



Improving Maternal Health Service Delivery through Community Score Card

“Voices of Magwi County, Imatong State South Sudan”

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Impact Health Organization is independent organization for health and human rights, working in South Sudan. Our mission is to improve the health of the communities we work with through support and advocacy for their health and human rights.

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ABBREVIATIONS

OSIEA:	Open Society Initiative for East Africa
IHO:	Impact Health Organization
CSC:	Community Score Card
PHCC:	Primary Health Care Centre
MoH:	Ministry of Health
HW:	Health Worker
HF:	Health Facility
CHW:	Community Health Worker
E/PMTCT:	Elimination/Prevention Mother To Child Transmission
OPD:	Out Patient Department
ANC:	Antenatal Care
EPI:	Expanded Programme on Immunization
CO:	Clinical Officer
CHD:	County Health Department
HFMC:	Health Facility Management Committee
HHP:	Home Health Promoters

EXECUTIVE SUMMARY

Impact Health Organization is pleased to share this report on the impact of a two-year \$75,000 grant for building community capacity for improved delivery of maternal health services project in South Sudan's Imatong state, Magwi County, which is located in a rural area in the country's southeast. The project, funded by Open society initiative for Eastern Africa, is being implemented in two Payams, Magwi and Obbo. It is our hope that this report will be used to inform audiences such as local and international partners, government officials, other donors and the media about the project deliverables and main outcomes.

In each project location, Impact Health Organization identifies, selects, trains and empowers members of the community in designing a Community Score Card (CSC) system. The purpose of the Community Score Card is to monitor the quality of maternal, newborn and child health services, and to provide input into Magwi County, Obbo and Magwi payam's health sector budgeting and advocacy— with the aim of improving health sector budget allocations and health care service delivery. The project also aims to ensure transparency and accountability by the government and builds capacity in maternal health service delivery at the community level, including health facilities. This report focuses on the findings from the score card process covering period of January to March 2016.

Community Score Card:

The project seeks to improve maternal health service delivery in Magwi County Payams of Magwi and Obbo, in order to improve the lives of marginalized women and girls as well as children under the age of 5. This is accomplished through Community Score Card meetings, which are intended to:

- Empower people and ensure their human right of getting quality maternal health care services are fulfilled
- Bring together the demand and supply sides of a particular service to jointly analyze issues underlying service delivery and find a common and shared way of addressing those issues.
- Identify barriers to provision of quality and equitable services and identifying the priority concerns of the communities, by both the communities and the healthcare providers.
- Help service users' claims and achieve their human rights by holding duty bearers accountable.
- Offer an opportunity to health service providers to review existing strategies for further planning, focused interventions and advocacy with district and central level
- Promote accountability in health service delivery and to ensure sustainability

Key Findings:

- The distance to health facilities remains a key factor in accessing health services, with some facilities being farther than 15km from Bomas they serve.
- Lack of accommodation has hinders service delivery as health worker come late at the health facilities and are hard to access in state of emergence especially at night.
- Medicines and supplies stock out is critical where some of the facilities have experienced the essential medicines for more than 3 months.
- The facilities are understaffed in regards to maternal health service providers

- The referral system is still poor where the facilities do not own an ambulance.
- Sanitation, hygiene and infection control is lacking where facilities maternal wing bathroom are nonfunctional, lack of placenta pit at Obbo PHCC, latrine not enough and the maternity ward are not well cleaned.
- Lack of power is hindering proper service delivery
- Most essential equipment needed for delivery of maternal service are missing
- Outreaches need to be strengthened.

Conclusion

Though project remains in its early stages, so the main goals have not yet been achieved although, changes are already visible in the simplest forms equally translating into bigger changes.

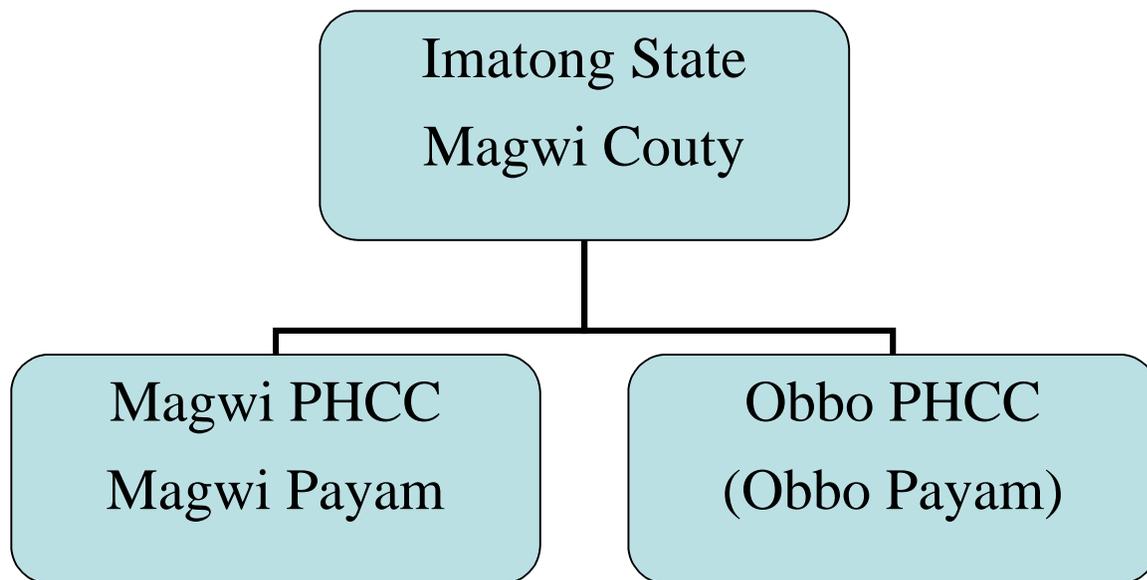
This is the hope IHO has brought to the community in Magwi County, were community members, leaders, and those in charge of delivering maternal health services voice on issues that affect maternal health and come up with quick and long term strategies to improve the quality of maternal health services. The score card process has bridged the knowledge gap, removes blame and energies the citizens to take action.

1.0 BACKGROUND AND PURPOSE

Impact Health Organization (IHO) has worked in South Sudan since 2013. Impact Health Organization is the national leading independent organization for health and human rights. Our vision is communities enjoy good health creating sustainable development. Our mission is to improve the health of the communities we work with through support and advocacy for their health and human rights.

In 2015, we received a two-year \$75,000 grant from Open Society Initiative for Eastern Africa to implement the Building community capacity for improved delivery of maternal health services program in the Imatong state, which is located in a rural area in the country's southeast. Among the activities implemented in the two payams of Magwi and Obbo include the community Score Card.

In each of these Payams, community members are selected, trained and empowered to design a Community Score Card system to monitor the quality of health services related to maternal, newborn and child health. The aim of this work is to improve delivery of maternal health care. It is also creating opportunities for citizens, especially women, children and young people, to participate in and offer feedback on the quality, adequacy, accessibility and efficiency of key maternal health services, and builds capacity within communities to participate in local governance.



1.1 Objective

The objective of conducting community score card is to increase public participation in health planning, financing and governance by strengthening community-based initiatives that empowers community members to know and demand their rights and entitlements in health service delivery process.

This is accomplished through Community Score Card meetings, which are intended to:

- Empower people and ensure their human right of getting quality maternal health care services are fulfilled

- Bring together the demand and supply sides of a particular service to jointly analyze issues underlying service delivery and find a common and shared way of addressing those issues.
- Identify barriers to provision of quality and equitable services and identifying the priority concerns of the communities, by both the communities and the healthcare providers.
- Help service users' claims and achieve their human rights by holding duty bearers accountable.
- Offer an opportunity to health service providers to review existing strategies for further planning, focused interventions and advocacy with district and central level
- Promote accountability in health service delivery and to ensure sustainability

2.0 PROJECT RATIONALE

Magwi County is a remote and one of the underserved Counties in South Sudan, with very poor health facilities and infrastructure. The County has one of the country's highest levels of poverty. Maternal, newborn and child mortality rates are also among the worst in the country, with highest maternal mortality of 1844 (per 100,000 live births), Infant Mortality Rate 83 per 1000 live births and Under 5 Mortality Rate 118 per 1000 live births (South Sudan Household Survey 2010).

Maternal and newborn health priorities remain largely unaddressed due to geographic and infrastructure challenges faced by health systems. Magwi's County remote location and devaluation of the south Sudanese pounds also leads to a lack of basic social amenities, so it is difficult to attract and retain qualified health workers, leaving most established or approved health worker posts vacant, especially those for skilled workers. Health financing has also been a serious concern, with low budget allocations for the health sector, particularly in maternal and newborn health, not only in Magwi County but in South Sudan as a whole as is the case for most developing countries.

The maternal and newborn health priorities identified by the government in the health sector development plan 2012-2016 to accelerate reduction of Maternal and newborn deaths remain unaddressed, slowing South Sudan's progress towards achieving the set goals including the recently sustainable development Goals.

Through this project, Magwi County citizens have been empowered to understand that they have the right to health and entitlements in regard to maternal and newborn health to understand that they can express a demand for these services by providing feedback to county health department and other relevant authorities. Community members can also provide feedback on priority issues to be considered for maternal health improvement.

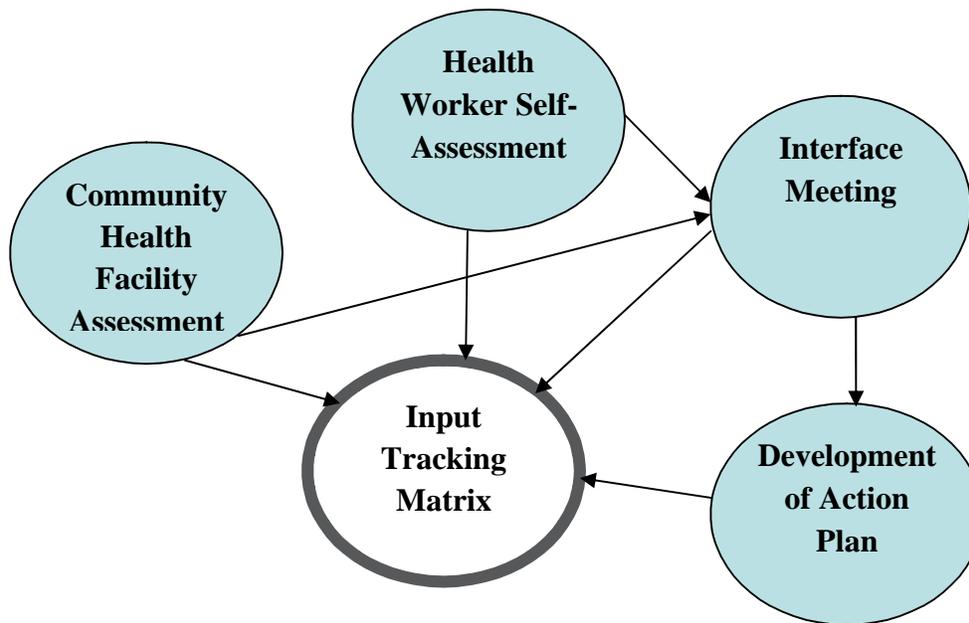
The findings will be share with Magwi County health department, Imatong State and the national ministry of health for improvement of maternal health and neonatal health services.

3.0 METHODOLOGY

3.1 The Community Score Card:

Impact Health Organization used Community Score Card as a social accountability tool to measure readiness of health facilities in Magwi and Obbo PHCCs to provide quality health services based on MoH set standards to realize the right to health of the poor and marginalized women, children and elderly persons in the community. The goal was to obtain community assessment/rating of the quality of health care service delivery at health facilities within their reach based on key indicators for the minimum health care packages set by MoH. The purpose was to collect information and generate themes regarding the quality of health services, develop priority action plan for improving the indicators that were rated poor by the community, as well use the information to provide feedback to the State and County team who are responsible for making decisions on health services planning and delivery in the County.

IHO followed five systematic steps in the Community Score Card Process to assess the health facility performance:



3.3 Community Health Facility Assessment

The CSC process was done in Magwi and Obbo Payam separately. The first Stage of scoring was conducted in magwi payam in February 2016 covering four bomas and assessed Magwi Primary Health Care Centre (PHCC). The second stage of the scoring process was conducted in Obbo Payam in, Obbo 2016 covering five bomas and assessed Obbo Primary Health Care Centre (PHCC). Analysis was done for both payams and was treated as a combined process. Here Communities came up with their ket priority areas based on the standard indicators developed to be included in the action plan in the interface meeting.

3.4 Health Worker Self-Assessment

The scorecard was done separately for each facility. The first session was conducted at Magwi PHCC in February, 2016 and attracted 17 Health workers who participated in the score card process.

The second session was conducted in March 2016 at Obbo PHCC which attracted 13 Health Workers. For each session 8 priority issues were selected to be presented by the team leader in the interface meeting.

3.5 Interface Meeting and Action Planning

The first interface meeting took place at Magwi PHCC and the next took place at Obbo PHCC. The meeting brought together health workers Magwi PHCC, County Health department officials, local leaders (chiefs), Payam health department officials, Boma health facility committee members and community members. During the meeting the community members' team leaders first presented the findings of the health facility assessment and priorities from the community score card process. After the presentation, the health workers reacted on the finding clarifying on some of community scores why health facility performed poorly in some indicators. This forum was used as platform for accountability between the health facility users and the technical and political leadership.

Secondly, the health worker team leader presented on the input indicators and the scores for the health workers. After the presentations the participants now agreed to choose 8 priority issues from the different indicators that were scored where 16 priorities of both the health workers and the community action plans were merged into a joint action plan for community and local leaders/health workers to work on to improve the quality of health care in Obbo and Magwi PHCC.

3.6 Criteria for Selection of Communities and participants:

The members were selected from different parts of the Payams. In Obbo Payam, the process attracted 35 members from Alia, Oyere, Louudo, Pokongo, Iwera, oyere and Kenya. In Magwi Payam, 16 members were from the following bomas amika, kilio, lobure, igili, magwi, palonganyi and fantaena. In each meeting were at least five men and the rest were women in the reproductive age who had used the facility in the past three months to share their experiences and opinions on the performance of the health units to deliver quality maternal health services.

3.7 Planning and Preparation Meetings:

The Community Score Card process was planned with community leaders and communicated to through IHO community mobilizer. It was also communicated to the health facilities through the County Health department. IHO developed checklists and guides for the Community Score Card, and provided materials such as flip charts and placards, as well as equipment masking tape and marker pens.

2.8 Data Collection:

Data were collected using notes scribed on flip chart. Both quantitative and qualitative data were collected from the focus groups, and each focus group discussion was guided by a moderator and aligned to the key government/Ministry of Health priorities regarding maternal, newborn and child health services delivery. Analysis was done by looking at themes and then grouping observations into themes linked by structural issues, access/availability, and quality and strengthening of health systems.

4.0 MAIN SCORE CARD FINDINGS

Findings are reported here as a summary, covering all the different Community Score Card meetings, as most issues raised cut across the two payams. They are from community members and health care providers were done separately for each group.

Table 1: Participants in Community Health Facility Assessment by Location and Gender

<u>County</u>	<u>Payam</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Percentage Female</u>
Magwi	Obbo	11	24	35	69%
Magwi	Magwi	4	12	16	75%

Table 2: Health worker participants by Facility and Gender

<u>County</u>	<u>Payam</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Magwi	Obbo PHCC	8	5	13
Magwi	Magwi PHCC	4	13	17

The Indicators:

Participants were led to discuss the key issues affecting health services delivery at Magwi PHCC and Obbo PHCC, which were then generated into a matrix and scored; the key priorities or problems in the score meeting were agreed upon by consensus (democratically). The scoring system was based on whether the problem in question (the indicator) was Very poor and scored (0 Zero), Poor (scored 1), fair (scored 2), fair good (scored 3), good (scored 4) and very good (scored 5).



Community members choosing priorities for improving Maternal Health at Magwi PHCC



Community scoring process for Obbo PHCC

Table 3: Community score card assessment for Magwi PHCC

Performance indicator	Score (0-5)	Reasons	Recommendation
Staff	1	Lack of enough staff HW are always at home	Recruitment of more staff Regular monitoring of staff Need of transport for Midwife
Accommodations for staffs	1	Only one staff accommodation available	Participation of community to build staff houses through making bricks and labor and Gov't should provide cement/iron sheet etc.
Water	0	Very hard to pump the borehole and the water yield very poor. Most mothers carry water from home.	Need of machine to pump water in the tank The borehole needs to be repaired.
Medicines	3	Some drugs are available e.g. Panadol, however, Mothers buy some drugs from clinics after delivery	Drugs should be brought to the facility in time, in plenty and in variety
HHPS (home health promoters)	0	Only two people out of sixteen knew HHPs. HHPs are only in towns not in villages Members did not know there roles and responsibilities.	More HHP should be recruited and trained.
Immunization	5	Vaccines and out reaches are available	
Health Right	1	Only one person knew health rights	Training local communities on the health rights
ANC	4	Receive comprehensive services	
PNC	0	Mothers do not go back for PNC Mothers not educated during ANC and delivery	Awareness on PNC should be conducted

Community Attitude towards HW	3	Tend to be annoyed with health HW HW ignored them	Conduct meetings between HW and community Should be organized twice a month
Access to Health Facility budget	0	Members didn't know about facility funds. Budget not pinned on notice board	Community sensitization on government programmes is needed
Health Facility management committee	1	Community members didn't know the members on HFMC and their roles Members of HFMC have never called meeting to engage communities	Community need to be sensitized on role of HFMC members. Members of the HFMC need to be trained
Waiting time at HF	1	Health workers come late at the facility, yet there few health workers in the Health Facility	Increase supervision and monitoring
Referral system	3	There is only one ambulance in the County	Need more ambulance
Distance to health facility	2	Distance is far of which the last Boma mothers access health facility at 15km	More health facilities should be brought closer to people
Placenta pit	5	Available, in use and covered	
Power	5	Available 24 hrs	
Suggestion box	3	Available but the community doesn't know its use	Needs of sensitization on the use of suggestion box
Notice board	5	Available and in use	
Privacy for mothers	5	Available	
Out reaches	0	Members don't see health workers visiting communities in rural areas	Outreaches should target to rural areas
Sanitation of facilities	5	Good facilities and clean	
Labour ward facility	5	Very good	
Absentism of health	3	Always come late and	They should have regular

workers		at times absent	meeting and attendance register Support supervision
Malaria treatment	5	Available	
Health education	5	Available	
Mama kit	5	Available	
Health workers attitude towards mothers	5	Very good	
Health facility planning meeting	0	Not done	The HF should consult members during planning meeting
Laboratory services	5	Functional	
Maternity beds	5	Available	
E/PMTCT	5	Available	

