

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

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# 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)

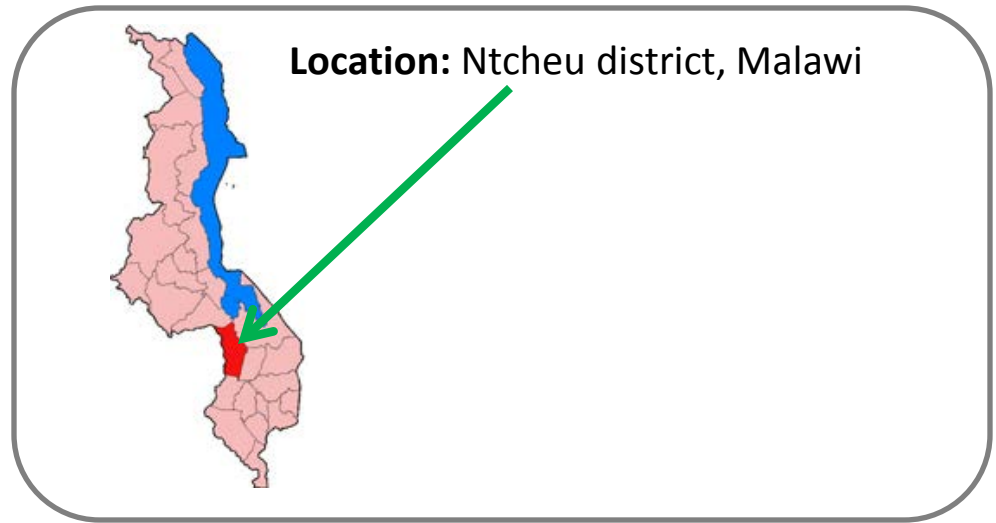
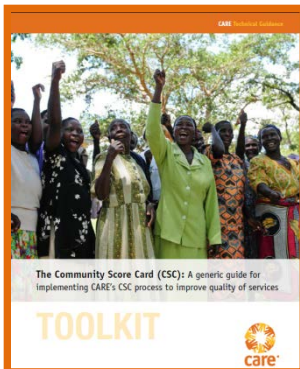
Supported by Sall Family Foundation



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

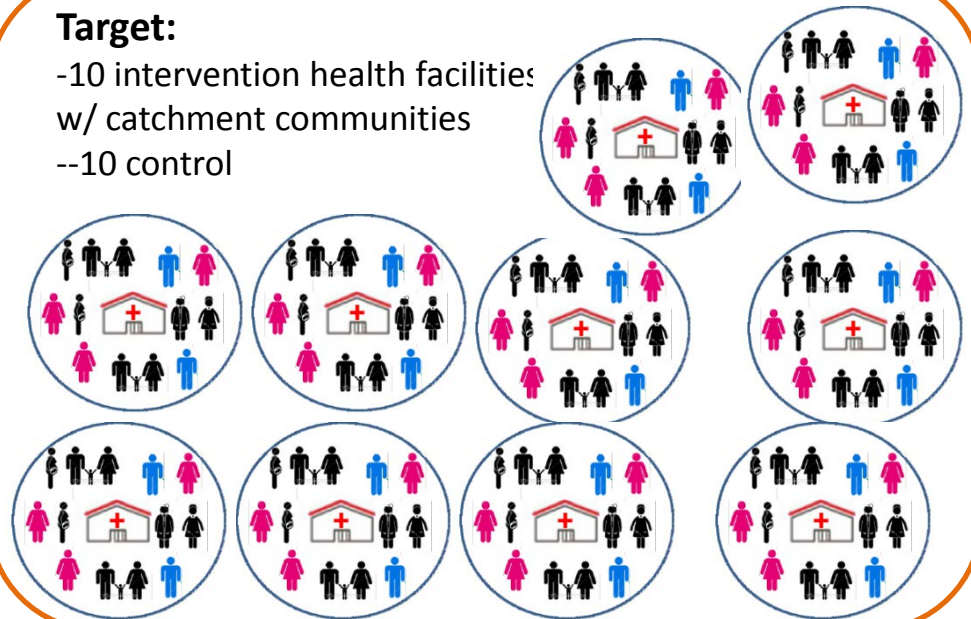
## Intervention: Community Score Card (CSC)

→ social accountability approach innovated by CARE in 2002



## Target:

-10 intervention health facilities w/ catchment communities  
--10 control



# 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



Indicator	Score	Sample Reasons for Score
1- Referral system – availability of transportation for pregnant women from health center to hospital	45	<ul style="list-style-type: none"> <li>•Ambulance is rarely available in cases of emergency</li> <li>• Providers make clients use public transport</li> </ul>

