



Using the Community Score Card in Health Programs

Arusha, Tanzania
January 2013





CARE , founded over 60 years ago, is one of the world's largest private humanitarian organizations. In 2011 we reached 122 million people in 84 countries with our programming.

CARE's mission is to reduce poverty and increase social justice globally, and empowering women and girls is central to this mission. And because women and girls are at the center of our health and development mission, we have identified SRMH as one of our four program priorities. The others being Gender & empowerment, humanitarian assistance (emergency preparedness and response) Food and Livelihoods (economic empowerment, microfinance, value chains, water and sanitation, food security and nutrition).

As such, the SRMH team currently supports SRMH programming in 29 of those countries and in June of this year, SRH was also identified as a priority for our Emergency preparedness and response work, so we are working to include more comprehensive SRH programming in Emergency and post-disaster settings.

Sexual, Reproductive & Maternal Health

Program Objectives:

- Reduce maternal and newborn mortality and improve health outcomes by increasing **coverage, quality and equity** of health services
- Generate and build evidence, measure impact & share learning globally
- Advocate to increase global impact through scale-up and replication



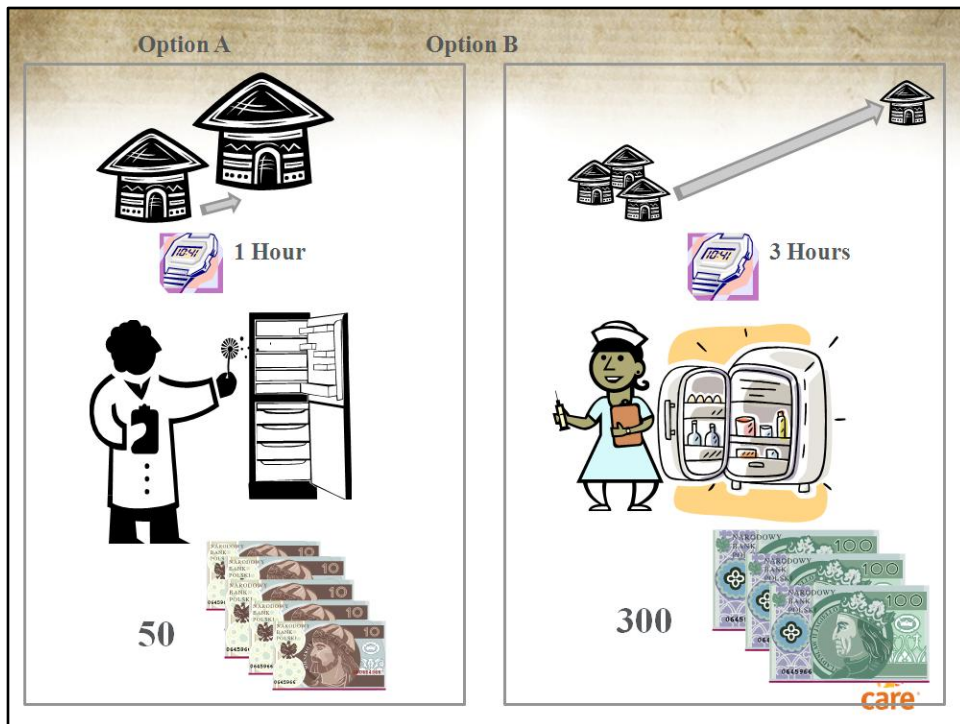
As a global organization we work to achieve these objectives by not only working in each country in close collaboration with our country partners to deliver programs, but also by working across countries and CARE International to generate and build global knowledge about evidence-based practices in maternal and reproductive health, to measure impact of our programming, to share learning and to conduct advocacy to increase our global influence and impact through scale-up and replication of our successful programming across CARE and by others in the global community.

Barriers to using health services?

- Distance to facility
- Time to obtain services
- Level of Provider (doctor, nurse, health assistant)
- Reliable availability of supplies
- Provider attitude
- Cost of services, transport, medicines



This is a list of some of the barriers that are most often mentioned in the HEALTH literature, but there are lots of other issues at the local, meso and national level that are barriers to effective health delivery. These additional barriers are at the household, social, community, national and international level, such as availability, access, accessibility, quality generally (cleanliness, etc).



Which one of these options do you think you would choose?

Option A: close, services prompt, high level provider, not reliable supplies, low cost

Option B: far, long waits, lower level provider, ready supplies, costs a lot



Interestingly, in one study in Tanzania that assessed women's preferences for where they would go for delivery, the two most important factors for women were the presence of a smiling, friendly, provider who would listen carefully to you, and a reliable supply of medicines. These preferences were linked to their actual behavior, and they had a dramatic effect on whether they delivered at a facility or not. These factors were more important, by far, than cost, distance, availability of transport, the training level of the provider (doctor vs nurse of lower level). And so we can see that achieving our goals of effective service delivery may not be a simple matter of having a more trained highly trained providers or more facilities close by. It's important to understand what drives use of services as well as what drives service quality, availability, access, etc.