Table 4: Health Worker Self-assessment Input Indicators at Magwi PHCC

Inputs	Standard	Actual	Remarks
1. PERSONNEL			
CHW	2	7	All 7 are actively working
Community Mid wife	2	1	At list three more are needed
Nurses	3	4	Only two are active
Clinical Officers	2	2	There is need for more Clinicians, at least 2 more need.
Nutritionists	2	1	Actively learning on Job. There is need for real Nutritionists or the current person should be train
Lab-Assistant	1	0	Need for Lab -Assistant
Pharmacy Assistant	2	1	At list two more need to be recruited
Lab-Technician	1	1	Does the whole work for Lab. Need for Lab- Assistant
Statistical Clark	2	0	Need for three more (1 Pharmacy, 1 OPD, 1 ART clinic)
Watch Men	2	1	One more needed
Cleaners	2	8	They are more than Enough
EPI	0	3	They need training on how to deal

			with Child health Card
2. EQUIPMENT			
Examination Table	2	1	More needed (OPD-2, Martenity-1)
Delivery Table	2	1	2 need replacement
Fetoscope	2	1	3 more needed (Opd-2, Martenity-1)
Stethoscope	4	1 in Maternity	4 more needed (ANC-1, OPD-2, IPD-1)
SPhygmomanometer	2	1 Digital exist but faulty	5 needed (IPD-1, OPD-2, ANC-1, Maternity-1)
Surgical Toilet Tray Set	1	1/2	It is Incomplete set, 4 Full set needed.
Oxygen supply (Portable Oxygen Concentrator)	1	1/2	Incomplete only cylinder exist (Full set need to be provided)
Autoclave/Sterilization set	1	2	3 more needed (Maternity 1, Dressing room 1, IPD-1)
Refrigerators	1	4 (3 in EPI Working, 1 in Lab not working)	More two needed
Thermometer	4	3	4 more needed to reduce wasting time
Otoscope	1	0	3 Urgently needed
Set of EMONIC Equipment	1	0	3 urgently needed
Delivery Forceps Vacuum Extractor	1	0	2 urgently needed
Manual resuscitation Equipment	1	0	2 urgently needed
Dressing Sets	2	1/2	Some of the tools are missing. 3 sets should be provided
Delivery Set	-	0	8 Pcs needed
Baby Scale	2	1	2 more needed in EPI& Nutrition
Adult Scale	2	3	4 more needed (IPD-1, ANC-1, IPD-1, Maternity 1)
Bedding General	10	21 (5 Maternity and 16 IPD)	30 needed (10 Maternity and 20 IPD)
Communication Set (Phone & Radio)	1	0	1 exist but not working
Neonatal Infants Scale	2	1	1 Needed
Bicycle	3	0	3 needed at OPD and maternity.

3. INFRASTRUCTURE			
Waiting room	1	1 But small	Need to have a bigger one
Consultation Room	3	2	1 Structure to be provided for ART
ANC Room	1	1	Exist but small
EPI Room	1	1	Congested & has no waiting shelter for mothers. Shelter need to be Constructed
Cold Chain Store	1	1	
General Ward	1	1	
Laboratory	1	1	
Pharmacy	1	1	
Staff Residential Houses	10	1 Block - 2rooms for CO & Midwife	9 Rooms needed
Incinerator	1	1	Needs repair.
Placenta Pit	1	1	
Fencing	1	0	The facility needs to be fenced
Height Board	5	0	Need to be procured
Medical Store	1	1	Very small, CHD Store need to be Constructed
Latrine	4	2	3 more latrines need to be constructed
Non-medical store	1	1 (Very small)	A new bigger store need to be constructed
Sterilization Unit	1	0	A sterilization unit need to be constructed
Protected water Source	1	5 rain water Harvesting Tanks, how only 2 are working but with no Taps and dusty with no option of cleaning. 1 bore hole exists next to the facility but water yield is very poor	The community borehole needs to be repaired to increase water yield or a new bore hole with a pump be constructed at the facility. The taps for the tanks should be repaired.
Bicycle	3	0	3 needed OPD and maternity)
Power	1	1 (Generator	Generator to be maintain

		be fuel)	
4. MEDICINE			
Ferrous Sulphate		8 tin in three month	Often Adequate
Folic Acid		0	Stock out since last year needs 8 tins.
NVP Syrup		0	Not Adequate
Mama Kits		0	Stock out since 2015.
TT		200	Available
Option BF/A2T/3TC			Available for all
Oxytocine		1000	Available
MagnesioumSulphate		0	Stock out since 2015
Antibiotics		0	Stock out
IV Fluids			Available
Oral Antibiotic		0	Out of Stock
Fansider		0	Stock out since 2016
Metro			Available
Mistroprostol		0	Not supplied at all
Doxy			Exist in Plenty
Amoxyl		0	Stock Out
Quinine Tab		0	Stock out
Qunine Injection		0	Stock out
Coartem		0	Stock out
Genta		0	Stock Out
X-Pen		0	Stock Out

Table 5: Health Worker Self-assessment Scored Card at Magwi PHCC

Input	Score 0-5	Reasons	Remarks
Attitude of HW to patients	3	Some times HW are rude due to work load	Recruit more HW. Monitoring and coaching of HW on ethnics (Rights and responsibilities)
Access to policies e.g. clinical guidelines, policies etc.	3	Some are provided and Some are not e.g. clinical lines -No access to leaning Material.	Government to provide more guidelines and policies.
Sanitation and Hygiene	2	The Maternity is not clean because there is no access to piped water. The bathroom drainage is not working water logs whenever are used and when the mothers use the outside baths they	The drainage in the maternity bath room should be worked on immediately.

		dispose of blood in the birth and are at risk of infection. The ward floor is not clean and cob webs are visible Generally there is no access to cleaning agents and supplies.	
Placenta pit	5	Available and well covered	
Delivery services	3	Lack of access to essential medicine, tools and Supplies hinders the process	Medicines, supplies, tools and Personnel need to be provided
Waiting time at HF for mothers	3	Staff come late and Majority are always absent	More staff needed and strengthen support supervisor, staff need to be paid on time and salaries increased to suit the economy.
Water	2	No bore holes for facility. The facilities rely on the community borehole were the water yield is very poor. The facility Tanks not functioning as the taps are broken.	Facility needs a bore hole with a pump
E/PMTCT	2	Test kit sometimes out. Some positive mothers fail to access drugs	Testing kit must be procured Follow ups with state HIV department should be done
Family Planning	1	The services are not available. In 9 months the facility has not received any supplies.	Procurement of Family Planning commodities and Health education on FP is needed.
Out reaches	1	Not regular	Fuel and incentives are needed to perform regular outreaches
Community awareness on maternal health services	3	Awareness is not comprehensive, Few women attend antenatal care/deliver from health facility	Conduct Radio talk shows and community Health education sessions
Staff houses	1	Only one staff house exists accommodating 2 health workers	9 more need be Constructed
Staff availability	3	Some staff are missing	

