# Ensuring CARE's Governance and CSC work is Gender Sensitive

Presented by: CARE USA, CARE Canada and CARE International UK

# AGENDA

- CARE'S GOVERNANCE WORK
- COMMUNITY SCORE CARD BACKGROUND
- ENSURING THE CSC IS GENDER SENSITIVE
- FUTURE DIRECTION
- RESOURCES

# CARE'S GOVERNANCE WORK

# What is the theory of change that guides CARE's governance and health work?

**'Theory of Change**' to guide and underpin CARE's governance work:

→If citizens are empowered,

→if power holders are effective, accountable and responsive,

→ if spaces for negotiation are expanded, effective and inclusive,

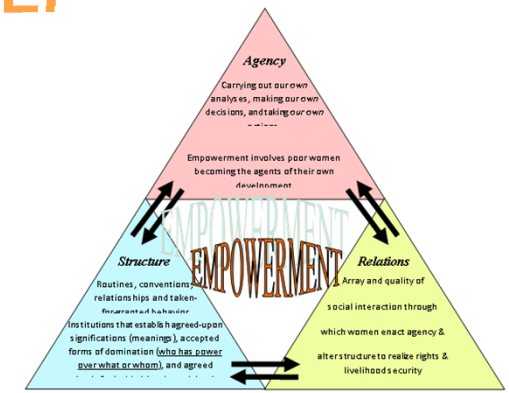
= then sustainable and equitable development can be achieved.


For health this means…

*improvements in health coverage, quality and equity can be achieved.*

# Governance and Gender in CARE

- Gender and governance work are both about **power & transforming unequal power relations**
- Natural synergy:
  1. Work that aims to **empower women** and promoting **gender equality** and
  2. Work that aims to **empower citizens** and make **services providers responsive and accountable** to those citizens without power
- Synergy between the **GPF and WEF**

# Citizens or women and men?


- "**citizens**" as neutral, as "people" with **similar capacities, needs and demands**.

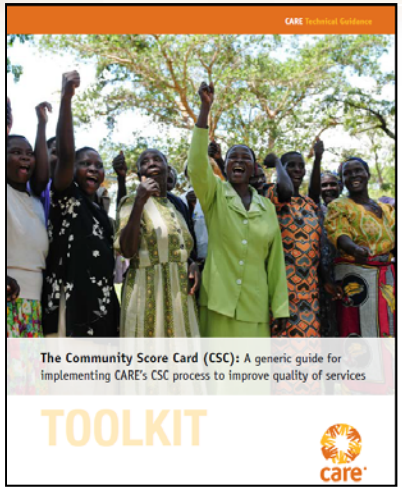
- So the crucial issue is that we tend to look at **democratic institutions from a neutral perspective**, analysing whether they are **inclusive, responsible and accountable to "citizens".**

# Gender sensitive GPF

- Power-holders effectively **deliver services to women and men equitably**;
- Both women and men are able to **participate equally and meaningfully influence decision-making spaces**;
- Public authorities are **accountable to all citizens irrespective of gender identities** in the provision of services; and
- **Policies and laws effectively take into account** the different needs, interests, priorities and responsibilities of women and men, including their unequal social and economic power.

# COMMUNITY SCORE CARD (CSC) BACKGROUND

# What is the Community Score Card (CSC) ?




## The CSC is a social accountability tool…

that **brings together community members, service providers, and local government** to **identify service utilization and provision challenges**, and to **mutually generate solutions**, and work in partnership to **implement and track the effectiveness of those solutions** in an ongoing process of improvement.

**CSC Rights Based Principles**

- ✓ Participation and inclusion of voice
- ✓ Accountability and transparency
- ✓ Equity
- ✓ Shared responsibility

