

## Enhancing Healthcare Literacy and Services in South-West Ethiopia: Impact of Social Accountability for Improving the Demand and use of Family Planning and Maternal New-born Child Health Services

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### ABSTRACT

The primary objective of this research was to assess the effectiveness of interventions aimed at improving healthcare literacy and services through the implementation of Social Accountability (SA) and Community Score Card (CSC) in three districts of the Southwest Ethiopia Peoples' Region. The study gathered data from randomly selected community members residing in Elhanchano, Teracha Zuria, and Zaba Gazo districts of the Southwest Ethiopia region on two sessions. