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MANI Learning Series

HEALTH SYSTEMS STORY

July 2017

Community Scorecard:
Spotlight on Tongaren Model Health Centre

In Bungoma County, Kenya, the percentage of women who deliver their babies in health facilities is lower than the national average. Reasons for this include long waiting times at health facilities, disrespect and abuse from health providers, shortage of staff, inadequate facilities, and fees for services which should be free.

MANI is using a Community Score Card (CSC) approach to improve relations between the diverse members of the community – the service users - and the health facility staff – the service providers. This process reinforces and complements other strands of the MANI project, and provides a forum for service users and providers to talk about their experiences with health services.

What is the Community Score Card?

The CSC is a social accountability approach designed by CARE, and used to monitor the availability, access and quality of public services. The CSC process provides a framework for discussion and negotiation between community members, service providers, and local officials, who then develop specific actions to address identified concerns or issues. The CSC consists of five phases: planning and preparation, conducting the score card with the community, conducting the score card with service providers, interface meeting and action planning, and implementation and monitoring.

Improving Accountability at Tongaren Model Health Centre

Tongaren Model Health Centre was among the first group of facilities to participate in the CSC process in 2016, and is now completing the second CSC process in 2017. This is a good opportunity to review positive changes and explore the issues which remain challenging for the facility and the community.

The table shows the key issues that were raised by the community and the facility during the CSC process in 2016 and 2017. Participants use a scale of 1-5, with 1 being very bad, and 5 being very good. The community and facility had some issues which were common, and some which were not. The interface meeting provides a unique space for a two-way dialogue. It's beneficial for all if community members get to hear the challenges the facility faces – like delayed payments from the county government to the facility.

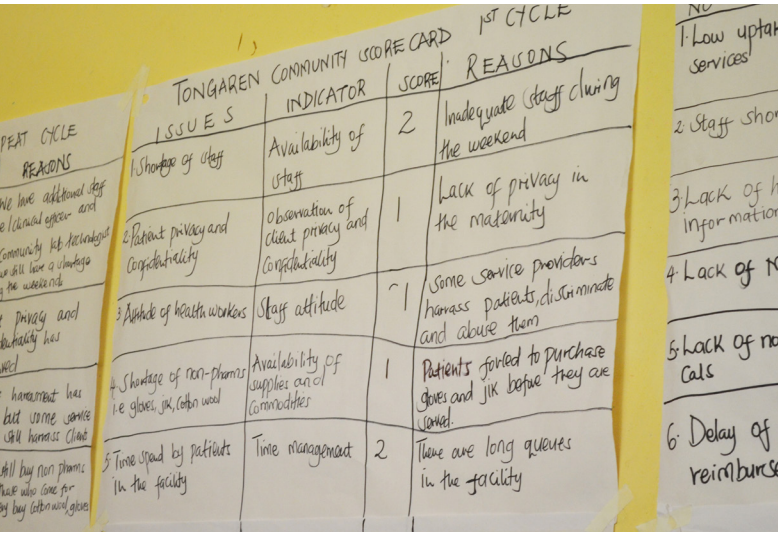
As a result of the CSC process, many concrete actions were taken in between the first and second cycles at the Tongaren Model Health Centre. Most notably:

- **New staff hired**: staff shortage was a big problem discussed in the first round. The facility had only nine nurses, instead of 20 required for such a big catchment area. Since the first CSC, they have hired one clinical officer and one lab technician. Shortage of staff is still a big challenge, but both the community and facility noted the progress.
- **Uptake of services has improved**: Facility staff report that more women are visiting the facility now that they have a new lab technician. This means lab tests can be done more promptly.
- **More health education sessions**: prior to the first CSC there was a lack of community health education. Now health education sessions take place each morning for the community.
- **Improved emergency referrals**: emergency ambulance services should be free for maternity patients, but due to poor ambulance coordination and fuel allocation sometimes patients are asked to pay. Tongaren Model Health Centre now ensures that fuel is available so that no maternity patient has to pay for ambulance services in an emergency. Fees for other ambulance services are clearly displayed.

Theme[1]	Community score		Facility score	
	2016	2017	2016	2017
Low uptake of 4th ANC visit			3	4
Staff shortage	2	3	2	3
Lack of health education	2	5	4	5
Lack of male involvement			2	3
Delayed maternity reimbursement			1	2
Lack of lab equipment			2	4
Poor referral systems			1	5
Privacy	1	5		
Shortage of non-pharmaceutical items [2]	1	1	2	4
Attitude of health providers	1	3		
Long queues	2	3		
Charging for services that should be free	2	3		

[1] Where there is only a facility or community score, this means the issue was raised only by the facility or community.
[2] e.g. rubber gloves, disinfectant, sanitary pads

Another area of improvement was on the issue of privacy. During the interface meeting in June 2017, community members and facility staff spoke positively about the changes that have taken place in the maternity ward since the first CSC meeting in 2016. Mothers described the lack of privacy they experienced in the old maternity ward. Everything was open, with no private space, and with male casuals[3] passing through the labour room when women were labouring. One member of staff was even described as a peeping tom.



Emma Wekesa, community member:

"There was a serious problem with the maternity ward, but now things are better. Before, the maternity room was somewhere that everyone could see and pass by. Now it's safe and private if you want to dance around during labour pains. The maternity room has moved to a different section. Health providers are much friendlier. Even with cleanliness there is an improvement."

Risper Wanyonyi, Nurse

From Risper Wanyonyi, Nurse:

"Last year there were two male workers here and the mothers didn't feel their privacy was protected. These two men were from the same communities as our patients and they were talking about patients outside the facility. The CSC process has helped a lot – we didn't know that women didn't want to be attended by these two men. The CSC process raised a lot of issues, now we give the women hot water and sanitary pads after labour. We fixed the toilet inside the facility so that women don't have to go outside. Male involvement used not to be possible, but now because we have screens around the labour bed, now they accompany their wives. This process has helped us to find out what mothers think."

Disparity between scores?

During the second CSC process, facility staff gave an improved score to the availability of non-pharmaceutical items at the facility, saying that they had used the facility performance bonus to buy these items. However, the community still rated this as 1 - 'very bad'. Why the difference? The two groups discussed this during the interface meeting and discovered that some staff members are still asking for patients to pay for items which should be free during the night shift. As an action point, the facility's management plans to address this situation and ensure that no staff members charge for these items.

What happens next?

During the interface meeting, actions are recorded into an action plan with responsible parties indicated. This is a great tool for the facility management and board to use to monitor progress and also to escalate issues with the Ministry of Health.

Chairman of the board at Tongaren Model Health Centre, Mr. Andrew Wekesa, explains how he sees the CSC:

"The CSC has also made our work straight forward. The action plan that it generates identifies issues that direct our attention and focus. It has made my work as Chairman of the health facility very easy. The CSC can work to support other feedback mechanisms such as client exit interviews and client satisfaction surveys. The CSC however remains superior due to capturing more feedback. It goes beyond just the generation of feedback and allows for negotiation over it. In this way, it has improved communication with communities. Prior to CSC, the health facilities had no means of communicating with the public except through funerals."

[3] Casuals' are non-medical staff members such as cleaners or orderlies.