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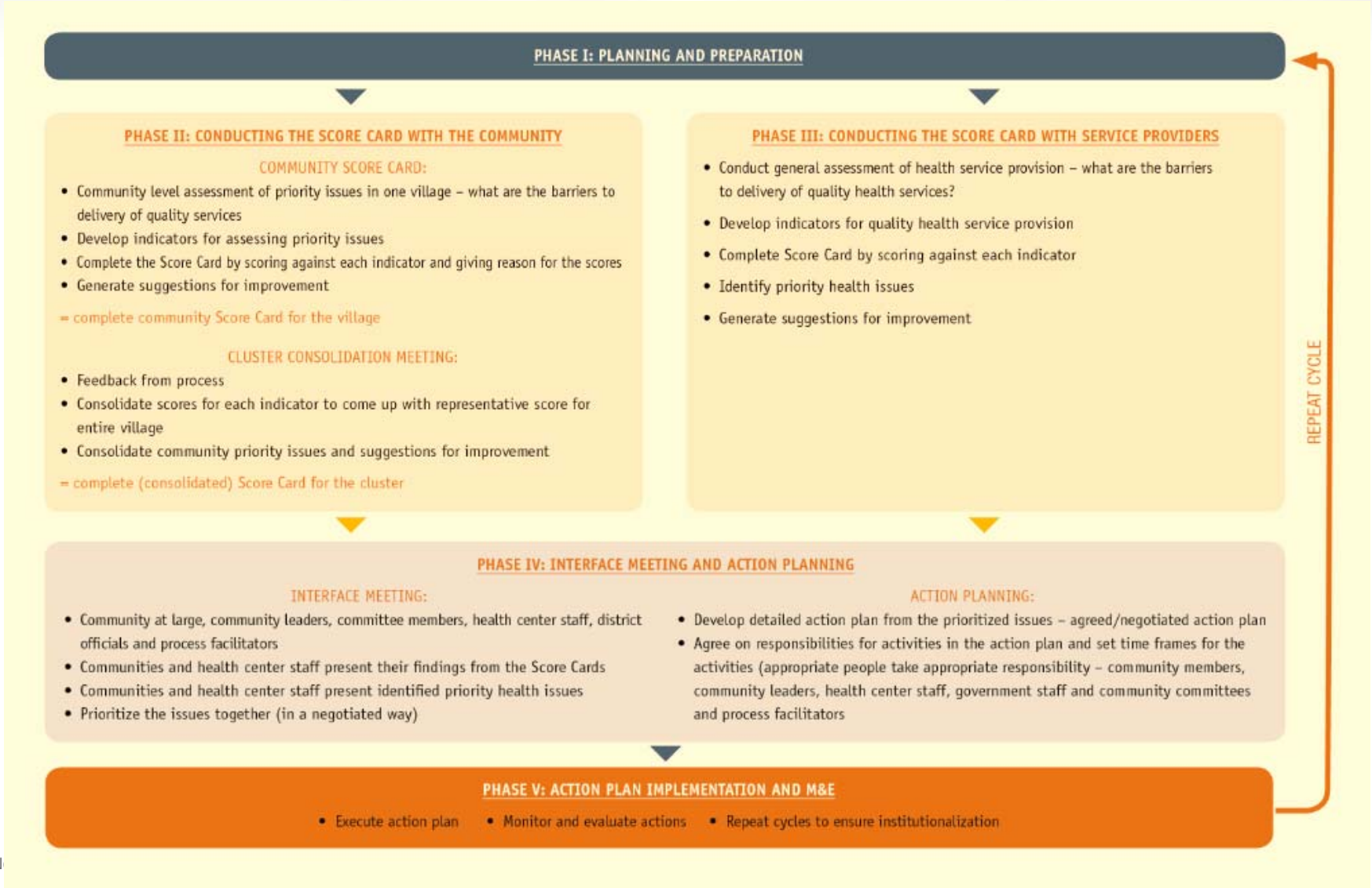
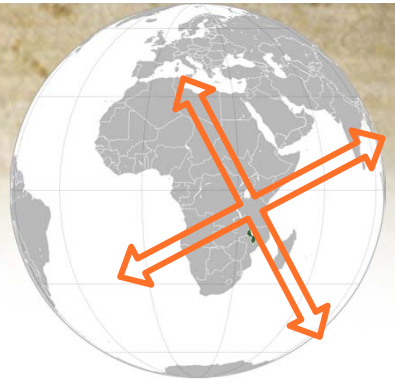
# CSC Process


