p> <ul style="list-style-type: none">• Scores for each indicator 0-100• Compared first and last score for each indicator• Z-test of statistical significance |

Score Card Indicator Results

Significant Changes

($p \leq 0.05$)



Women's Survey Results: **Headline**



- **Increase in Community Health Worker visits:**
 - **20% greater** increase in health worker visits for **antenatal care** in the intervention area
 - **6% greater** increase in health worker visits for **postnatal care** in the intervention area
- **Satisfaction with Services:**
 - **Increase in overall satisfaction** with **health services**
- **Modern Family Planning:**
 - **57% increase** in use of modern methods of **family planning**.

Conclusions

- By facilitating the relationship between community members, health service providers, and local government officials, the CSC contributed to important improvements in reproductive health-related outcomes.
- The CSC can be an effective strategy for increasing CHW home visits during both pregnancy and the postnatal period.
- CHW programs are often plagued by insufficient community involvement and weak linkages to the formal health system – the CSC provides a concrete approach to tackling these issues.
- One of the greatest strengths of the CSC is that it helps build a strong, trusting relationship between health workers and community members. This relationship is a critical driver of service utilization and satisfaction.
- The CSC builds mutual accountability, and ensures that solutions to problems are locally relevant, locally supported and feasible to implement.



Advantages and Challenges

Advantages

- **Common understanding** of issues and solutions to problems
- **Community participation, dialogue and improved relationship** with service providers
- **Empowers service users:** community monitoring of services, increased community ownership of services and projects
- **Accountability, transparency, and responsibility** from service providers
- **Clarifies roles and responsibilities of service users** in service delivery
- **Can expose corrupt officials**
- **Tool** for community and service providers **to monitor progress** and service quality

Challenges

- It requires **time** and **excellent facilitation skills**.
- It can sometimes lead to **conflict** if not facilitated well.
- **Individuals** can be **targeted** (rather than services and systems).
- It can raise **high expectations**, which are difficult to meet in the short term.
- It requires an **enabling environment** (democracy, decentralized systems, policies on social monitoring, willingness from government representatives, adequate budget allocation, etc.)