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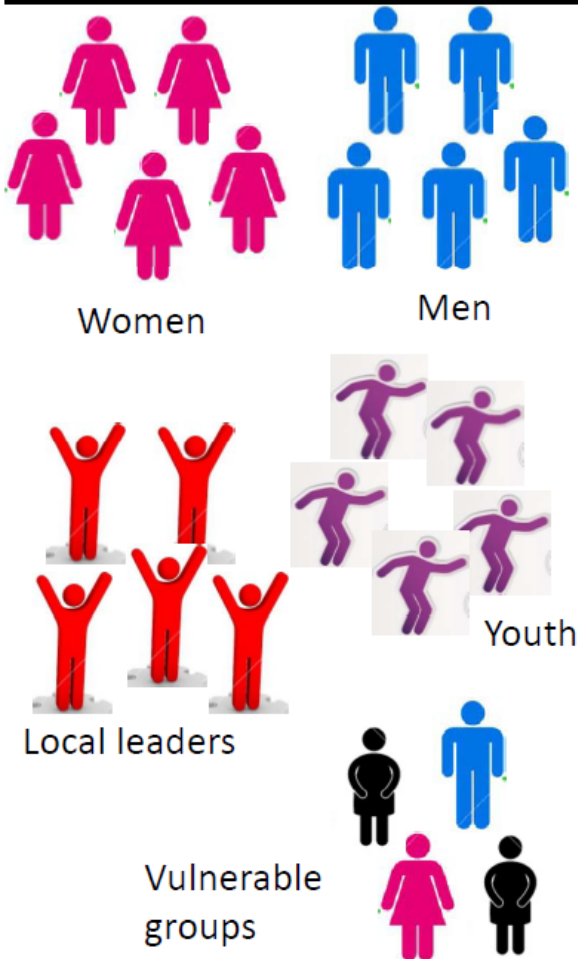
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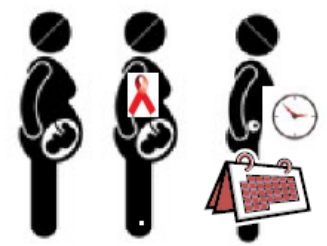
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## Issue Generation

### Focus Group Participants



### 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

Repeat cycle

# How has the CSC helped fulfill, protect and respect rights?

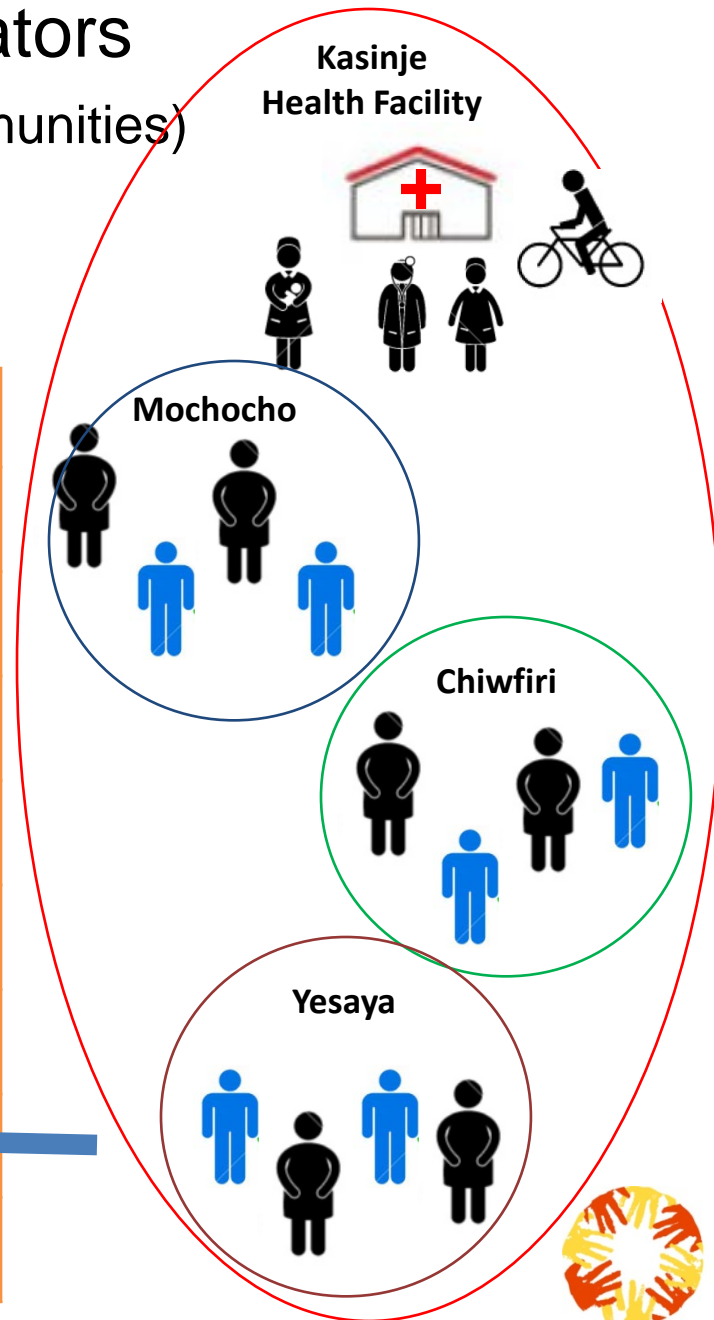


- Created space for engagement between the service providers and users
- Enhanced communities knowledge and demand for entitlements in a subtle manner- starting from the analysis of issues hindering delivery and accessibility of services.
- Enhanced the culture of accountability among providers in a 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