			Vacant should be filled by new recruitments
Functional HFMC	1	They never holds meeting They do not conduct monitoring and supervision	They should be trained
Functional HHP	0	They are Not working	They need to be trained
Availability of mama kits	0	Always on Out of stock	They should be procured
Referral	2	Facility has no ambulance and the one for the county is never available	Ambulance need to be fueled 24hrs Another driver be recruited Regular service needed 1 More ambulance needed
ANC	3	Only one mid wife available	One more need to be recruited
PNC	1	Health education not enough to mothers Mothers do not turn up after delivery No follow up on mothers	Conduct follow ups and health education for mothers
Health Education	4	Provided in all departments but not in details due to limited staff	All staff cadre positions should be filled.
Malaria treatment	2	No enough mosquito nets No coartem and Quinine are always on stock out. Only fancidar available	More drugs and mosquito nets need to be provided
Distance to the Health Facility	1	Most mothers come from more than 10km and roads are poor	Creation of new PHCCs is needed to bring ANC close to mothers
Absenteeism	1	Some HW are present, others always absent. 60% of the staff are always absent with no apology	The County should improve on supervision or take action
Power Solar/ Electricity	3	Always there	
Privacy at HF	4	Screen for protecting women are there	

Table 6: Health and Community Priorities for Magwi PHCC

<u>Community priorities to maternal Health services at Magwi PHCC to improve</u>	<u>Health worker priorities to Improve maternal health services at Magwi PHCC</u>
<ol style="list-style-type: none"> 1. Increase number of staff 2. Provide accommodations for the staff 3. Ensure access to safe clean and adequate water at the health facility 4. Empower communities to gain understanding of their health rights 5. Promotion of postnatal care 6. Ensure availability of essential maternal health medicine 7. Empowerment of home health promoters 8. Reduce the distance to the health facility 	<ol style="list-style-type: none"> 1. Ensure access to equipment that support maternal health services 2. Reduction in stock out of adequate maternal medicines. 3. Increase human resources numbers and support supervision and ensure adequate staff salaries. 4. Increase support for out reaches 5. Provide adequate and safe clean water from a reliable source 6. Improve transport and communication services at the facility 7. Support of family planning services, through medicines and human resource 8. Training of available health workers on maternal health services

Table 7: Community score card assessment for Obbo PHCC

PERFORMANCE INDICATOR	SCORE 0-5	REASONS	RECOMANDATION
Staff	3	The health facility big but staffs are few.	Magwi Health County should recruit more staffs.
Accommodation for staff	0	No accommodation for staff	Staff houses should be constructed
Water	0	No source of water at health facility	Gov't need to provide a water source in the facility.
Medicines	2	Some medicines such as Panadol are available	Gov't should bring more Drugs to the health facility
Distance to health facility	1	The distance is long to access health facility, the last bomas access the facility at more than 15 km	Provide an ambulance to the health facility. Build more health facility closer to the community
Placenta pit	0	The placenta pit broke down now the facility has no placenta pit.	Urgently construct the placenta pit.

Access to health facility Budget	0	People do not know about the HF budget and do not participate in budgeting process.	Community should be involved in the HF budget process. Boma health facility committee should lead in the process.
Health facility management committee	3	Their functionality is not adequate.	Need to strengthen their roles and responsibilities.
HF planning meeting	3	There are meetings but not Regular.	Regular meetings should be organized by Boma health facility committee
Laboratory services	0	No lab person, contract ended. No lab supplies	Gov't should recruit long term trained staff.
Waiting time at health Facility	2	Health workers come late at the health Facility Health worker to cater for emergency first.	Boma health facility committee and CHD should strengthen support Supervision.
Health Right	1	Only 2 people knew health rights	Training local communities on the health rights
ANC	4	Receive comprehensive services	
PNC	1	Mothers do not go back for PNC Mothers not educated during ANC and delivery	Awareness on PNC should be conducted
Referral system	1	No ambulance for referral System.	Provide ambulance.
Maternity beds	2	They are not enough	More beds should be provided
E/PMTCT	2	Since July 2015 no testing available No PMTCT drugs.	PMTCT services need to be strengthened.
Out reaches	5	out reaches are conducted	-

Sanitation of the facility	3	The bath room is blocked and Mothers are sharing latrine with men	Bathroom should be repaired with running water Latrines for mothers should be constructed.
Labor ward facility	3	To small room, it's not enough.	A bigger room need to be constructed
Absenteeism of health Workers	3	Some health do not report to duty The health facility as few staffs.	Boma health facility committee should do regular supervision. More staffs should be recruited.
Mama kit	3	Sometimes mama kits are There some times are not.	Regular provision of mama Kits
Health workers attitude Towards mothers	3	Some health workers are rude but others are Good.	The rude health workers should be taken away . Health workers should be educated to ethics. Reduce work load by recruiting more staffs.
Power	3	Only solar available but weak	The facility needs to acquire the generator or Big solar.
Suggestion box	0	No suggestion box	Provide suggestion box for the Health facility.
Malaria treatment	3	Mostly artesunate and Amodiaquine available	A variety of malaria drugs should be procured.
Health Education	4	Provided during ANC	-
Notice Board	0	Not available	It should be provided.
Privacy for mothers	4	Available	
Home Health promoters	2	Their functionality is still weak	Be provided with a means of transport.
Immunization	4	Provide both at facility and community out reaches.	-

Table 8: HEALTH WORKER SELF ASSESTMENT IN OBBO PHC

INPUTS	STANDARD	ACTUAL	REMARKS
1-PERSONNEL			
CHW	2	0	4 More CHW need to be added
Community mid wife	2	2 (1-enrolled, 1-certificated)	2-specific mid wives should be provided for maternity
Lab assistant	1	0	1 need to be recruited
Pharmacy Assistant	2	1	1 more needed
Nurses	3	1	3 more should be added
Clinical officers	2	1	1 more needed.
Nutritionist	2	1	1 more needed
Lab-Technician	1	0	1 needed to be recruited
Statistical Clark	2	1	1more needed
Watch men	2	1	1more needed
Cleaners	2	1	2 more needed
2. EQUIPMENT			
Examination Table	2	2	Enough
Delivery table	2	2	Enough
Fetoscope	2	3	Enough
Stethoscope	4	2	2 more needed
Sphygmomanometer	2	2	1 needed for maternity
Surgical toilet tray set	1	0	1 need to be provided immediately.
Oxygen supply(portable)	1	0	1 need to be provided

oxygen Concentrator)			
Baby scale	2	1	1 more needed
Adult scale	2	2 (1Functional, 1 faulty)	1 more need to be provided
Bedding General	10	10	6 needed for Children`s ward More mattress and Bed sheets needed, most beds have no sheets
Communication set(phones and radio)	1	1 but faulty	1 set need to be provided
Neonatal infants scale	2	0	2 more needed
Medical store(CHD)	1	1	Enough
Autoclave/sterilization set	1	0	Urgently needed
Refrigerators	1	1-not working well	Needs to be repaired
Thermometer	4	1 functional 2 non functional	3 needed
Otoscope	1	0	Need to be provided
Set of EMONIC EQUIPMENT	1	1 partial	Replacement needed Urgently
Delivery forceps vacuum extractor	1	1 (faulty and not functional)	1 need to be provided
Manual resuscitation Equipment	1	1	Functional
Dressing sets	2	0	2 more needed
Delivery set	-	Only Parts available	1 sets need to be provided urgently
INFRASTRUCTURE			
Waiting room	1	1	Enough
Consultation room	3	1 but small	2 more needed
General wards	1	1	Enough
Laboratory	1	1 but small	Bigger room needed

