

CARE Cambodia



Social Accountability:
Community Scorecard
and new opportunities

Global Fund R9 : Health Strengthening Systems

Goal

To strengthen good governance in the health System through community participation to attain access to quality health services inc. HIV, Malaria and TB

HSS Project is

- 5 years
- \$2.2 million USD
- 3 provinces with local partners
- Provinces are remote and include Ethnic Minorities



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Objectives

1. to strengthen community participation and capacity to voice and concerns, access to information and participation in decision making at a local level
2. to strengthen the capacity of the commune, district and provincial councils to raise the priorities and concerns of their constituents through the health centre management committee, village health support groups, technical working group on health and support community health initiatives through commune investment plans



Ob 1 : Community Participation and Voice

- Conduct workshops to develop understanding on eligibility for exemptions for the poor, general health services and respective responsibilities.
- Sensitise the most vulnerable and marginalised to their rights to develop their confidence levels, and ability to speak out on issues of concern.
- Develop the capacity of the most vulnerable and marginalised to identify key concerns and priorities in preparation for both the annual village level needs assessment (as part of the local planning process) conducted by the Commune Council and to present issues at the monthly Commune Council meetings.



- Support public forums at each Health Centre every six months with the participation of all key stakeholders to identify key concerns and develop action plans to address the key priorities and provide opportunity for health service providers to respond and give updates on actions taken.
- Train and support VHSG representatives to carry out annual user satisfaction surveys at their local health facility



Obj 2: Raise capacity of local health service providers to raise priorities and concerns of citizens

- Capacity building to the Planning and Budgeting Committees : commune council to manage lists of poor households identified (Ministry of Planning : IDPoor) and ensure those eligible for exemption at health centres have the appropriate documents – equity cards.
- Develop the capacity of HCMC to monitor utilisation rates by those identified as poor and disseminate results through the six monthly public forum.
- In collaboration with Commune Councils and communities establish a model referral system supported financially by the Commune Council.



Obj 2

- Develop with key stakeholders appropriate IEC materials using a variety of media which are appropriate for non literate populations focusing on, service availability and client and provider rights.
- Advocate to the Ministry of Health for policy change specifically the Community Participation Policy to increase decision making rights of Commune Councils on HCMC and Health Equity Fund Committees.
- Ensure HCMC and VHSG are integrated into all maternal death audits and that communities are kept informed of outcomes of such audits through the public forums and empowered to support prevention of Maternal Mortality through pro-active birth planning



What helps us address good governance in health

- Community Participation Policy (CPP),
- Client Rights/Provider Rights (CRPR) -MOH
- Minimum Package of Activities (MPA)-MOH

What limits us in facilitating good governance in health

- Severe limited resources (corruption)
- Low salaries eg. Midwife approx \$40 a month (excludes user fee) ; GFW =\$75 plus overtime
- Low understanding of social accountability