PHASE I: PLANNING AND PREPARATION
PHASE II: CONDUCTING THE SCORE CARD WITH THE COMMUNITY
COMMUNITY SCORE CARD:
• Community level assessment of priority issues in one village – what are the barriers to delivery of quality services
• Develop indicators for assessing priority issues
• Complete the Score Card by scoring against each indicator and giving reason for the scores
• Generate suggestions for improvement
= complete community Score Card for the village
CLUSTER CONSOLIDATION MEETING:
• Feedback from process
• Consolidate scores for each indicator to come up with representative score for entire village
• Consolidate community priority issues and suggestions for improvement
= complete (consolidated) Score Card for the cluster
PHASE III: CONDUCTING THE SCORE CARD WITH SERVICE PROVIDERS
• Conduct general assessment of health service provision – what are the barriers to delivery of quality health services?
• Develop indicators for quality health service provision
• Complete Score Card by scoring against each indicator
• Identify priority health issues
• Generate suggestions for improvement
REPEAT CYCLE
PHASE IV: INTERFACE MEETING AND ACTION PLANNING
INTERFACE MEETING:
• Community at large, community leaders, committee members, health center staff, district officials and process facilitators
• Communities and health center staff present their findings from the Score Cards
• Communities and health center staff present identified priority health issues
• Prioritize the issues together (in a negotiated way)
ACTION PLANNING:
• Develop detailed action plan from the prioritized issues – agreed/negotiated action plan
• Agree on responsibilities for activities in the action plan and set time frames for the activities (appropriate people take appropriate responsibility – community members, community leaders, health center staff, government staff and community committees and process facilitators
PHASE V: ACTION PLAN IMPLEMENTATION AND M&E
• Execute action plan • Monitor and evaluate actions • Repeat cycles to ensure institutionalization

# History of the CSC



2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015

## CARE Malawi develops CSC

- **Project** - Local Initiatives for Health
- **Overall aim** – develop models to resolve issues of poor health service and access
- **Duration** - 2002-2005
- **Location** - Malawi
- **Sector** – Health
- **Application** – quality improvement

## CSC spread

- **Within CARE** –Tanzania, Ethiopia, Rwanda, Egypt, Cambodia, Mozambique, and others…
- **Beyond CARE**- World bank PLAN, World Vision, and others….
- **Sectors**- Health, food security and livelihoods, education and water and sanitation programs
- **Applications** - quality improvement, implementation improvement, planning/re – planning, M&E, internal accountability, advocacy efforts

## CSC Experts Working Meeting

- **When**- January 2013
- **Location** – Tanzania
- **Purpose**- consolidate and build our CSC thinking and practice
- **Who attended**- CSC practitioners from across CARE

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# Addressing implementation issues




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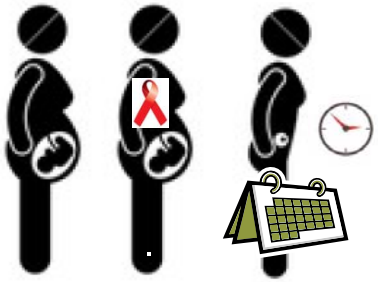
# ENSURING THE CSC IS GENDER SENSITIVE

