TANZANIA

Evidence-based advocacy: CARE's Health Equity Project in Tanzania

> ***Health equity*** means access to quality health services for all, regardless of geographic location, education level, socio-economic status or gender. When ***health inequity*** exists, membership in one group is associated with lower health outcomes as compared to other groups. A group can be disadvantaged on account of ethnicity, religion, poverty, geographic area, gender or some other shared trait. Rural and poor women are particularly susceptible to socioeconomic inequities due to prevailing gender and cultural norms, lack of education and lack of decision-making ability.

I. Overview

A. What is the context for the Health Equity Project?

Tanzania has a strong platform of policies aimed at creating equitable access to health services and improving health outcomes. The country has committed to achieving the Millennium Development Goals (MDGs) and government initiatives, including health sector reform processes begun in the early 1990s, aim to improve access to quality maternal health services and ensure reproductive health rights. In addition, as part of its National Framework on Good Governance (NFGG),[1] responsibility for service delivery, administrative, political, and financial powers have been devolving to Local Government Authorities (LGAs), under the assumption that the local authority will be 'more responsive to local needs than the central government'.[2]

Despite such commitments, maternal mortality remains high, at 578 deaths per 100,000 live births in 2004-2005.[3] In a 2006 rank of 162 countries on the state of women's reproductive health, Tanzania was 125th.[4] Social and economic inequities limit access to health services and contribute substantially to poor maternal health outcomes across Tanzania. The data reveal a sharp urban-rural divide and a marked difference in access to key maternal health services, such as skilled care at delivery, between rich and poor, reflecting persistent inequities across the country.[5]

Significant challenges persist in the implementation of government policies and in the roll-out and institutionalization of reforms to address health inequities and poor maternal health. In 2004, the Health Equity Group,[6] a network of four NGOs[7] including CARE Tanzania, was established to focus on the

[1] United Republic of Tanzania (URT). (1999). National Framework on Good Governance (NFGG). Dar Es Salaam, Tanzania: President's Office

[2] Chaligha, A. (2008) Local Autonomy and Citizen Participation in Tanzania: From a Local Government Reform Perspective, p.23

[3] As of the 2010 DHS, the maternal mortality ratio had dropped to 454 deaths per 100,000 live births.

[4] Social Watch Report, 2006.

[5] 'We Have No Choice' Facility Based Childbirth: The Preceptions and Experiences of Tanzanian Women, Health Workers, and Traditional Birth Attendants, CARE Tanzania and Women's Dignity Project 2009 p.18-20

[6] The Health Equity Group was funded by Irish Aid through the Irish Embassy in Tanzania from 2007-2011. The funding was for activities done separately by the organizations and collective activities aimed at achieving the objectives of the health equity group.

[7] The other partners included the **Tanzania Gender Networking Programme** which advocates for gender equality/equity, women's empowerment, social justice and social transformation; **Women's Dignity** which works to enable citizens, particularly women and girls to realize their basic rights to health; and **Sikika** which aims to ensure that citizens are empowered to participate in the national development process in order to realize Tanzania's development vision for 2025.

issue of equity in health. The goal of the Health Equity Group was to generate a popular health movement to advocate for the right to health for all Tanzanians and to ensure that equity in health was a priority for elected officials. The initiative prioritized maternal health as an entry point to advocate for policies, plans, budget allocations and utilization of resources to ensure equitable access to quality health services.

One of the most significant gaps identified by CARE and its allies was the lack of an organized and effective public demand for better quality health services. There was limited involvement of civil society organizations in health sector policy and governance, and a need for community leaders and groups to develop a shared idea of what they should demand with respect to better service provision and stronger maternal health policies. There was also limited connection between the information and evidence being gathered from communities and the actions being taken by decision-makers at the national level.