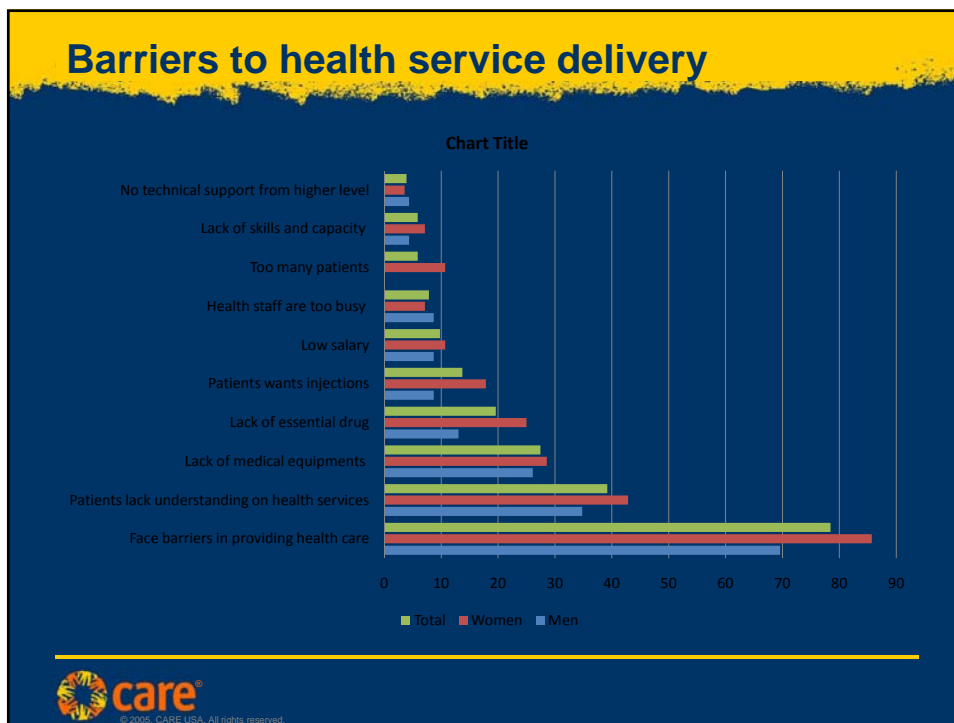
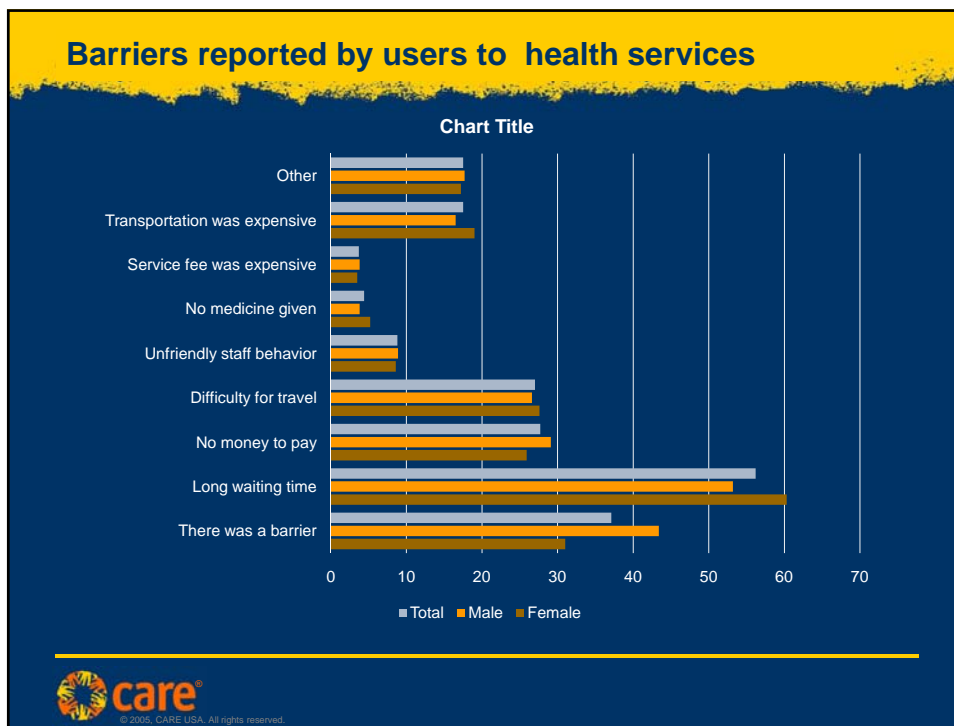
Community Score Card

- At proposal stage tools such as the CSC had not been pre identified
- In phase 1 some activities have progressed well and others less so as we seek ways to implement
- GF : budget restrictions
- The CSC entails three main events, a service user (in this case, whole community) meeting, a service provider (in this case, health centre staff) meeting, and an interface meeting with service users and providers represented resulting in an action plan for implementation.



- Implemented through local partners in 3 provinces who are now in the 3rd round.
- The World Bank has also been piloting the use of the CSC in the health system in Cambodia (6 local partners) and has submitted their own version of the CSC manual to MOH which has been acknowledged and accepted for use by MOH.
- Last year Care took the lead to organise a workshop to exchange experiences between different stake holders involved in the CSC in Cambodia
- CARE also coordinates the Social Accountability network of NGOs implementing the health CSC (open to other NGOs implementing similar social accountability mechanism)





CSC Results

- CSC activity itself (in line with the CARE manual) has been relatively successfully implemented through local partners
- All stakeholders have been willing to participate in scoring and interface meeting at HC level
- Local partners can successfully aggregate results (scores) and share information with the different provider levels up to Provincial level
- MOH and health providers accept the CSC tool and results presented



Important to note

We are not expecting the CSC to result in the commune council allocating funds to pay for large health clinic renovations to take place

but we do expect small level changes eg a promise by the HC that certain hours the clinic will be staffed eg every Tuesday and Thursday morning or the community and HC promise to clean the clinic every thursday afternoon