**The CSC can address specific gender issues.**

**The CSC can also be gender sensitive without addressing a specific gender issue!**

# PHASE I:Planning and Preparation

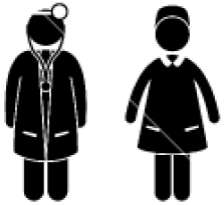
District partnership



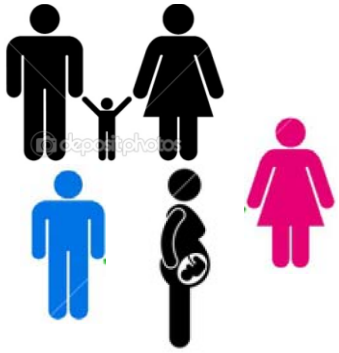
Focus area selection


CSC site selection

Train CSC facilitators



CSC intro to health workers



CSC intro for community

Community Mapping

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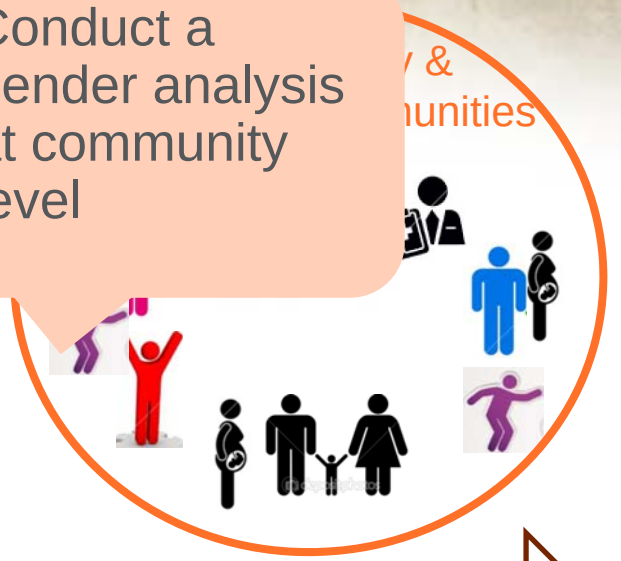
Include women and women's groups in preparation work

Ensure gender balance among CARE staff conducting prep work

Conduct a gender analysis at community level



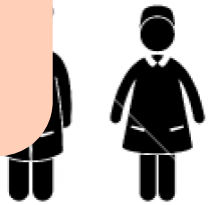
District partnership

Focus area selection

CSC site selection

Conduct gender equality training for staff, trainers, facilitators

Hold separate meetings for women only to determine their issues & needs



Train CSC facilitators

CSC intro to health workers

CSC intro for community

Community Mapping

# PHASE II: Conducting the Score Card with the Community

**FG Issue Generation** | **Develop Indicators & Score** | **Consolidate Score Cards**

Women

Men

Local leaders

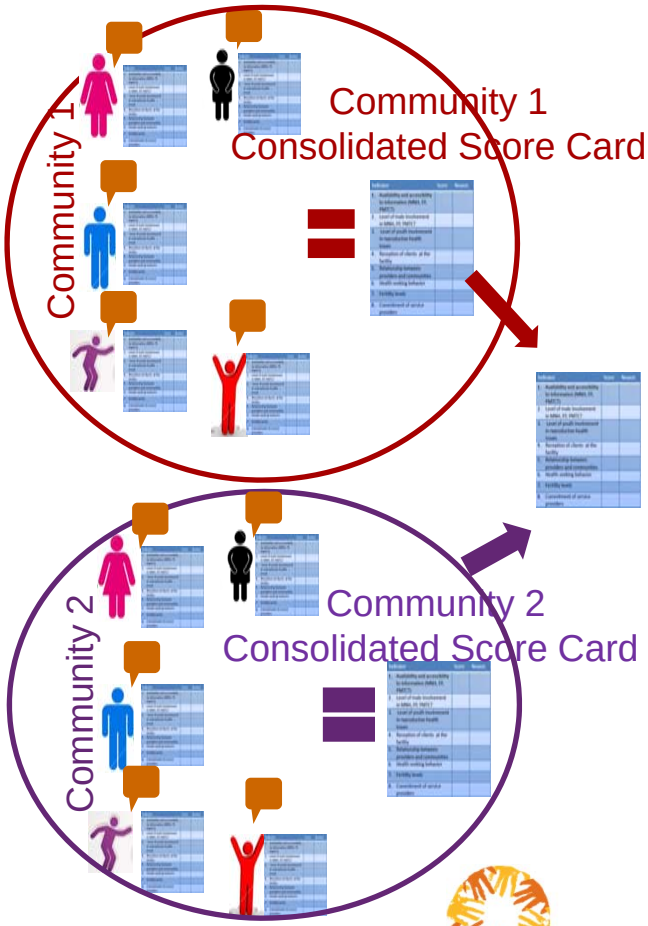
Youth

Vulnerable groups

1. What is going well?
2. What is not going well?
3. What improvement is needed?

| Indicator | Score | Reason |
|---|---|---|
| 1. Availability and accessibility to information (MNH, FP, PMTCT) | | |
| 2. Level of male involvement in MNH, FP, PMTCT | | |
| 3. Level of youth involvement in reproductive health issues | | |
| 4. Reception of clients at the facility | | |
| 5. Relationship between providers and communities | | |
| 6. Health seeking behavior | | |
| 7. Fertility levels | | |
| 8. Commitment of service providers | | |
| | | |

Example indicator: Relationship between community and providers

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# PHASE II: Conducting the Score Card with the Community