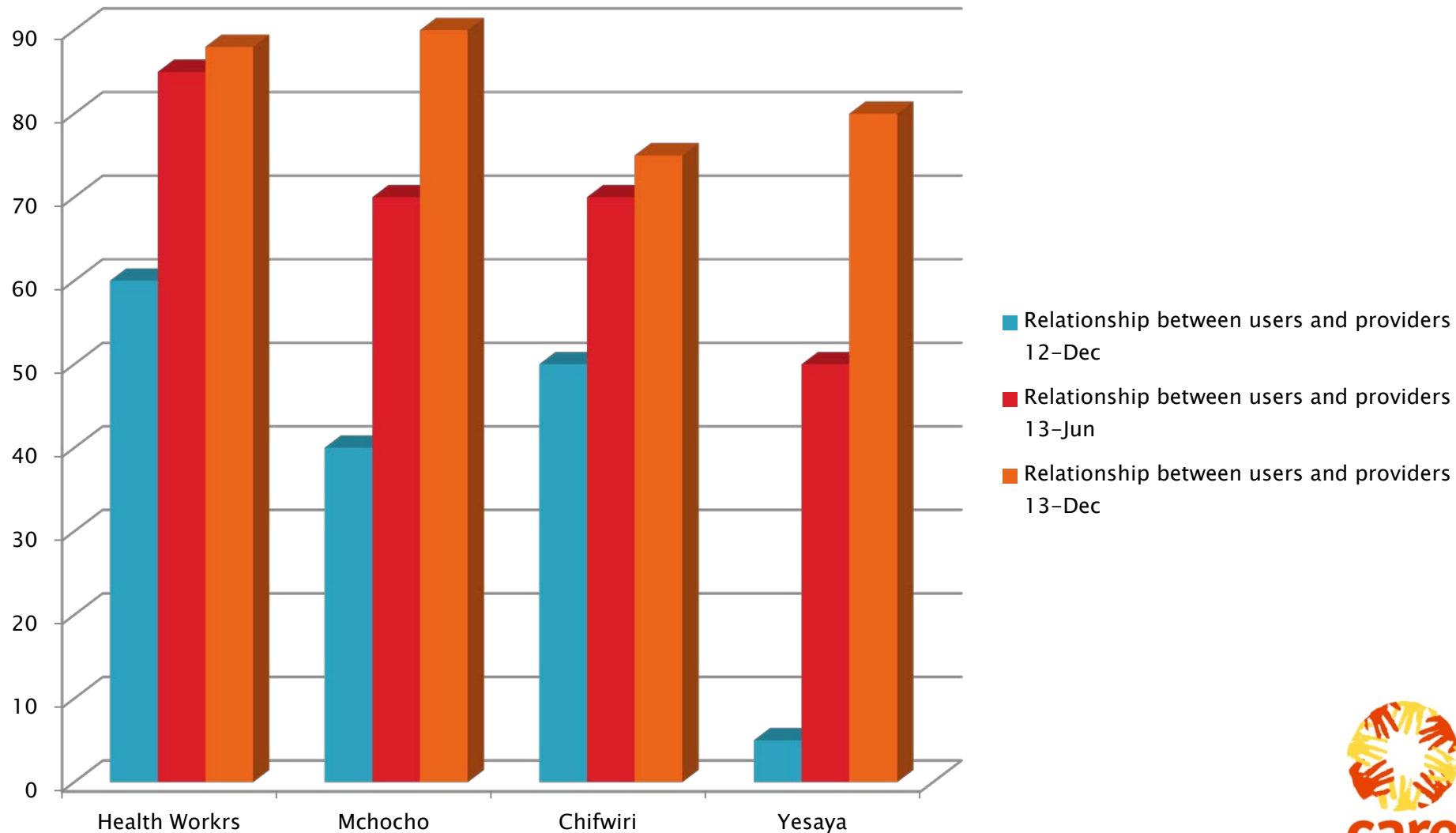
(ex. Relationship between providers and communities)

Indicator	Score Dec 2012	Score Jun 2013	Score Dec 2013
1- Referral system			
2- Availability of transport from the community to the HF			
3- Availability of resources (i.e. drugs, supplies, space)			
4- Availability and accessibility of health services			
5- Availability and accessibility to information			
6- Level of male involvement in MNH, FP, PMTCT			
7- Level of youth involvement in reproductive health issues			
8- Reception of clients at the facility			
9- Relationship between providers and communities			





# 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



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