Barriers at family, community and health system

Family and community

- Lack of knowledge, decision-making autonomy
- Gender inequities and social norms
- Perceived quality, responsiveness of health workers
- Culturally inappropriate or disrespectful care
- Lack of transport
- Cost

Health system

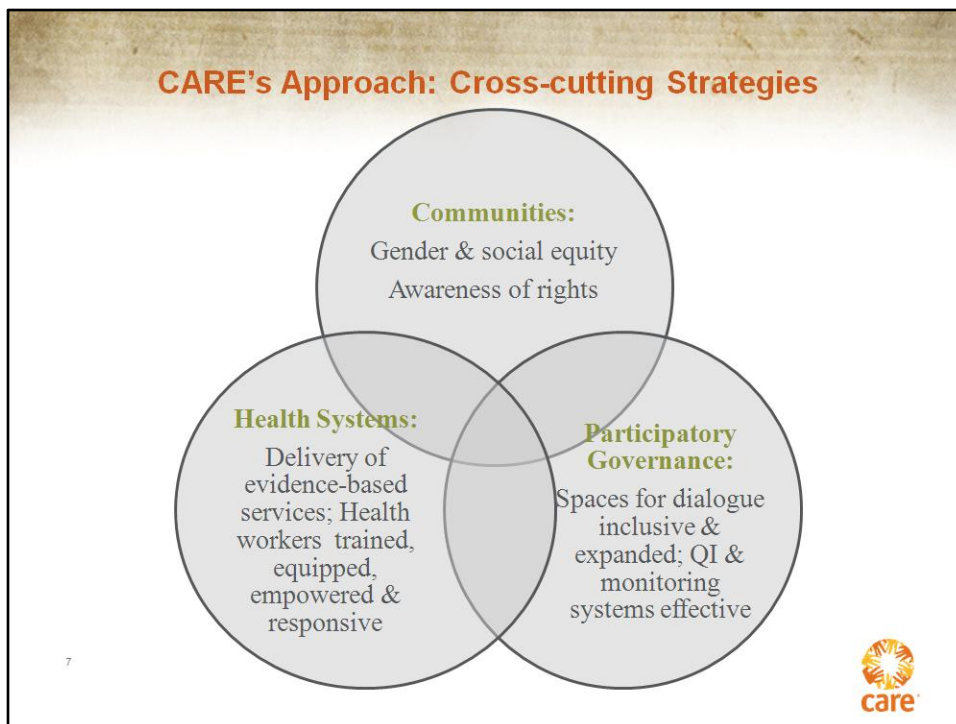
- Gender norms, social distance, discrimination
- Lack of empowerment, motivation
- Lack of supportive, effective supervision
- Poor working conditions, lack of equipment & supplies
- Lack of training



So despite the fact that we have many evidence-based technical solutions that have been proven to reduce maternal and child deaths and to improve nutritional and development outcomes, we know that these solutions often are not effectively implemented. These barriers to effectiveness exist at the family, community AND health system levels.

Why these barriers exist raises additional issues that need to be addressed. These include inadequate or non-existent national policies, lack of guidelines or adequate training curricula for health workers, limited bilateral aid for health, corruption and bottlenecks in paying HW salaries, in funding and supply chains.

It is the whole system, not just the community or the health system but the broader context in which these systems function that affect outcomes.



To overcome these barriers and improve SRMH outcomes, we need cross-cutting strategies that help create an environment in which optimal health can be achieved. So, here are some of strategies we all at CARE think are critical.

First, we work with communities to overcome barriers to the timely use of health services and improve healthy behaviors.

For example, we particularly focus on increasing gender equity, transforming social norms and empowering women to seek and obtain quality services. When women know what services are available, when they understand that they have a right to obtain those services and that they have a right to respectful care, a well-equipped facility and a well-trained provider, AND when the community supports their obtaining those services, effectiveness improves. CARE has developed a number of tools to work with women and marginalized groups, with couples, other community stakeholders, AND Health providers, to examine and challenge gender and social norms that prevent women from achieving these goals.

Second, we work with the health system, particularly focused on using innovative approaches to empower health workers and increase their capabilities, motivation & responsiveness. Health workers, especially community health workers and other lower level providers, often face tremendous challenges to providing quality services, such as inconsistent remuneration, lack of supportive supervision, lack of equipment and supplies, and little ability to influence their work environment and secure their own rights to training, equipment and support. CARE is developing and testing a number of approaches to increasing health workers ability to be effective through team-based incentives and support, mobile skill labs, mobile phone technology, and to improve their ability to use data to make decisions about care. Making sure health workers are aware of their rights and have mechanisms for securing their rights is another important part of our work. An empowered health worker will be better positioned to demand adequate training, supervision, remuneration and supplies.

And finally, we work through supporting participatory governance and mutual quality improvement approaches. Strategies such as community scorecards and community support systems, bring community members and health care providers/officials together in a mutual process of identifying needs, concerns, and barriers to service utilization and delivery, generate solutions to overcoming those barriers, and actively monitor improvements in coverage, quality and equity. And, through the scorecard process, new alliances and coalitions can be formed and evidence generated that can be used to advocate for improvements in policies, budget transparency, and accountability and responsiveness to constituents and stakeholders.