**FG Issue Generation** | **Develop Indicators & Score** | **Consolidate Score Cards**

Mobilize women to attend FGDs

Women Men

Enable women to attend FGDs

Hold women only FGDs, facilitated by women

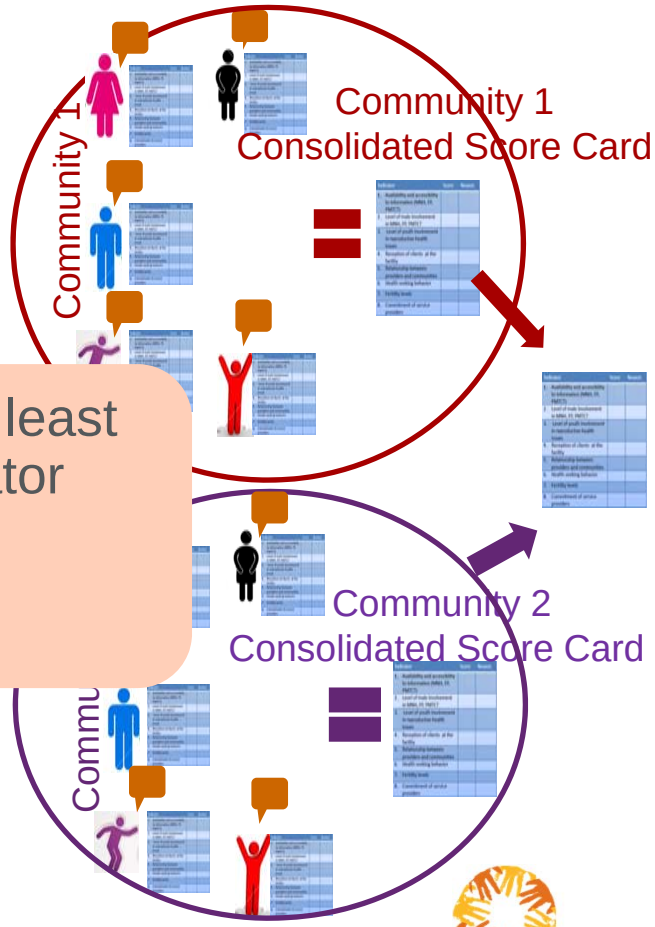
1.What is going well?
2.What is not going well?
3.What improvement is needed?

Include women facilitators in the design of the score cards

| | |
|---|---|
| 4. | facility |
| 5. | Relationship between providers and communities |
| 6. | Health seeking behavior |
| 7. | Fertility levels |
| 8. | Commitment of service providers |

Include at least one indicator related to gender inequality

Example indicator: Relationship between community and providers

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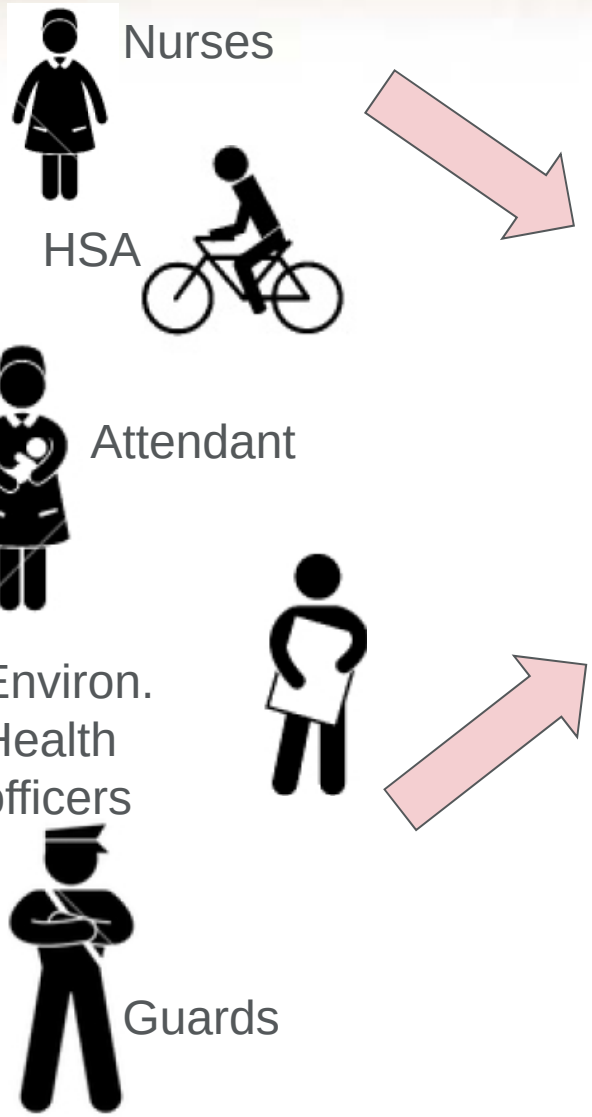
# PHASE III: Conducting the Score Card with Service Providers