The emphasis is on creating the space and the practice that in the longer term with decentralization and increased budget power at local level greater changes can take place



CSC further developments

- Need to improve CSC step 4 : Action Plan implementation and M&E
- Adopt a mechanism to capture the negotiation that took place, the key players, the role of women & other vulnerable groups, the decisions made (promises) and the follow up
- 2 out of 3 local partners have a low capacity-need capacity build in how and what information we want captured
- Local partners need to move into a more facilitation role rather than direct implementers



Next steps : Scale Up

Community Score Card (health)

- Global Fund – 2 years up to 2015
 - Partnering to Save Lives (MCH) runs up to 2017 (CSC will also be shared /adopted by Save the Children)
- = 100% coverage in 6 provinces

Multi Sector Score Card

- World Bank/GOV – ISAF
 - 3 sectors 1st : Commune services, education, health
- CARE : proposal \$2 million USD
 “Voice and Action: Social Accountability for the Poor”, 2014-2017
 Targeting : 445,000 adults and 58,000 youths in 4 provinces
 Focus role out training to local NGOS in the score card



WB led Implementing Social Accountability Framework

Objective of the WB-supported ISAF program:

“Empower citizens and community groups to enhance the allocation of resources and delivery of local public services through improved access to information and the participatory monitoring of budgets and performance.”



National Program for Sub National Democratic Development

Since 2003, the RGC -support from the World Bank, JICA etc has implemented a program aimed at enhancing government responsiveness by establishing a functioning sub-national system of government with elected commune councils.

The National Program for Sub-National Democratic Development 2010–2019, clearly set out the Government's intention to establish a democratically-elected and locally accountable sub-national governance system, supported by local budgets to empower councils and with the promise of engaging citizens in local decision-making.

World Bank provides the National Committee for Sub-National Democratic Development (NCDD-S) with the technical support necessary to strengthen the demand-side dimension of the decentralization process. The result of this support is the recently endorsed “Social Accountability Framework”



Principles of the ISAF

1. Citizen-led approach
2. Focus on local level (district and lower)
3. Constructive engagement
4. Requires mutual commitment
5. Based on partnership
6. Must be inclusive
7. Seeks to address systemic gaps



ISAF- strategies

- The Social Accountability Framework (SAF) action plan links together demand and supply side activity around three strategies that have the possibility of transforming local governance processes:
- (1) *Access to Information*, to improve transparency and access to information on standards, budgets, expenditures and performance;
- (2) *Citizen monitoring* – to introduce facilitated citizen/user monitoring and reporting of commune and basic services;
- (3) *Budget work* to improve citizens' budget literacy and strengthen their inquiry of public budgets and expenditures. And two enabling strategies:
- (4) *Facilitation*– to engage state and non-state actors and build skills to facilitate the engagement and social accountability process; and (5) *Learning*– to learn lessons from local interventions and translate these into government policy and improved CSO practice.



Key Distinguishing Characteristics of the ISAF

- I-SAF based on a framework endorsed by government and CSOs.
- Government and civil society actions carried out by both... coordinated.
- Approach is:
 - multi-sectoral - enable citizens/communities to decide what they want to devote time and attention to.
 - relies on the continued empowerment of citizens
 - relies on key roles for elected councilors



- Proposed practices are institutionalized/incorporated into existing systems and structures.
- Focus on building capacity and skills for sustained action within communities.
- Local NGOs play a mentoring/accompanying role - rather than a direct implementation role.
- Explicit focus on bringing together state and non-state actors and improving/strengthening



Benefits to participating communities

- communities can approach and discuss their development needs, service concerns and other issues with appropriate authorities,
- free flow and transfer of information between communities and commune councils, increased transparency in decision making and greater community cohesion.
- In the longer term, it is expected that there will be improved access to basic services for communities, better quality of services and a more appropriate allocation of resources based on community needs.
- Specific women's concerns, which may include issues of gender based violence, health and child care and participation, which currently may not be addressed, will be raised and responses prioritized



Again its important to note this is a long term process and we are not expecting citizens to have huge impacts on services at local level but again looking for small changes the citizens can influence and commune council can carry out with limited resources.

Aggregation of citizen satisfaction and concerns can be complied by central source and MOH to receive

The opportunism is in the decentralizing progresses and as commune councils have greater budget control the more costly concerns of citizens can be addressed.