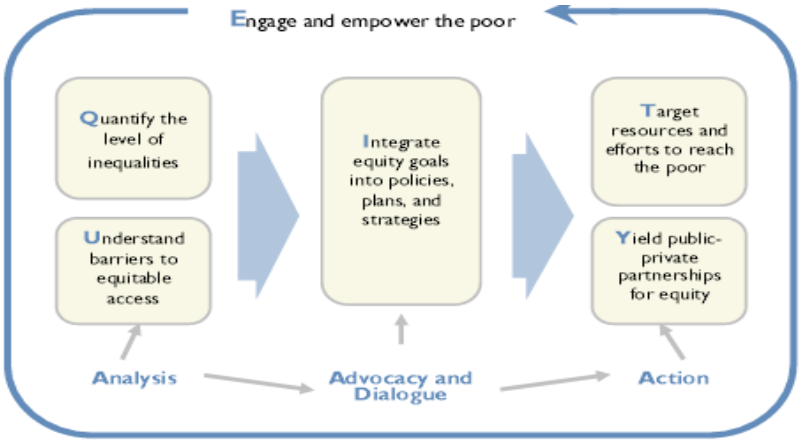
B. What did CARE set out to do and why?

As part of a broader strategy to address the aforementioned gaps, CARE Tanzania worked under the auspices of the Health Equity Group from 2007 to 2011 to implement the Health Equity Project (HEqP). The HEqP sought to increase public participation in health planning, financing and governance by strengthening community-based initiatives that empower women and young people to know and demand their rights and entitlements in health and increasing the capacity of decision-makers at local, regional and national levels for evidence-based planning and resource allocation. It also sought to enhance national-level political commitment and leadership on maternal health, prioritize health equity on the national agenda and increase investment in ensuring equitable access to quality health services. The HEqP grounded its advocacy efforts in evidence gathered from communities and identified through supplemental research and policy analysis. This practice ensured a strong link between policy efforts and realities on the ground.

The HEqP was guided by the "Equity Framework for Health[8]," a framework developed by the Health Policy Initiative[9] which defines the continuum from analysis to advocacy and dialogue to action. Because poor maternal health status often reveals inequity, discrimination and denial of rights, the Framework is particularly appropriate and may be useful to others seeking to increase public participation and political commitment for improved maternal health policies and funding. It can also be used as a framework for monitoring progress. In-line with the Framework, the Health Equity Group engaged communities – including members of disadvantaged groups, local health service providers and other local stakeholders – throughout the process to identify health inequities and barriers to equitable access.

[8] More information is available in the Health Equity Project final evaluation (April 2011), which drew from the following document: Considerations for Incorporating Health Equity into Project Designs: A Guide for Community-Oriented Maternal, Neonatal, and Child Health Projects. United States Agency for International Development (USAID), 2010.

[9] The USAID-funded Health Policy Initiative supports field-level programming in health policy development and implementation to assist people in obtaining the information and services they need for better health.



The Health Equity Group members used this collaborative effort to build on their programming in different areas of the country. CARE used the HEqP to strengthen the Community Score Card (CSC) process, a participatory governance process being implemented in Magu and Misungwi districts in the Mwanza region (See CSC Process, Box 1).[10] Information gathered through the CSC process, informed HEqP advocacy efforts at all levels. For example, the CSC process in Mwanza highlighted gaps in maternal health services, such as lack of transportation to health facilities for pregnant women, and potential solutions, such as tricycles for emergency transport.

In addition, supplemental research was also conducted in partnership with Women's Dignity to identify additional barriers which were preventing women from accessing maternal health care such as cost, distance to the facility, and informal charges incurred for delivery to name a few.[11] CARE also conducted budget analyses to assess the national budget and its allocations to different sectors and shared this information with decision-makers. For example, a 2008 budget analysis was disseminated to 15 Members of Parliament from both the Social Service and the Finance and Economic Affairs Committees. This sparked a lively debate and helped Members of Parliament realize gaps in the budgeting processes and levels of resource allocations to health in general and maternal health specifically.