| Indicator | Score | Reason |
|---|---|---|
| 1. Availability and accessibility to information) | 60 | -MNH available at health center<br>-No community based MNH |
| 2. Level of male involvement in MNH, FP, PMTCT | 10 | -Men do not go for HIV testing with wives<br>-men do not present themselves for counseling on PMTCT, |
| 3. Level of youth involvement in reproductive health issues | 20 | -Youth not welcome in clinic for FP issues |
| 4. Reception of clients at the facility | 25 | -Sometimes clients are turned away<br>-No formal queuing system |
| 5. Relationship between providers and communities | 20 | -Women do not listen to providers<br>-traditional leaders and community do not take our advice; we are strangers to their community |
| 6. Health seeking behavior | 30 | -Women come to ANC late<br>-Women do not follow-up for PMTCT |
| 7. Fertility levels | 20 | -Women start childbearing too early<br>-Women have too many births |
| 8. Commitment of service providers | 35 | -Providers do not come to work on time<br>-Providers don't provide 24/7 care<br>-Providers not compensated for work |
| 9. Availability of supervisory support (for the health center) | 20 | -Supervisors only meet with staff 1-2 times a year<br>-Supervisors are not responsive to health center needs<br>-Supervisors do collect reports and provide supplies<br>- Do not use standard tools for supervision |

# PHASE III: Conducting the Score Card with Service Providers

Nurses

HS

Ensure gender balance in SP meetings

Attendant

Make certain the female SPs are actively participating

Environ. Health officers

Guards

| Indicator | Score | Reason |
|---|---|---|
| 1. Availability and accessibility to information) | 60 | -MNH available at health center<br>-No community based MNH |
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Provide gender analysis to SPs and encourage SPs to identify at least one gender issue or gender equality indicator

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# PHASE IV: Interface Meeting & Action Planning

