



POLICY BRIEF

STRENGTHENING GOOD GOVERNANCE TO IMPROVE MATERNAL HEALTH

As the global community narrows in on the Millennium Development Goals (MDGs), there is a renewed dedication to improving the health of women and children. The evidence is beginning to show that maternal deaths are declining globally; 358,000 women will die this year in pregnancy and childbirth compared to over 500,000 just a few years ago. In many countries, where little or no progress has been made in reducing maternal mortality since the MDGs were agreed to in 2000, access to and utilization of proven, cost-effective, life-saving interventions is urgently needed.

There is a broad global consensus around the proven technical strategies for improving maternal and newborn health outcomes – access to family planning services, skilled care during pregnancy and childbirth, emergency care for life-threatening complications, and postpartum care for the mother and newborn – grounded in a strong and equitable health system. However, there is growing recognition that improving maternal health cannot be tackled through technical interventions alone. Broader

actions that involve the participation of marginalized women and girls in shaping health policies, programs, and practices are necessary. Establishing systems of mutual accountability that are participatory, equitable and accountable and that support interactions between communities, health facilities and the government are needed. Strengthening the governance system is required if women and girls are to benefit from maternal and reproductive health investments.

CARE'S APPROACH: Linking citizens, health systems and governments in systems of mutual responsibility and accountability.

CARE has over 50 years of experience working on sexual, reproductive and maternal health in some of the poorest countries. CARE is increasingly integrating governance strategies into comprehensive sexual, reproductive and maternal health programming, as we have seen that a critical factor in improving maternal health is bringing together

DEFINING GOVERNANCE

Governance is a dynamic, political process through which decisions are made, conflicts are resolved, diverse interests are negotiated, and collective action is undertaken. CARE defines **good governance** as *the effective, participatory, transparent, equitable and accountable management of public affairs guided by agreed procedures and principles, to achieve the goals of sustainable poverty reduction and social justice.*



communities, healthcare providers, the government and other stakeholders in participatory governance systems that enable them to collaborate, negotiate, act, build consensus and take action to improve health.

CARE's experience shows that strengthened governance systems can result in:

- More functional and responsive health systems
- Improvements in quality, service delivery (improved staff attitudes, reduced discrimination), coverage and access, particularly reaching the most vulnerable
- Removal of barriers to women seeking services
- Improved oversight and management of health services (adequate budget, provision of supplies)
- Mutual accountability – Women and men feel greater ownership and responsibility for their own health; health systems are supported in improving the quality of services provided; and governments

and health systems are held accountable for their responsibilities and commitments.

CARE'S COMMUNITY-BASED GOVERNANCE WORK FOCUSES ON:

Creating active and empowered citizens

CARE works to empower communities and their representatives by ensuring they are aware and capable of exercising their rights. This ensures they are able to assess, review and report on the quality of health services, have a strong and effective voice to promote change, and hold governments accountable to their commitments. This is particularly important for the poor and marginalized, typically women, who often do not have equal power to participate as citizens (See Box 1).

BOX 1: EMPOWERING INDIGENOUS WOMEN IN PERU: CITIZEN SURVEILLANCE FOR INCREASED ACCOUNTABILITY

CARE has been working to improve the health of the poor and marginalized in Peru through implementation of the Participatory Voices project with local partners in Huancavelica, Piura and Puno, regions with some of the highest maternal mortality rates in Peru. The Participatory Voices project has strengthened the capacity of civil society networks and grassroots organizations at the national and regional levels to promote, advocate, monitor and report on the quality of national health policies and local health services, while promoting accountability from health authorities and health providers. The work is spearheaded by indigenous women trained to be “social monitors” who visit health outposts, hospital and pharmacies to monitor the quality and acceptability of patient care provided by medical practitioners and managed by health authorities. The social monitors produce regular reports and analyze them with the Ombudsman office, CARE and ForoSalud¹ members, all partners in the project. These findings are then shared and discussed with the health care facilities and health teams and an action plan is developed to address any concerns raised. This process created a space for sustained, systematic dialogue on what women expect from the healthcare system and the achievements and pitfalls of health care delivery; thus promoting accountability of the local health authorities to rural women's expressed needs and demands and increasing awareness of the rights and responsibilities between health services providers and health service users.

Evaluations of Participatory Voices found that it has resulted in numerous positive developments². These include increased knowledge of women's rights among health providers, Ombudsperson officers and local authorities and greater knowledge among rural women of their own healthcare needs. Rural women showed greater satisfaction with health services provision due to health workers improved attitudes, greater responsiveness to the needs of the poor and respect and acceptance of cultural traditions. In addition, quantitative data showed increases in the number of birth in health facilities, from 9,183 in 2008 to 12,184 in 2009 in Puno, and increased access to culturally appropriate birth delivery (e.g., vertical births), from 194 in 2008 to 437 in 2009 in Azangaro Province, Puno. Moreover, this work has contributed to the institutionalization of citizen surveillance as part of Peru's national policy and the launch in 2010 of National Policy Guidelines to Promote Citizen Surveillance.

