Community Accountability Case Study

January 2022

SCALING

Partnership for Improved Nutrition in Lao PDR Pillar 3: Sustainable Change Achieved through Linking Improved Nutrition and Governance.

Save the Children care CCL ChildFund Laos

THE CONTEXT

Although there have been significant improvements in the country, Laos still has a developing health care system. With weaknesses in financing, health records, infrastructure and management of health services, medical care in Laos remains inadequate and unevenly distributed. The Ministry of Health (MoH) aims to achieve universal health coverage by 2025. MoH has made efforts to provide services to more people by decentralizing into three administrative levels: national, provincial and district level. A Health Centre (HC) is established in every cluster of villages to provide primary health care services.

Health Systems Strengthening is an important component of SCALING (Sustainable Change Achieved through Linking Improved Nutrition and Governance), a multi-sector project funded by the European Union (EU) to improve the nutritional status of adolescent girls, pregnant and lactating women, and children under 5 in 14 districts in the provinces of Huaphanh, Luang Namtha, Luang Prabang and Phongsaly in North Laos. The project is implemented by a consortium of CARE, Comité de Coopération avec le Laos (CCL), ChildFund Laos and Save the Children as the lead in partnership with MoH and other government counterparts. The project period is 54 months, December 2017 to June 2022.

THE CHALLENGE

MoH has identified quality standards for the delivery of primary health care services at HC level. However, the health care provided often suffers from a lack of qualified staff, inadequate infrastructure, and need for affordable devices and drug supplies.

Especially in remote areas, health services often lack community trust. Communities are frequently neither engaged nor holding providers accountable for quality service provision. Health staff may provide low quality service. This contributes to children malnutrition in the community and a lack of access for pregnant and lactating women and children to quality health service.

In SCALING project target areas, the team conducted activities to build community accountability between HC staff and Community representatives to identify the challenges and agree on an action plan for service improvement.

Overall challenges to achieve quality health services at Health Centers relate to:

Reception: Health Centers are not open to provide service for 24 hours. Sometimes staff are not available during the day. They just leave their contact numbers for patients to call during emergencies. The attitude of Health Center staff towards the patients lacks hospitality.

Facilities: Community health centers and surroundings are usually not clean; water supply is often lacking for toilets and hand washing.

Diagnosis: Health Center staffs do not provide counselling for health care, nutrition issues, other health issues to patients, including pregnant women and children.

Treatment: Health Center staff do not provide good care to patients; medicines for some conditions at Health Center are inadequate or unavailable.

YOUR FIRST IDEA/SOLUTION

In 2018, during the inception phase of SCALING, it was decided to include the improvement of the accountability of health staff towards communities for quality health services. This was intended to increase trust and strengthen the relationship between health staff and communities, and ultimately increase the demand for health services. The initiative complements other areas of activities of SCALING, namely the social and behaviour change activities on nutrition undertaken at community level and the capacity strengthening efforts of the district and health centre staff, especially on Reproductive and Mother and Child Health Care.

The project team decided to test this initiative in a pilot, before rolling it out more broadly. Based on the results of a pilot in Luang Prabang province, the approach was completed mid-2020. The six steps for the roll out of community accountability are specified below.

1) Groundwork and preparation to conduct the community accountability process.
2) Capacity building training for project and government staff to facilitate the process.
3) Self-assessment meeting for health service provider to identify proposed areas of improvement.
4) Community scorecard meeting to collect feedback on the health provider services and proposed areas of improvement.
5) Interface meeting between the health care staff and community representatives to agree on a joint accountability action plan, limited to a maximum of 4-6 priorities.
6) Support and monitor the implementation of the joint accountability action plan.

Two health centres per district were selected to implement the approach, a total of 28 health centres in the 14 target districts. Steps 3-5 were completed in all selected 28 health centres by November 2020. The progress and implementation of the joint accountability action plan will be monitored every three months. After nine months the overall progress will be reviewed.

With the active involvement of provincial health staff, it is hoped that the community accountability process will be continued and, if possible, replicated in other health centres.

LEARNING AND ADAPTING

Various learnings were collected throughout the community accountability process.

An important lesson learnt from the pilot was to keep the approach simple and not too time-consuming for both the health centre staff and the community.

It is important that, in the context of Laos, the overall approach for the self-assessment and the community scorecard is positive: the emphasis should be on what is working well and what can be improved.

Relatively independent facilitation of the process is key. During the pilot the process was facilitated by the district health staff. This didn't work well. It was therefore decided that the process would be facilitated by a team of provincial health staff and SCALING project staff.

To engage the local authorities in the process, it was decided to invite district health staff to observe the process and support the health centres in implementing the agreed improvements, but not to facilitate the process.

A Training of Trainers of selected facilitators was completed in August 2020. After initial hesitation, the facilitators felt confident that they could manage the process at the end of the training. It is important to build trust and self-confidence of the facilitators.