Catchment Area Communities

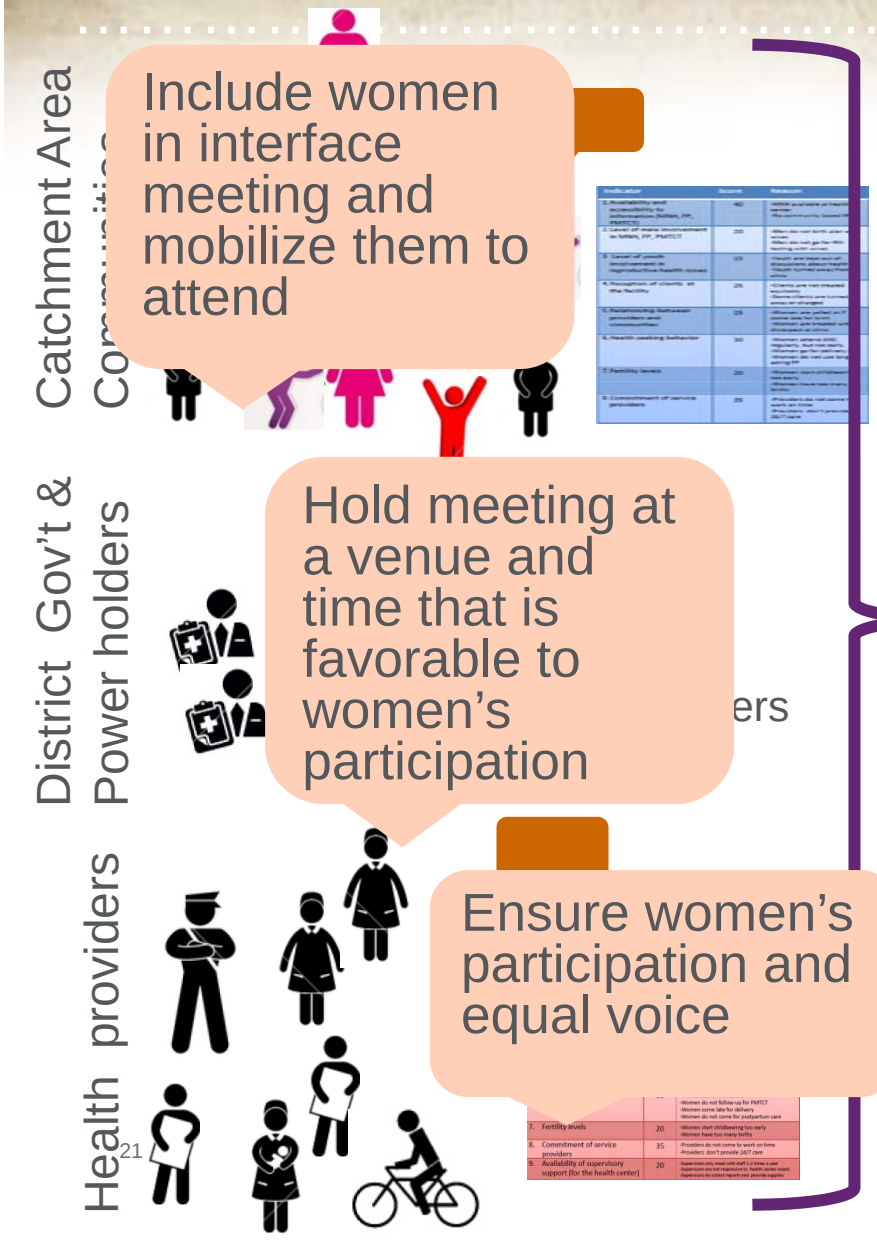
District Gov't & Power holders

Other NGOs & Service Providers

Health providers

| Action Item | Process | Resources | Responsible | Time frame |
|---|---|---|---|---|
| 1. HSAs provide community based MNH | -Train HSAs in CBMNH | -Training (DHMT) | DMHT | 2 months (Feb 2013) |
| 2. Build maternity waiting home | -Gather donated materials<br>-Set building day<br>-Build waiting home | -In kind | Community | 5 months (May 2013) |
| 3. Youth ambassadors for reproductive health | -Youth ambassadors trained | -Training (FPAM) | FPAM NGO | 3 months (March 2013) |
| 4.Registration and ticket system in place for clinic line | -Print numbers | -None | DHMT | 1 month (Jan 2013) |

# PHASE IV: Interface Meeting & Action Planning




Include at least two gender goals in the action plans

| Action Item | Process | Resources | Responsible | Time frame |
|---|---|---|---|---|
| 1. HSAs provide community based MNH | | | | 2 months (Feb 2013) |
| 2. Build maternity waiting home | -Gather donated materials<br>-Set building day<br>-Build waiting home | -In kind | Community | 5 months (May 2013) |
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# PHASE V: Action Plan Implementation & M&E



- ✓Implement the action plan
- ✓Monitor progress
- ✓Review and reflect
- ✓Follow-up meetings

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# PHASE V: Action Plan Implementation & M&E


Include sex-disaggregated data and indicators that address gender-specific needs

- ✓Implement the action plan
- ✓Monitor progress
- ✓Review and reflect
- ✓Follow-up meetings


Ensure women's participation in follow-up action planning

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# FUTURE DIRECTION

# Future Direction: Questions for discussion

- Now that we have the recommendations, what do we need to provide CSC facilitators with in the way of skills and tools needed to implement the recommendations?
- How can CARE better use the CSC to understand and address the cultural, social, economic barriers that women face in accessing services?
- What are ways we can monitor and measure if the CSC is gender sensitive, or is achieving gender sensitivity?
- How do we move the CSC from being gender sensitive to gender transformative?
- Other questions?

# CSC RESOURCES

# CSC Resources

- CSC Community of Practice & Wiki
- CSC Toolkits
- CSC Briefs & CO experiences
- CSC Guidance Notes


Links:

http://governance.care2share.wikispaces.net/Community+Score+Card+CoP

http://health.care2share.wikispaces.net/alliance

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