Promoting the accountability and effectiveness of health providers and the government

CARE works with health providers and government authorities to improve their capacity to be more effective, transparent, responsive and accountable, as well as capable of engaging with female and male citizens. As developing countries continue to decentralize health systems to local levels, the responsibility for planning and budgeting is increasingly in the hands of local authorities who may not have the knowledge, tools or capacity to do this work effectively. Health providers may also face their own systemic barriers which prevent them from meeting the needs of women, men, girls and boys, such as unequal and poor treatment, low salaries, poor infrastructure, lack of technical training and human resource and supply constraints. Findings from a study in Tanzania emphasized that empowering communities

without also working with health facility providers and the local government, limited the effectiveness of citizen engagement activities (See Box 2).

Expanding inclusive spaces for negotiation and collaboration between citizens, the health system and governments

CARE works to strengthen and expand “negotiated space”, i.e., the formal and informal spaces for collaboration, negotiation, participation and representation between public authorities and communities. The focus is on facilitating the interactions between all governance actors (women and men, health workers and local government authorities) in order to reduce unequal power relations and expand the bargaining spaces. Working together through participatory decision-making, the governance actors can address issues of quality and access to care, oversight and budgets and

BOX 2: STRENGTHENING GOVERNANCE SYSTEMS IN TANZANIA

In Tanzania, policies and structures have been put in place to ensure that health care provision, which has increasingly been decentralized to the local level, is responsive to the needs of the user. However, recent experience shows that more needs to be done to ensure that women and men, particularly in rural areas, are able to engage with these structures.

A review of CARE and our partners citizen mobilization work in Tanzania suggests that while citizen engagement activities did result in women feeling more empowered and educated about their health rights and thus more likely to use health services, because governance structures and systems were not in place, this did not often translate into increased engagement of women in health-related decision-making. Despite inclusion in government planning documents, governance processes at the village level remained weak and there was no effective forum for community opinions and needs to be incorporated in maternal health care planning. Meetings with communities were rarely held and if they were, women did not feel that their voices and opinions were heard, leaving them feeling disempowered by the process. CARE found that in some cases health service providers did not understand the governance structures and processes and lacked the capacity or understanding as to how and why to engage the community. Some health workers and local officials interviewed indicated that they were involving the community by telling them what to do. These findings speak to the importance of strengthening the capacity of all governance actors— citizens, health workers, and local government authorities.

One strategy CARE uses to bridge the gap between governance actors is the Community Score Card (CSC) process. The CSC is a tool which aims to empower women and men to raise their issues and perceptions of service delivery and evaluate the services provided by service providers. In return it offers the opportunity for government and service providers to explain decisions, constraints and challenges faced in service provision. These groups then jointly analyze issues underlying service delivery problems and identify common and shared ways of addressing them. By creating a space for dialogue, CSCs have prompted increased participation, accountability and transparency between service users, providers and the government.

other barriers to improving the health of the community in a mutually accountable way (See Box 3). Inclusivity, particularly of the most marginalized populations, is critical to this process and a main focus of CARE's activities.

BOX 3: LINKING GOVERNANCE AND EMPOWERMENT TO IMPROVED MATERNAL HEALTH IN NEPAL

In Nepal, as part of the process of decentralization, the government handed responsibility of primary health to local government entities. Local governance structures called Health Facility Operations and Management Committees (HFOMC) were established to provide overall management and oversight to the functioning of the health system including management of funds at the district and/or village level. These structures include district officials, health facility staff, the auxiliary nurse midwife, Female Community Health Volunteers (FCHV) and women representatives from the community. The HFOMCs are formal bodies that actively engage community members around issues of health service delivery and decision-making, including monitoring and evaluating services. CARE was instrumental in building the capacity and strengthening the role of the HFOMCs, disseminating health messages and improving accountability of health service providers and supporting FCHVs through training and the provision of tools to monitor pregnant women. In addition, CARE promoted active participation from the community, ensuring the inclusion of historically marginalized and disadvantaged groups of women including groups from lower castes. This empowered the community to be engaged and has ensured that the services being provided address the specific needs of all its members. CARE was also influential in encouraging mother's groups and women leaders to be more involved in the HFOMC.



By addressing governance in maternal health programming, CARE is helping to ensure that women and their communities, particularly the most marginalized populations, have a voice in their own health care and health systems, ultimately leading to healthier women, children and families.

POLICY RECOMMENDATIONS BASED ON CARE'S EXPERIENCE

- Invest in integrated approaches and activities that strengthen governance structures, particularly focused on: empowering women and men in communities to have an effective voice in the governance system for health; promoting civil society participation in the health system; strengthening the capacity of local government officials and health workers to engage with citizens and to be more effective, transparent, responsive and accountable, and facilitating the creation of negotiated space for dialogue and action.
- Support innovative approaches to improve governance, focused on testing and documenting effective models, identifying strategies to scale-up these approaches and sharing learning with key stakeholders.



CARE Canada
9 Gurdwara Road, Suite 200, Ottawa Ontario
www.care.ca

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End Notes

¹ ForoSalud is the main Peruvian civil society network on health

² These positive changes were evidenced in both qualitative and quantitative data. Quantitative analysis compared indicators before and after the intervention (2007-2009), and compared health facilities that had citizen surveillance with control facilities. Qualitative interviews were held with health workers, citizen monitors and beneficiaries.