Staff residential houses	10	0	10 needed urgently
Incinerator	1	1	Functional
Placenta pit	1	0	Urgently needed
Fencing	1	1	Enough
Latrines	4	4 (one almost falling)	4 more needed
Non –medical store	1	0	1 store needed
Sterilization unit	1	0	1 needed
ANC room	1	1	Enough
EPI room	1	0	Need to be provided
Cold chain store	1	1 but shared with injection room	Need to be separated
Protected water source	1	0	1 water harvesting tank needed
Bicycle	3	0	4 needed
Height board	5	2	3 more needed
Power	1	1 solar (low voltage)	Generator needed/high voltage solar
4-MEDICINES			
Ferrous sulphate			More than enough
Option BF/A2T/3TC		0	Needed
Oxytocine		0 available expired	Needed
Magnesium sulphate		0	Needed
IV fluids		50% and 5% enough normal saline and ringers are out of stock	Needed urgently
Fansider			Enough

Quinine tab		0 stock out since Sept 2015	Need to be provided
Quinine inj		0 stock out since Feb 2016	Need to be provided
Coartem		0 stock out since 2013	Needed
Genta		8 ampoules available	Needed urgently
X-pen		50 vial	Not enough
Folic acid		0	Needed
NVP Syrup		0	Needed
Mama kids		0	Needed
T.T			Enough
Metro		3000 available	Not enough
Mistoprostol		0	Needed
Doxy		6000 available	Enough
Amoxyl		300 available	Not enough needed urgently

Table 9: Health worker scored card Obbo PHCC.

PERFORMANCE INDICATORS	SCORE 0-5	REASONS	REMARKS
Attitude of H.W towards patients	4	Able to give out the best when providing services despite the hardship we work in	-
Access to polices e.g clinical guidelines	4	Have access to polices	-
Functional HHPS	4	They are performing their duties	
Availability of mama kids	3	Available but not all the time	
Referral system	4	Services are available	
ANC	4	All services are available	

		Though some equipment are missing	
Absenteeism	2	Some staff do not report on duty	
Power solar/electricity	2	The solar is available but less powerful	High voltage solar/Generator needed
Privacy at HF	4	Privacy is available however not enough	More screens curtains are needed
PNC	4	Services are provided very well	
Health education	3	Lacking IEC materials for demonstration	IEC material should be provided
Waiting time at HF for mothers	5	We always wait for mothers in time	
Water	2	There is no source in the facility	Water harvesting tanks should be provided. Piped water is needed in the facility through bore hole and pump.
E/PMTCT	1	There are no equipment and medicines to support the service	Equipment and drugs need to be provided
Sanitation and hygiene	4	Most of sanitary services are available	
Placenta pit	0	No placenta pit	Need to be constructed immediately
Delivery services	4	Received more mothers for deliveries in the health facility	
Family planning	4	All services are offered unless during stock Outs.	Training of personnel on family planning and access to supply needed.
Out reaches	1	No out reaches conducted	Means of transport needed like motor cycle/bicycle
Community awareness on maternal health Services	4	Community is aware	
Staff houses	0	No staff houses	Need to be constructed

Staff availability	3	Some are available some are not	Missing staff should be recruited
Functional HFMC	5	Very active	
Malaria treatment	5	Most drugs are available	
Distance to health facility	2	Most mothers access the facility at far distance (more than 15km)	More out reaches needed Maternity waiting can be provided with support of food supplies
PNC	3	Some mothers are educated about PNC but others are not	Mid wives should educate mothers on the importance of PNC
Community attitude towards HW	3	Health Workers don't welcome mothers very good with smile	Training of HW Conduct regular meeting between HW and community
ANC	4	Mothers are checked properly and the medicine is there	
EPI	2	Only on 1 person handling both EPI with nutrition activities	Recruit one persons to cover either EPI or nutrition

Table 10: Health and Community Priorities for OBBO PHCC

<u>Community priorities to Improve maternal health services at Obbo PHCC</u>	<u>Health worker priorities to Improve maternal health services at OBBO PHCC</u>
<ol style="list-style-type: none"> 1- Improve laboratory services by recruiting a lab personnel and avail lab supplies 2- Ensure the health facility access adequate and safe water. 3- Immediately construct placenta pit. 4- Improve malaria treatment ensuring enough supply of anti-malarial 5- Improve referral system by providing ambulance to the health facility 6- Ensure enough Maternity Beds in the health facility 7- Promote E/PMTCT through access to testing kits and ART. 8- Ensure access to staff accommodation. 	<ol style="list-style-type: none"> 1- The placenta pit needs to be constructed immediately 2- More health worker should be recruited 3- Provision of sterilization equipment. 4- Ensure availability of full delivery set 5- Facility to be provided with a water source and piped water in the facility 6- A more adequate and reliable power source is needed 7- Ensure availability of essential maternal health Medicines 8- Staff houses should be constructed

5.0 INTERFACE MEETINGS:

The Interface meetings comprising of a team of IHO staff, health workers, community members who participated in the score card, County Health department public health officer, County RRC official, Magwi payam health supervisor were conducted both at Magwi and Obbo Primary health care centers. The process involved presentations from the community and health worker respectively.

Table 11: Participants in Inception meeting by Facility and Gender

<u>County</u>	<u>Payam</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Percentage Female</u>
<u>Magwi</u>	<u>Obbo</u>	<u>16</u>	<u>29</u>	<u>49</u>	<u>59 %</u>
<u>Magwi</u>	<u>Magwi</u>	<u>12</u>	<u>26</u>	<u>38</u>	<u>68 %</u>

At the interface meetings, the key problems identified during the CSC process and presented where linked to health service delivery. The process Responsibility-taking included being accountable to actions and not blaming others.



Taken during Interface Meeting at Obbo and Magwi

Table 12: Interface meeting priorities to improve maternal health services and Joint action Plan for Magwi PHCC conducted on 17th February 2016.