[10] For more information about CARE's work on governance, visit www.careinternational.org.uk/research-centre/governance.
[11] 'We Have No Choice' Facility Based Childbirth: The Preceptions and Experiences of Tanzanian Women, Health Workers, and Traditional Birth Attendants, CARE Tanzania and Women's Dignity Project 2009

Box 1: The Community Score Card Process

The Community Score Card process involves citizen representatives and health service providers in a mutual process of identifying problems, generating solutions, and working in partnership to improve coverage, quality and equity of services. Each group (citizens and health providers) separately defines indicators of coverage, quality and equity of services; and then join together in an interface meeting to agree on a common set of indicators; and then jointly score how well the indicators are being met. Where deficiencies exist, community members and providers work together to identify and implement solutions, and then through re-scoring the indicators, assessing whether improvement occurred. The Community Score Card process has been used in CARE's family planning and maternal health programs in Malawi, Rwanda, Tanzania, and Honduras, and in many other sectors such as girls' education, water management and agriculture in Burundi, Congo, Liberia, Ghana, Papua New Guinea and Kenya. For more information on the CSC process, see the references at the end of this section.

C. What is innovative about the HEqP?

The HEqP provides a particularly strong example of how CARE can link local-level programming and accountability strategies with national-level advocacy efforts and how evidence can drive advocacy at all levels.

Leveraged governance approaches to inform national-level advocacy
While governance approaches, like the CSC, have been used by many CARE country offices to improve service quality at the local level, this information often does not inform or link with national level advocacy efforts. CARE Tanzania used the information gathered through the CSC process to show district and national-level decision-makers of the challenges and barriers still being faced at the local levels and the limitations of current policies and funding. It also influenced the specific issues that would be targeted by the HEqP and the content of the communications materials developed. Given the decentralized nature of the Tanzanian system, this feedback loop between local and national efforts is critical.

Used a multi-faceted approach to advocacy
The HEqP used a variety of different strategies to influence the advocacy agenda of decision-makers at all levels, including gathering and sharing evidence; making specific recommendations; providing technical assistance; directly lobbying; mobilizing the community, etc. This multi-faceted approach enabled the HEqP to reach and influence decision-makers at all levels with targeted materials at key moments in the political process.

Used creative and innovative communications techniques to reach the public
Using the information gathered from the CSC process and research, CARE Tanzania used a variety of approaches to educate and mobilize the public to take action, including billboards, commercials, radio spot and community theater. They also timed the use of media to strategic moments, such as during elections, to promote public action and influence decision-makers.

Generated different types of evidence
CARE Tanzania recognized that different types of evidence can influence different decision-makers. In addition to the data gathered through the CSC process, CARE conducted a barriers analysis study (in partnership with Women's Dignity)[12] and budget analysis. In addition, they gathered video testimonials from the public. These data were then packaged into policy briefs, reports and pamphlets, based on the advocacy target.

Built on and strengthened advocacy partnerships
The HEqP was developed as part of a broader Health Equity Group partnership. As such, it built on the learning and collaborative efforts of the Health Equity Group and helped further progress towards the joint objectives.

II. Snapshot of the HEqP

The Health Equity Group engaged in several types of advocacy approaches which reinforced one another and aimed to promote citizen engagement and to influence key decision-makers. These are discussed in more detail below.

Promoting citizen engagement
The HEqP focused on enhancing the participation of civil society by actively linking with civil society coalitions and organizations and engaging the public through media and public events. These served as platforms to share information and advocacy tools, to further strengthen and build coalitions, and to promote policy action by civil society (e.g., lobbying, monitoring, etc). Throughout the HEqP, CARE and partners sought to enhance the participation of citizens in decision-making processes pertaining to health policy and resources. Specific strategies include:

