Community Score Card experience in Ntcheu, Malawi: CARE’s perspective

Thumbiko Wa-Chizuma Msiska
Project Manager
CARE Malawi
Presentation Outline

1) Malawi Background

2) Background on project utilizing the Community Score Card (CSC) in Malawi

3) Introduction to the social accountability approach – CSC- CARE and the MOH using to ensure rights in Ntcheu, Malawi

4) How has the CSC helped fulfill, protect and respect rights in Malawi?

5) The challenges and complexities of using CSC in Malawi?
Malawi Background

15.3 million people 2013 pop projection

2.8% Annual population growth

5.7 Total Fertility Rate

10.6% HIV prevalence

71% Births by skilled Attendant

68% Coverage for PMTCT

42% Contraceptive Prevalence Rate

Sources: Malawi DHS 2010, 2008 Census.
Photos by Angeli Kirk, Gunnar Salvarsson, Karl Mueller
Maternal Health Alliance Project

**Maternal Health Alliance Project** (2011-2015)
Supported by Sall Family Foundation

**Goal:** develop & test broadly applicable approaches to improve family planning and maternal health implementation and outcomes.

**Intervention:** Community Score Card (CSC)

→ social accountability approach innovated by CARE in 2002

**Target:**
- 10 intervention health facilities w/ catchment communities
- --10 control

**Location:** Ntcheu district, Malawi
Community Score Card

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

→ identify service access, 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

**Underlying Rights Based Principles**

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

### PHASE V: Action Plan Implementation and M&E

**Catchment Community Health providers**

**Local gov’t & decision makers**

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**Methodology**

**Indicator**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Score</th>
<th>Sample Reasons for Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1- Referral system – availability of transportation for pregnant women from health center to hospital</td>
<td>45</td>
<td>• Ambulance is rarely available in cases of emergency • Providers make clients use public transport</td>
</tr>
<tr>
<td>2- Availability of transport from the community to the health facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3- Availability of resources (i.e. drugs, supplies, space)</td>
<td>50</td>
<td>• HIV test kits stock outs occur regularly • Clients told to buy medication which should be free</td>
</tr>
<tr>
<td>4- Availability and accessibility of health services (MNH, FP, PMTCT)</td>
<td>80</td>
<td>• Most service are available • FP long acting term methods provided rarely • No MNH services provided in community</td>
</tr>
<tr>
<td>5- Availability and accessibility to information</td>
<td>80</td>
<td>• The messages are only available at the health facility not in the community</td>
</tr>
<tr>
<td>6- Level of male involvement in MNH, FP, PMTCT</td>
<td>50</td>
<td>• Few men accompany their wives to antenatal care • Most men refuse HIV test</td>
</tr>
<tr>
<td>7- Level of youth involvement in reproductive health issues</td>
<td>10</td>
<td>• There are no youth clubs so most youth have little information on family planning, MNH or youth friendly services</td>
</tr>
<tr>
<td>8- Reception of clients at the facility</td>
<td>40</td>
<td>• Some health workers have good attitudes and respect clients • Some women are shouted at during delivery</td>
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<tr>
<td>9- Relationship between providers and communities</td>
<td>40</td>
<td>• There is no health advisory committee or village health committee • Meetings between health providers and clients is rare</td>
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### Issue Generation

#### Focus Group Participants

- Women
- Men
- Youth
- Local leaders
- Vulnerable groups

#### Focus Group Discussion

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

#### Issues Identified

- Lack of space in maternity-no waiting home, few delivery beds
- Poor male involvement and support
- Family planning myths and norms
- Favoritism when treating clients
- Disrespectful treatment of women
- Poor relationship between health workers and communities
- Shortage of staff
- Payment for services that are supposed to be free
- Health facility hours
How has the CSC helped fulfill, protect and respect rights?

- Created space for engagement between the service providers and users
- Enhanced communities knowledge and demand for entitlements in a subtle manner-starting from the analysis of issues hindering delivery and accessibility of services.
- Enhanced the culture of accountability among providers in a negotiated manner
- Enhance collective responsibility to address barriers to delivery and utilization of quality service.
- Enhanced collaboration - Wide range of stakeholders at interface including government structures
- Provided practical and negotiated ways for engagement of various stakeholders at different accountability levels and strengthened decentralization - Community, Health Center, District and Policy level
- Enhanced knowledge of District managers on local issues affecting service utilization and delivery- leading to redistribution of staffing and resources based on need
## Improvements in Score Card Indicators
(ex. Relationship between providers and communities)

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<th>Score Jun 2013</th>
<th>Score Dec 2013</th>
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Improved relationship and communication between service users and providers → increased demand for services
The challenges and complexities of using CSC?

- Potential to be destructive if not properly handled-managing emotions vs building relationships

- Constrained resource environment (human and material) failing to meet the generated demand

- Culture of protecting domains of power/influence especially among power holders – resistant to creation of spaces for negotiation

- Limited policy influencing due to following the small evidence base- only one of the 28 districts covered

- Chiefs/committees being gatekeepers on who participates in the CSC
For more information contact:

Michael Rewald
CARE Malawi Country Director
mrewald@co.care.org

Thumbiko Msiska
MHAP Project Manager
thumbiko.msiska@co.care.org