Prior to the implementation of the Community Accountability approach SCALING rolled-out Social Behaviour Change Communication (SBCC) in the target communities in close cooperation with a district government multi-sector team and HC staff supporting the SBCC volunteers. In particular, the regular home visits to all 1,000-day households in the villages increased the demand for health care services including ANC, delivery at health facilities and immunisation. The home visit volunteers are in frequent touch with the health centers and refer patients. This process increased the trust between the health centre staff and the communities and contributed to the feasibility and success of the Community Accountability approach.

The agreed actions in the joint Action Plan are often very basic including the availability of chairs, clean toilets, etc. However, these actions can make a lot of difference in the decision to visit the facility or not. Some of the actions can be implemented by the communities themselves. For instance, in Ban Yor HC in Boun Neua district (PSL) the households in the target communities contributed to the procurement of chairs in the health centre so that patients, including pregnant women, can sit down while waiting for their turn.

OUTCOMES

The Joint Community Accountability Action Plan (JAAP) was evaluated after eight months of implementation. The evaluation focused on the following indicators: increased in community satisfaction, increased uptake of health center services and percentage of community and health center continuing implementation of JAAP. Below are the result of the evaluation:

1. **On Community Satisfaction**
    - ***Huaphanh Province*** – target communities of the two health centers (HC) were satisfied of their HCs' delivery of service both before and after JAAP implementation. However, the satisfaction rating increased from 31% to 82%.
    - ***Phongsaly Province*** – only two out of six target communities of six HCs were satisfied with the delivery of health services before the JAAP implementation. After implementation, it increased to 100% of the target communities in all six HCs with satisfaction rating as high as 77%.
    - ***Luang Prabang Province*** – target communities of four health centers out of fourteen health centers were satisfied with the HC delivery of services before the JAAP implementation. It increased to 92% of health centers' target communities with the score as high as 100%.
2. **Status of Health Center Services ANC, Facility-based births and Breastfeeding initiation one (1) hour after birth**

    Data taken from District Health Information System 2 (DHIS2) taken from August 2019 – July 2020 and August 2020 – July 2021 on antenatal care 4th visit (ANC4), facility-based births and breastfeeding initiation at first one hour after birth showed that:
    - 57% of HCs have an increased in ANC 4 attendance than the previous year
    - 78% of Health Centers have showed increased in facility-based births
    - 57% of the Health Centers have 100% initiated BF during first 1 hour
3. **JAAP Continuity – all 28 target communities and health center staffs have agreed to continue the implementation and a continuity Joint Action Plan was developed for the 6-8 months for the year 2022.**

    A representative from the Provincial Health Office (PHO), after completion of the activity summarised his appreciation of this new approach and the advantages it can bring to both District Health Office (DHO) and the communities: "the approach is very useful and important for DHO to apply in their area. So far, DHO just used a check list to assess the performance on HC standards, but this approach assesses feedback from community representatives and HC staff. It is very good to hear inputs from both stakeholders and draft a joint accountability action plan".

    Fourteen additional health centers in the seven districts of Luang Prabang province have conducted community accountability and produced 6-months JAAP for implementation in January 2022. Luang Namtha will also cascade the community accountability approach to more health centers in Luang Namtha.

To support the sustainability of the initiative, PHO together with DHO should encourage and support health centers in their own province in using this approach. PHO and DHO should fully understand and be able to apply the approach on their own. Simple guidelines and tools were developed and made available for this purpose.

NEXT STEPS

In the first quarter of 2021, District Health Officers will conduct follow-up activities to the 28 health centers which are implementing the community accountability processes. They will monitor and validate if the priorities made in the joint accountability action plan between health providers and health users have been implemented. It is hoped that by using this process, the relationship between communities and community health providers will improve. Trust of community users towards health centers staff should lead to increased access to services and, in return, increased participation of communities to health outreach activities conducted by health centers.

TOP ADVICE

Conducting a community accountability process is not easy, particularly if the facilitators are not familiar with the community and health center dynamics. In order to avoid conflicts between the communities and HC staff, the following points should be kept to mind:

1. Invite an officer from PHO to the community accountability activities. Oftentimes, they are respected by health center staff and community members, and their engagement favours community and HC staff engagement.
2. Make sure that the process is run in a positive manner.
3. Select representatives from communities covering all sectors and all concerns.
4. Facilitators should include activities that allow communities to share their feelings about their health center experience. Facilitators must not be judgemental.
5. Facilitators should also interact with HC staff with care and a positive spirit, so they will also be able to open up during discussions.

A health official (either from district or province), respected by both health center staff and community members, should participate as observer in this process: this will support the acceptance and the implementation of the joint accountability action plan.

<u>Other interesting information</u>

The average expenditure of implementing the Community Accountability approach under SCALING was US$ 1,057 (EUR 943) per HC. This includes 14 additional HCs in Luang Prabang where the approach is being rolled

out in 2021/2022. The average expenditure covers the direct activity costs only. It does not include the project staff costs and other support costs.