1. **Media and communications:** The HEqP used a variety of innovative communications mechanisms to increase awareness among communities and promote public action. Key messages and information gathered through the CSC process and research were shared through media (e.g., billboards, TV and radio spots) and posters and fliers were distributed at community events and posted at relevant locations (e.g., health facilities). Specific events, such as conferences and international days (i.e. International Women's Day), were also targeted to share the information with a broader set of partners and community members.
2. **National campaigns:** National campaigns were used by the Health Equity Group more broadly to build a popular movement around specific issues, such as a campaign for free maternal health services for all pregnant women, and to highlight issues surfaced during the CSC process (i.e., the need for maternity beds). Campaigns provided highly visible advocacy opportunities in Dar es Salaam and Mwanza.
3.
4. **Citizen and community engagement-** The Health Equity Group used different techniques, , such as CSC, popular tribunals, and community meetings, to promote community engagement. These were used to gather community input and to increase capacity for grassroots organizing and networking in order to influence the prioritization of health resource allocation at the

[12] 'We Have No Choice' Facility Based Childbirth: The Preceptions and Experiences of Tanzanian Women, Health Workers, and Traditional Birth Attendants, CARE Tanzania and Women's Dignity Project 2009

district level. At the same time, it also provided an important platform for citizens, health providers and government to engage in maternal health decision-making at the local level.[13] For example, the CSC process expanded the space for citizen engagement in planning, financing and monitoring for improved quality health services at the district level and enabled community members and service providers to assess maternal health services, identify problems and develop action plans to address them. The information generated through the CSC process enabled decision-makers to make informed decisions and policy choices that responded to citizens' rights, needs and preferences, while also helping communities understand the systemic challenges being faced by health service providers.

Together, these strategies raised public awareness on the right to health, highlighted the inequitable maternal health situation in Tanzania and promoted citizen action. By giving citizens the information they needed to understand their rights and responsibilities and how budgets and plans are developed, as well as providing a platform for them to share their concerns, citizens were able to play a more active role in advocating for increased resources for maternal health at different levels.

Influencing key decision-makers

The HEqP also targeted government officials including members of various ministries and departments at the national level and the Local Government Authority (LGA) at the district and local levels, and elected leaders from Members of Parliament to District Councillors to elected village and ward representatives (part of the LGA). This focus on all levels of government and the health system was critical, as significant decision-making authority in Tanzania has been decentralized to the local levels

The HEqP provided decision-makers with relevant information and evidence, including community feedback on health services, compiled into various formats based on the audiences that could guide their decision-making and help them meet their goals. Strategies included:

1. **National and local policy engagement and consultation:** CARE and partners engaged in targeted policy dialogue with key decision-makers identified through an informal stakeholder analysis by the Health Equity Group, such as members of the Social Services Committee of Parliament or District Council. This dialogue focused on sharing information and documentation (e.g., policy briefs, reports, videos) of the issues, gaps and solutions identified in the analysis and asking them to take specific actions to show their commitment to improved health equity. These same messages were reinforced through participation in national level consultations and working groups, such as the Safe Motherhood Working Group, that inform government health policies. Finally, to leverage specific opportunities to influence decision-makers, political consultation and public action were targeted around key political moments, such as elections and budgeting process.

2. **Technical assistance and capacity building**: CARE and its partners engaged in dialogue with decision-makers to increase their capacity for evidence-based planning and greater resource

[13] In 2007, CARE documented its experience, and the experience of others in citizen mobilization, in a report entitled: Developing user-friendly process tools to enable villages and Districts to make evidence-based plans for improving maternal and newborn health. These include CSCs and other approaches.

allocation for health, while influencing their commitment to improving maternal health. For example, CARE worked with District Councils to build their capacity to include maternal health in district level budgets, in line with national level budget guidelines. Given the decentralized nature of the Tanzanian health system, ensuring local level authorities are both willing and able to implement policies is critical.