Sustainability

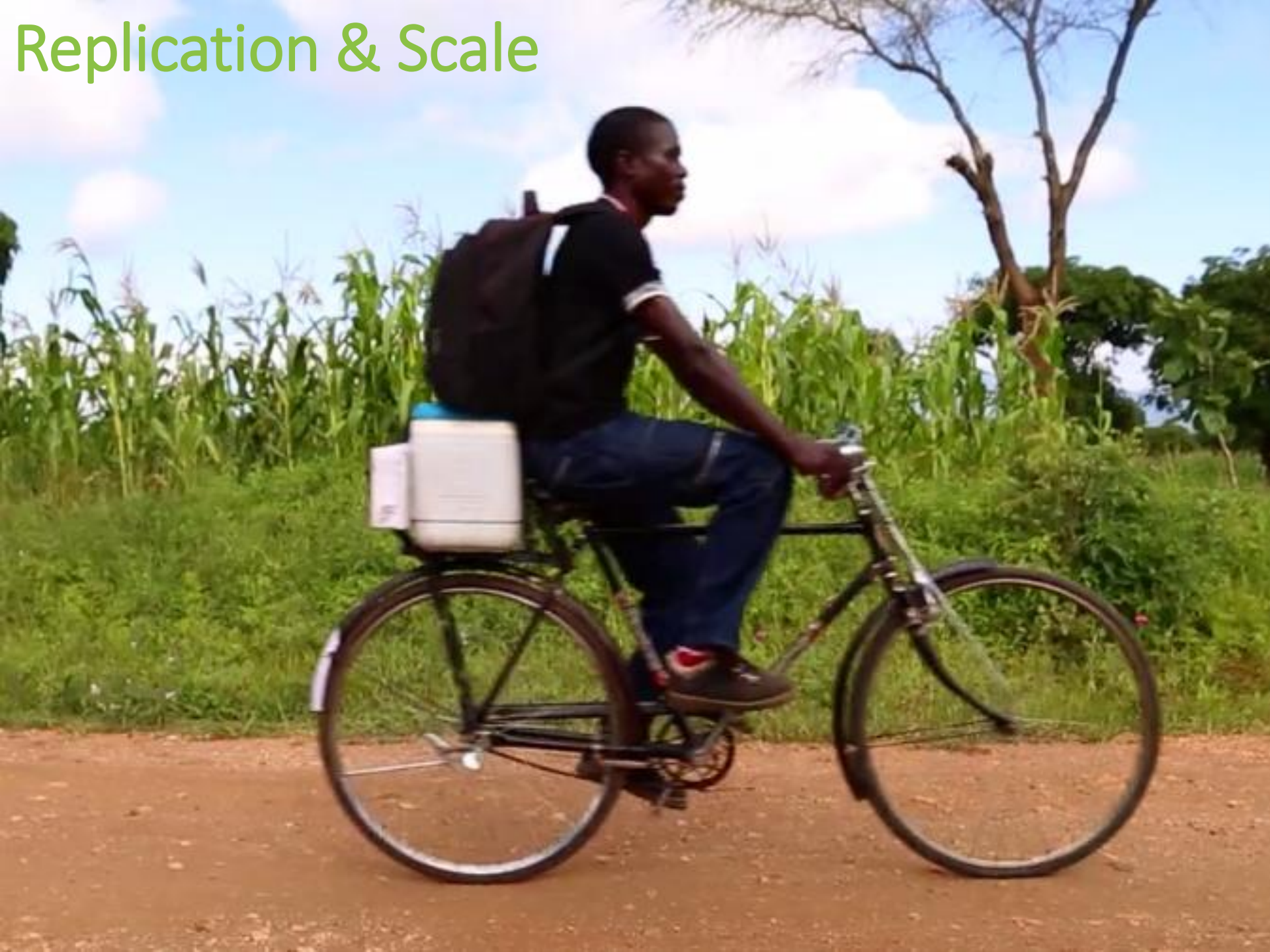


Sustainability

1. **Politically smart:** identifying who can help bring about change
2. **Locally led:** Community Score Card structured identification of community priorities
3. **Locally owned:** community members and frontline providers invested governance over local health services
4. **Focused on tangible need** (e.g. better maternity service) rather than general objective (e.g. improved health)
5. **Adaptive to changing context and over long term**
6. **Builds alliances** for learning and support to help bring about change and overcome barriers
7. Adopted by community members like Youth Groups in Ntcheu and District Health Office

Ref: Sue Unsworth “**It’s the politics! Can donors rise to the challenge?**”

Replication & Scale



Replication & Scale: CARE's CSC Consulting Group



Training facilitators and trainers



Direct project implementation



Design and advice on adaptation of process to your programme



Follow-up and advocacy review



Thumbiko.msiska@communityscorecardconsultinggroup.com

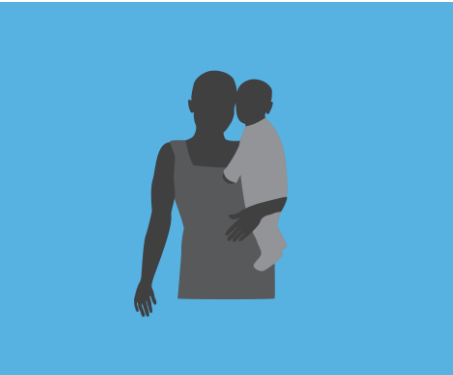
David.waller@communityscorecardconsultinggroup.com

www.communityscorecardconsultinggroup.org



Community Score Card tools and resources

- **CSC Toolkit-**
<http://familyplanning.care2share.wikispaces.net/The+Community+Score+Card>
- **Films-** www.raisingthescore.org
- **Evidence on CSC**
 - Gullo S, Galavotti C, Sebert Kuhlmann A, Msiska T, Hastings P, Marti CN (2017) [Effects of a social accountability approach, CARE's Community Score Card, on reproductive health-related outcomes in Malawi: A cluster-randomized controlled evaluation.](#) **PLoS ONE** 12(2): e0171316
 - Gullo S, Galavotti, C., Altman, L. (2016) [A review of CARE's Community Score Card experience and evidence.](#) **Health Policy and Planning** 31(10): 1467-1478
 - Sebert Kuhlmann A, Gullo S, Galavotti C, Grant C, Cavatore M, Posnock S. (2016) [Women's and Health Workers' Voices in Open, Inclusive Communities and Effective Spaces \(VOICES\): Measuring governance outcomes in reproductive and maternal health programmes.](#) **Development Policy Review** 35(2): 289-311



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