INDICATOR	ACTION	WHO WILL LEAD/ WITH WHO	COMPLETION DATE
Lack of water in the facility	Available Borehole should be repaired Drill new bore hole A water pump be procured to pump water in maternity	In charge PHCC County water commissioner Public health officer	-30 th - march- 2016 Oct- 2016
Lack of medicine for maternal health while others are expiring in the facility	Essential drugs be considered during supply Health workers be involved in procurement Letters be written to the county about drugs and stock out	In charge PHCC County health officer County pharmacist	-By Friday 19 Feb 2016
Staff not enough	3 mid wife and 2 clinical officers be recruited Letter to be written to the county	County Health Officer Payam Chiefs Commissioner In charge PHCC	Jul-2016 24 th - Feb 2016
Equipment not enough	List of equipment be developed Letter to be written to the county Procurement of equipment	In charge PHCC County water Department commissioner Executive director	9 th - Feb -2016
More out reaches Needed	Outreach plan drawn Community must be mobilized Fund should be requested	Payam health supervisor In charge Mid wife EPI in charge	By second week of march
Inadequate transport and communication	Ambulance should be repaired Provision of motor bicycles	In charge county officers	By June 2016
Inadequate accommodation for the	More room should be built. Community should	In charge County officers Members of HFMC	By june 2017

staff	help in laying bricks and county support with iron sheets and other requirements		
Health workers and HHPS trained on maternal health issues	Training of HHPS	In charge EPI In charge	By next week 22-2-2016

Table: 13 Interface meeting priorities to improve maternal health services and Development of Joint action Plan for OBBO PHCC on 4th March 2016.

INDICATOR	ACTION	WHO WILL LEAD/WITH WHO	COMPLETION DATE
Lack of water	-water pump. -pipes for water in the Facility. -letter to be written to WASH DEPT Magwi	In-charge Executive chief Chairperson Boma Health Management committee	20 march2016
Lack of accommodation For staff	Community to lay bricks Community members excavate sand. Women will bring water during laying of Bricks Chief will do mobilization Payam health supervisor to support iron sheets RRC will share with other NGO& CHD. Letter to be written by the in charge to the CHD	Executive chief Payam health supervisor In charge	-27 march 2016 letter to executive Feb 2017 bricks laying
Medicines	Letter to be written to Notify on the important Of maternal medicines To CHD	Payam health supervisors In-Charge	7 march 2016 By end of May Facility receives a enough maternal drugs
Lack of human resource	Letter to be written to CHD	Payam health supervisors	By end of march 2016

		In-charge	
Poor referral system	A letter to be written to CHD	Payam health supervisor In-charge	By end of march 2016
Lack of placenta pit	Community will dig the hole Letter to be written to the CHD and copy to WASH DEPARTMENT other relevant offices	Payam health supervisor In charge	By end of march 2016
Lack of power	Letter should be written to the CHD	Payam health supervisor In charge	By end of march 2016
Lack of delivery kits	Letter to CHD specifying the equipment and materials needed.	Payam health supervisors In charge	By end of march 2016

6 COMPARATIVE ANALYSIS

Comparative analysis of the performance of the 2 health facilities based on the input matrix and other indicators developed.