3. **Holding governments accountable:** The HEqP used different mechanisms to monitor the implementation and effectiveness of existing policies and to hold governments accountable to their commitments. At the national level, research (barrier and budget analyses) and documentation of community-level experiences were used to bring to the attention of decision-makers and the public the lack of progress being made on maternal health and to spur action. At the local level, the CSC process was used to monitor how national level policies were being decentralized and implemented and to explore a mechanism to hold local governments accountable to maternal health commitments.

Moving forward

Due to lack of funding, the Health Equity Group officially disbanded in 2011. However, HEqP laid the foundation for CARE Tanzania to expand its leadership within the maternal health advocacy community and provided the basis for several other pieces of advocacy work that CARE Tanzania has since taken on. For example, a deeper analysis of the potential gaps in maternal health policies initially identified in the HEqP has resulted in CARE Tanzania facilitating development of a comprehensive safe motherhood bill. In addition, the HEqP underscored the broader challenge of ensuring that policies and funding intended to improve maternal health are being implemented appropriately at the local level and the need for tools which enable citizens to hold the government accountable to its commitments. As a result, CARE Tanzania has led the development of the Accountability Tracking Tool, a mechanism that can be used by communities to monitor how commitments being made at the national and global levels are translating into policies and funding at the sub-national levels.

III. OUTCOMES

The HEqP evaluation identified several significant project achievements, both in funding for maternal health and greater support for maternal health efforts by policymakers and the public.[14] These included:

Increased resource allocation for maternal health

Through the collective efforts of the HEqP to ensure a 15 percent allocation of the national budget to health, public leaders and government representatives realized the importance of adequate budgeting for health. This was demonstrated through notable, albeit ad hoc, increases in the proportion of Tanzania's national budget allocated to the health sector. The most noteworthy outcome was the inclusion of a line item for maternal health in the Ministry of Health and Social Welfare's budgets for 2006/07 and 2007/08 . The national government also purchased and distributed tricycles to help pregnant mothers in rural areas, which was a key advocacy focus area for CARE, based on what they learned through the CSC process. Advocacy on clean delivery kits resulted in their inclusion in the national budget. Budget priority was also given to ensuring availability of skilled birth attendants.

[14] The Community Score Card in Tanzania: Process, Successes, Challenges, Lessons Learned, CARE, 2011.

Increased awareness on maternal health and capacity for evidence-based decision making
The project fostered increased capacity for evidence-based planning, resource allocation and fund utilization at the local and national levels. The national level dialogue on maternal health and health issues in general gained intensity. Prior to the HEqP, policymakers were generally not aware of equity issues in health. Following the advocacy interventions, there was a notable increase in the level of awareness of Members of Parliament on equity and maternal health issues. For example, meeting minutes show more discussions of maternal health and equity issues by Members of Parliament in open fora.

Linkages to national and international advocacy movements
The Health Equity Group (and HEqP) provided support and information to the White Ribbon Alliance[15], a global advocacy alliance on maternal health. The Health Equity Group was also on the board of the International Initiative on Maternal Mortality and Human Rights[16] and shared learning and experience to inform the global dialogue on rights-based approaches to health. The Health Equity Group also used advocacy forums (e.g., the Gender Festival) to establish linkages between national and local level advocacy movements and advance the cause of maternal health.

Effective community engagement tools
Overall, citizens felt that the CSC process was effective in empowering communities to claim their health rights and overwhelmingly held a positive view of the CSC process.[17] The process acted as a catalyst for ensuring accountability and commitment on the part of health service providers, and formed the basis for policy action with government officials. The process resulted in several tangible outcomes. For example, following his participation in an interface meeting, the District Medical Officer responded to the N'gombe community's need for a midwife by creating a permanent post in the locality. Other outcomes include:

- ✓ Improved community understanding of their rights and responsibilities
- ✓ Increased public participation in planning and budgeting for health
- ✓ Improvements in transparency, accountability and quality of service provision
- ✓ Strengthened and improved relations between service users and service providers
- ✓ Strengthened commitment of service providers to fulfil responsibilities
- ✓ A better understanding of the constraints faced by service providers in performing their jobs and that impede the provision of quality services (i.e., weak supply chain systems and lack of funding)
- ✓ Improved maternal health seeking behavior

