



Which contextual factors facilitate successful implementation of Community Score Cards in Uganda?

The Kibuku Community Score Card project

Community Score Cards (CSCs) are a participatory monitoring and evaluation tool often used to improve responsiveness, quality and accessibility of health services, as well as accountability by the different stakeholders who are responsible for improving the performance of these services.

This issue brief describes the factors that facilitate the CSC implementation process, based on the lessons learnt from a CSC project on maternal and newborn health service delivery and utilization in six sub-counties of Kibuku district in Uganda. District and sub-county stakeholders led the implementation of the CSC, with support from Makerere University School of Public Health (MakSPH). Four rounds of scoring were undertaken between November 2017 and September 2018.

The challenge of implementing CSCs in Uganda

Health systems responsiveness can be improved through more citizen involvement. According to findings

in a project by the Uganda National Health Consumers' Organization (UNHCO), entitled "Empowering citizens to demand for a health sector that is accountable and relevant", there was an increase in the participation of citizens in the delivery and monitoring of health services using tools such as CSCs. Several projects have implemented scorecards in Uganda with positive results; however, they have not been able to sustain the implementation of CSCs beyond the lifetime of the project.

For interventions to be sustainable, the financial, political, organizational and social environments need to be supportive. It is therefore important that, as interventions are being developed, there is an attempt to design them in a manner that complements existing structures. Different implementation models may therefore pose different challenges with regards to scaling up and institutionalization.

The Kibuku CSC project by MakSPH focused on addressing the issue of limited evidence on the contextual factors that facilitate implementation of CSCs in Uganda. It also provides evidence that can be used by the Ministry of Health to guide wide-scale implementation of the CSCs.

Priority actions

- 1 Districts and other implementers should budget and plan for initial and refresher training of the CSC facilitators as well as continuous support during the implementation of CSCs to build adequate capacity for implementation
- 2 National governments and non-governmental organizations should engage with key stakeholders and allow them to lead the CSC implementation. This will generate local ownership and increase chances of sustained implementation
- 3 National governments and districts should adapt existing CSC models to develop models that are simple to implement and suitable given their local environment



KAKAIRE AYUB KIRUNDA/FHS

▲ An interface meeting at Lwatama Health Centre bringing together community members and health workers

Key findings

- 1 Getting local stakeholders to lead the CSC process encouraged their participation at sub-country and district levels
- 2 Sub-counties that had strong leadership and worked as a team were able to achieve more of their targets
- 3 The initial and refresher training, as well as continuous support offered to CSC implementers, enabled them to facilitate community group discussions satisfactorily
- 4 Frequent feedback meetings between the CSC implementation team and MakSPH, which was providing support, allowed the team to identify problems and solve them as they emerged on an ongoing basis
- 5 The continuous adaptation of the implementation model in response to the feedback received made the model contextually relevant and simple to implement

Implications

Existing models of CSCs and implementation approaches may not be suitable in all contexts. It is therefore important for national and local governments to adapt these models and modify them to suit their local environment in collaboration with key stakeholders.

The adapted models should be simple enough for the implementers to use. These models and implementation approaches can then be adopted at the national level in Uganda and used to guide implementation of CSCs within the country. Implementation at scale would require an adequate number of implementers, and this would be easier to achieve if stakeholders who are located within the community lead and drive the process.

Local stakeholders and leaders can include CSC activities within their budgets and integrate the CSC activities with other activities. However, for this to happen there must be local buy-in and they should find the scorecard useful to them. Their early and strategic involvement in the process therefore becomes essential for enhancing continued implementation.

In the Kibuku CSC process, for example, the use of local implementers was found to be particularly beneficial for several reasons: their facilitation costs were lower, they were present in adequate numbers and their involvement promoted local ownership and implementation of locally-relevant and feasible solutions.

However, it is important to note that it takes time to build the capacity of local-level stakeholders to facilitate and manage the CSC implementation satisfactorily. Therefore, implementers need to plan for an adequate amount of initial and refresher training and provide continuous support to ensure that the facilitators acquire the required skills.

Key references

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CREDITS

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