Figure 1: Health Worker Comparative Score Card Obbo and Magwi PHCC

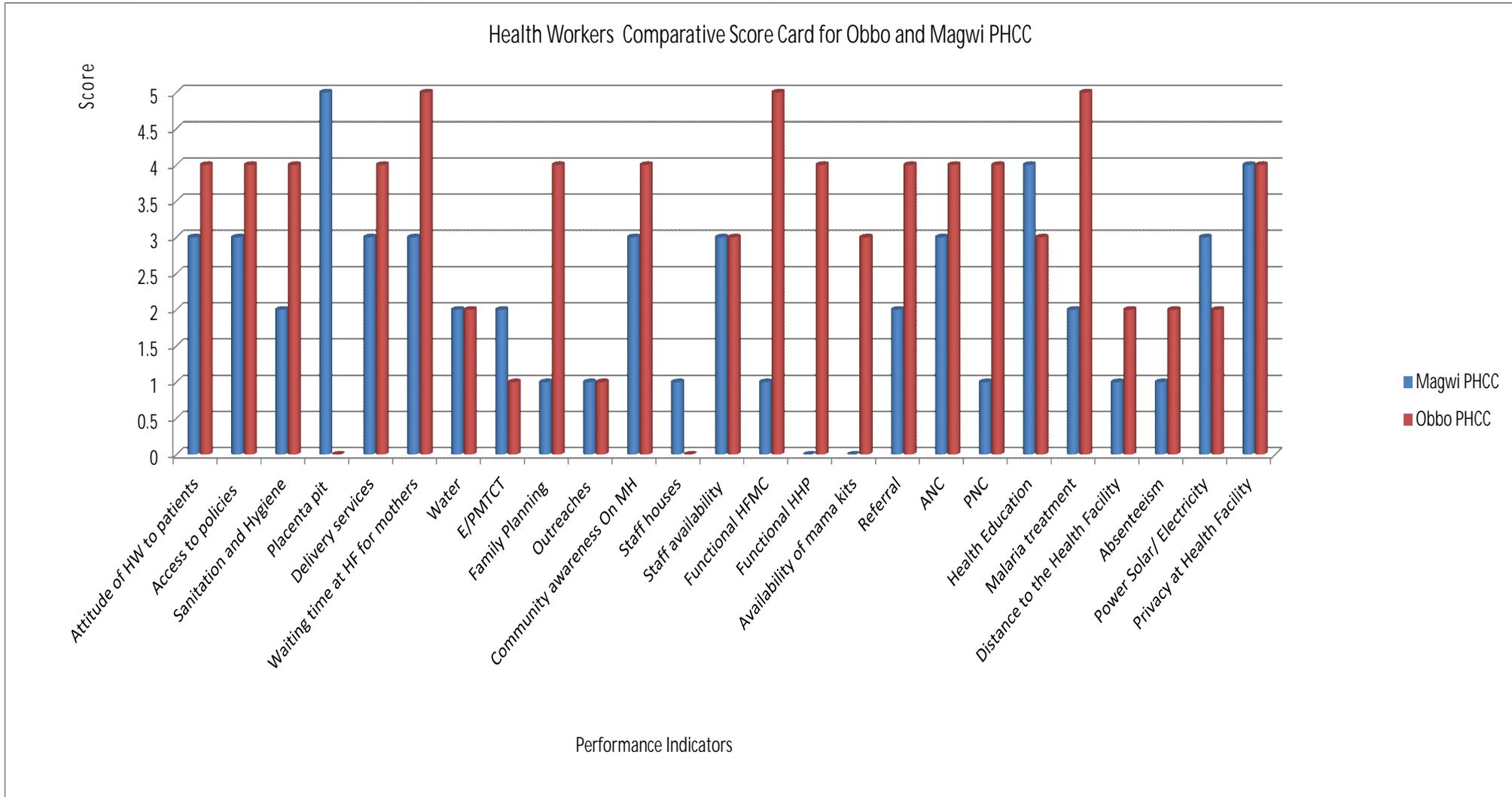
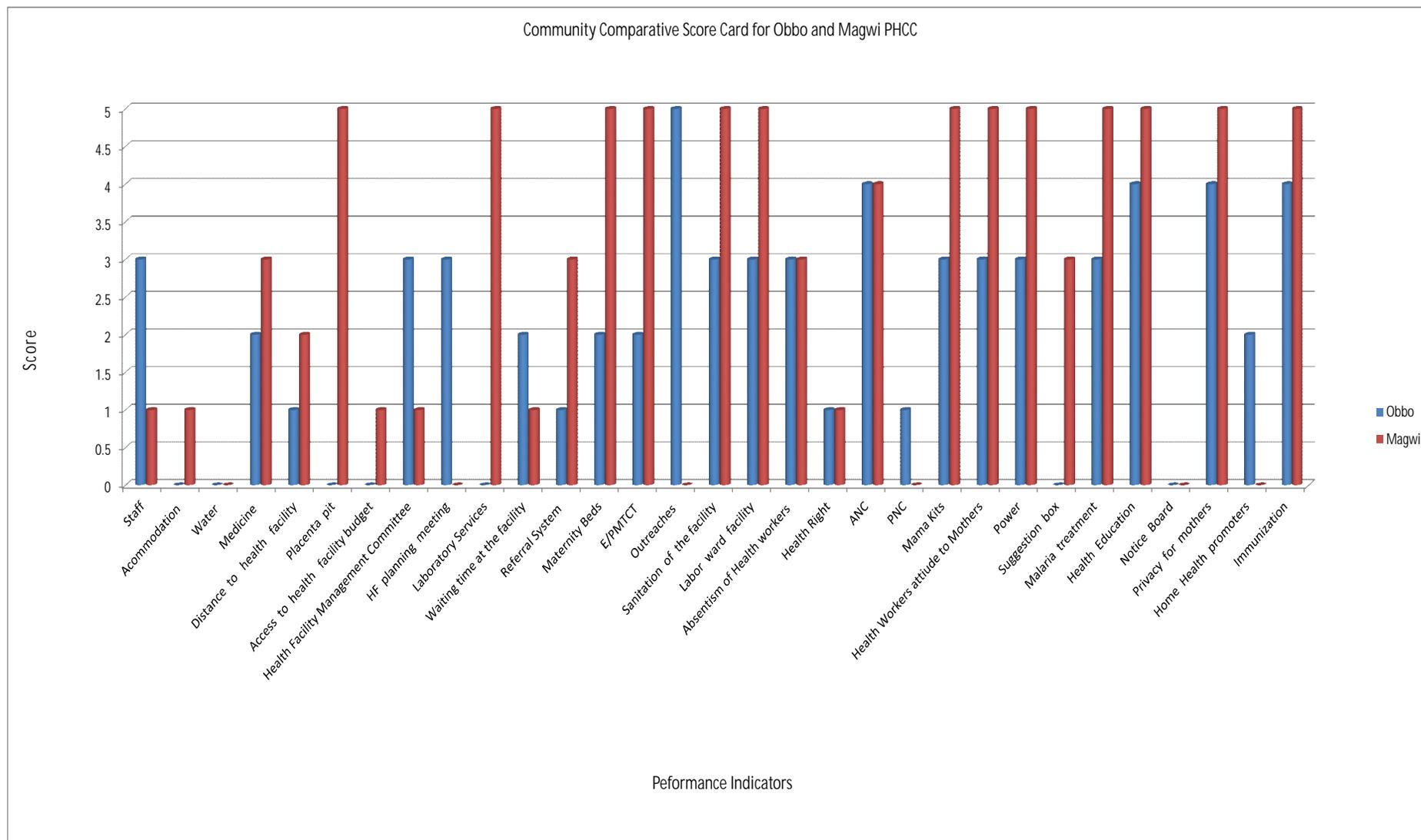


Figure 2: Community Comparative Obbo and Magwi PHCC



7. LESSONS LEARNT

- The implementation of the CSC process was supposed to be very inclusive with representation by a wide range of stakeholder types including; village leaders, villagers, health workers, County Officials, and IHO staff members. However, most these key people did not participate in the meetings. The absence of these key participants impacts greatly especially in terms of action taking and positive follow up on commitments made during the process.
- Community score card provides a better way of promoting accountability.
- Community Score Cards unfolds and brings all issues to lights providing a valuable opportunity to duty bearers and rights holders to have an informed decision when developing plans for improving health service delivery. It also helps to check progress in regards to project implementers.

8. RECOMMENDATION

- There is need urgently construct a placenta Pit at Obbo PHCC.
- Fencing of Magwi PHCC needs to be done just like other health facilities.
- Staff accommodation for Obbo and Magwi PHCC should be constructed
- The bathroom at both Magwi and Obbo PHCC needs to be renovated
- Magwi and Obbo PHCC need to have a more reliable sources of water
- The MOH and partners need to strengthen access to Essential maternal health medicines, PMTCT and Family Planning.
- The MOH needs come up with better strategies to recruit and retain health workers in both health facilities.
- There a need to improve on support supervision from the County Health Department.

9. CHALLENGES FACED IN CONDUCTING THE COMMUNITY SCORE CARD

- Some health workers arrived at the facility late.
- The communities were rather angry with health facilities about the quality of services and viewed the Community Score Card process as an opportunity to express their frustrations; this was calmed when we made sure to clarify the objectives of the exercise.
- Agreeing on some indicators at times was difficult, as individuals felt their own opinion was more valid than others’.
- Most community members were reluctant to attend the meeting as they needed sitting allowances.
- Absence of some high level leaders in the meetings resulted in less sense of accountability as some issues which rose in the meeting required answers from the leaders especially at the interface meeting.

10. CONCLUSION

The interface meetings provided very opportune moments for the community members to interface with community leaders and health facility staff, Payam and County health department officials as well as development partners (Impact Health Organization) to discuss Maternal health service delivery. This had never happened before in such a setting in both Payams. It has created a very good platform for transparency, and services are expected to improve since each stakeholder has taken his/her responsibility seriously. The project remains in its early stages, so the main goals have not yet been achieved although, changes are already visible in the simplest forms equally translating into bigger changes. This is an opportunity to address challenges related to maternal health service delivery.