IV. Lessons learned and challenges

[15] The White Ribbon Alliance for Safe Motherhood is a global movement advocating so that all women and newborns in every country have the life-saving healthcare which is their right. Visit at: www.whiteribbonalliance.org

[16] The International Initiative on Maternal Mortality and Human Rights (IIMMHR) is a civil society human rights effort aimed at reducing maternal mortality. Visit at: http://righttomaternalhealth.org

[17] The Community Score Card in Tanzania: Process, Successes, Challenges, Lessons Learned, CARE, 2011.

The HEqP demonstrates how community empowerment can provide a solid foundation upon which to engage policymakers at the district level and provide data for national level advocacy efforts to address structural and social barriers to maternal health. The experience provided several valuable lessons learned and challenges, such as:

Timing and planning are critical
Political events are important opportunities for bringing attention to issues. CARE and its partners worked to leverage specific opportunities to influence decision-makers, such as during elections and at different stages of the budget cycle. For example, HEqP used election campaigns to push the agenda for equity in health which brought noticeable results like re-organizing the election manifestoes of the three most popular political parties to reflect prioritization of maternal health. Posters were also displayed encouraging citizens to vote and to look carefully which political parties were in support of maternal health. It is important to note that timing advocacy around election cycles or sensitive political events can result in negative reactions from the government and should be considered as part of a risk analysis.

Building a strong coalition can be invaluable
Acting in concert with three other NGOs enabled CARE to leverage limited resources, generate more evidence (from regions where the other NGOs worked), reach a broader audience, and have a stronger, united "voice" when engaging with policymakers. Each member organization contributed a core body of experience and capabilities. The fact that the NGOs had different but complementary missions increased the impact of their individual reach and signaled to policymakers a broad-based interest in improving health equity, particularly maternal health. In addition, the HEqP reached out to other civil society coalitions and organizations to promote collaborative action and to strengthen the voice of civil society.

Partnerships require clearly defined plans, processes and support
Advocacy partnerships require the same attention to detail as do all programming partnerships. In the case of the HEqP, some challenges arose from delayed decision-making, shifting priorities and inconsistent staffing. These problems can be mitigated by developing a memorandum of understanding to guide project direction and build consensus on areas of focus and specific activities; establishing routine and systematic monitoring and evaluation systems; harmonizing management activities through a dedicated focal person for each organization; and ensuring consistent staffing.

Advocacy work at national and local levels must be linked
The HEqP speaks to the need to have strategic, targeted advocacy efforts at all levels. Linking local level realities with government decision-makers is critical to ensuring that the appropriate items are acted upon and in a manner that responds to the needs of the community. Also, because national-level commitments (and resources) do not always cascade down to local levels, it is important to bring this information to decision-makers. It is also important to create strong feedback loops between community-level advocacy and national-level advocacy activities, to ensure that the activities are successful in achieving the intended equity aims at the community level.

Advocacy initiatives need to have a strong monitoring and evaluation plans
The lack of a monitoring and evaluation plan weakened CARE's ability to demonstrate measurable progress and evidence toward achieving the goal of improved health equity. Advocacy is a long and oftentimes challenging process. A monitoring and evaluation plan with well-defined outcome and impact indicators provides an opportunity to recognize and celebrate incremental achievements toward

the overall advocacy goal. In addition, a strong monitoring and evaluation plan can help the group to assess advocacy efforts in an ongoing way, making any adjustments as needed.

Advocacy requires patience and time
Advocacy can be a long and complex process, with periods of progress and stagnation; it might even involve backwards movement. This project had significant successes particularly in generating engaged dialogue and meaningful discussions about health equity and maternal health issues; however, it was less successful in realizing concrete actions, political commitments, and improved health outcomes as a direct result. It is important to recognize the incremental achievements towards the overall goal of improved health equity in Tanzania, while at the same time, building on the progress moving forward.