Reducing Maternal Mortality, Ayacucho, Peru

Health system strengthening

- Facility improvement
- Healthcare worker training – skilled birth attendance, emergency obstetric care

Community interventions

- Education & behavior change communication
- Facilitate emergency transport

Linking the health system & Community

- Cultural acceptability of care
- Case reviews and audits



Here is an example of how all these strategies have been brought together in one of CARE's maternal health programs in the highlands of Peru. This is just one of the many examples of successful maternal health programming CARE has done and share globally.

In this program CARE worked closely with partners including the government to upgrade facilities and support health worker training, and to do birth preparedness planning and education with the community, including facilitating community support for emergency transport.

One key effort was the work done to increase acceptability of services to women in the region. Despite the facility upgrades and the health worker training, women were not going to the facility to deliver their babies. Spanish-speaking healthcare providers did not communicate effectively nor provide services in ways that were culturally acceptable to Quechua women. So CARE, working with the community members, identified this lack of cultural acceptability as an important barrier to their use of reproductive and maternal health services, and then worked with community members and healthcare providers to identify solutions. As a result, signs were posted in the local language—Quechua—informing women of their rights, translators were made available, and culturally appropriate maternal health practices were adopted.

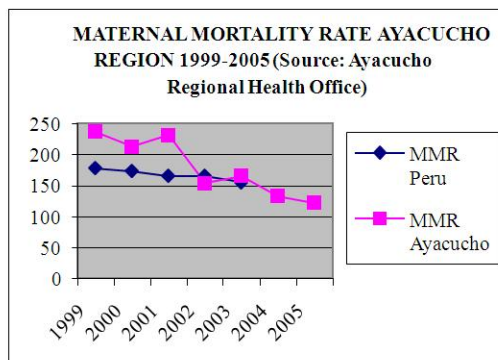
Reducing Maternal Mortality, Ayacucho, Peru

49% decrease in maternal deaths

Increased met need for emergency obstetric care from 30% to 84%

Reduced facility-based case fatality rate from 1.7% to 0.1%

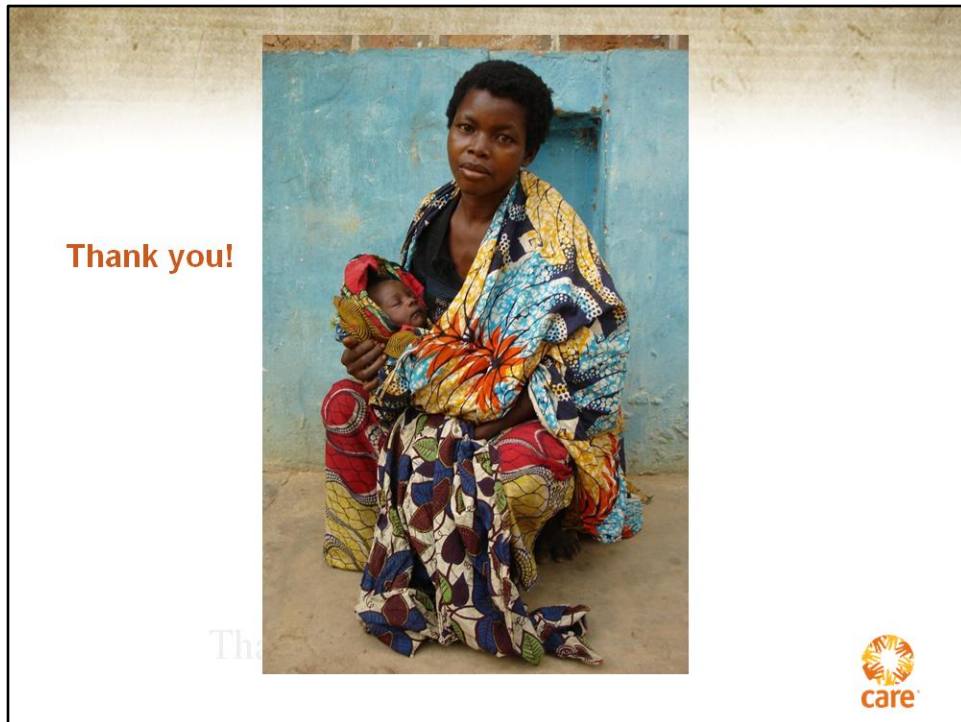
National scale-up by government of Peru



Kayongo, Int J Gyn Obstet 2006



Through advocacy and technical assistance from CARE, citizen-monitoring activities like this are now part of Peru's national Policy Guidelines and a joint effort is underway between the Ministry of Health, the regional and local governments and civil society networks to support implementation of these mechanisms of citizen participation across the country, and to monitor implementation to ensure government accountability.



The results and experiences from across CARE around the world demonstrate the power of using cross-cutting strategies to address underlying causes of poor SRMH outcomes and to create an environment in which women, communities and health workers are empowered to ensure that all people secure their rights to the highest standard of health.