Specifically for the Community Score Card process, CARE learned the following:

Facilitators must temper the expectations of Community Score Card participants
Some CSC participants expressed disappointment in lack of results for the plans they had developed. Therefore, it is important to offer honest communication and a clear set of expectations about what the process can (and cannot) deliver. This is particularly important given the problems in health systems of poor countries. The CSC process alone will not fix the overall system so it is important that commitments and solutions emerging from the process are feasible, cost effective, measurable and time-bound. Ideally, community empowerment would be coupled with health systems strengthening so that both the "demand" and the "supply" sides of quality health care are addressed.

Including policymakers in the CSC process could lead to better results
In addition to engaging health care users and providers in the community scorecard process, it is important to include elected officials, as they can garner the political will and resources needed to deliver upon commitments made by participants, as well as to take issues, like supply chain management, to a higher level of government as needed. A thorough stakeholder analysis should be conducted at the outset to understand the community's perspective on who best to engage to ensure that commitments are realized. Also, the buy-in of local officials can be critical when undertaking a participatory process, like CSCs.

V. HOW TO REPLICATE / STEP-BY-STEP

The following are strategies that supported CARE Tanzania's advocacy work, which may be useful as guidance for others. These strategies include the following:

1) Gather evidence – quantify level of inequities and understand the barriers
Programs that aim to have health equity outcomes need to identify the inequities, the magnitude of the problem, who is affected, underlying socioeconomic issues and barriers that lead to inequity, and how gender relationships affect inequities in health outcomes. Communities themselves should be involved in providing this information. The CSC process, situational analysis, gender gap analysis, and review of utilization data offer ways to gather these data. They can also contribute evidence to support policy action.

2) Choose partners strategically and establish clear operating guidelines

Given the benefits and necessity of engaging in policy action with allies, it is important to identify partners who can bolster CARE's advocacy efforts with their unique capabilities, constituencies and resources. If it is a formal collaboration, it is helpful to develop a memorandum of understanding to guide project direction and build consensus on areas of focus and specific activities; establish guidelines for processes such as funding, coordinating campaigns and developing joint positions; harmonize management activities through a dedicated focal person from each organization; and establish monitoring and evaluation systems.

3) Identify a clear objective and strategies to achieve it

- ***Determine advocacy issues, goals and objective:*** Clearly articulate and define how equity is defined within the context of your advocacy work. It is important to develop and maintain a project-specific definition of equity; one that prioritizes a specific situation of health inequity and concentrates advocacy efforts on addressing that situation.
- ***Identify target audiences to reach them***: Identify key influencers (i.e. who has the power to influence decision-makers?) and champions. This should include policymakers at all levels of government, both elected officials and civil servants (i.e. health officers, budget planners, etc.). It may also include other individuals, as well as segments of the population.
- ***Develop tactics and materials to help policymakers endorse favorable maternal health policies.*** Providing concise, evidence-based materials with clear action steps will make it easier for policymakers to act. These can include policy briefs, budget analyses, examples of effective programming and legislative recommendations. Likewise, ensuring that citizens are able and empowered to voice their desires and expectations helps to demonstrate public demand for equitable health services and to build political will.
- **Monitor progress and outcomes**. Develop a plan to monitor progress and make any needed changes or adjustments along the way. Use the monitoring and evaluation process to identify changing circumstances which may require a change in strategy, as well as a way to celebrate the shared victories towards the achievement of a long term goal of improved health equity. If successful in improving health equity outcomes, CARE and partners should build support for sustaining and scaling up these approaches.

RECOMMENDED RESOURCES

Community Scorecard and Citizen Report Card available at http://go.worldbank.org/QFAVL64790

Community Scorecard in Tanzania: Process, Successes, Challenges, Lessons Learned, CARE, 2011.

Health Equity Project final evaluation, CARE, April 2011.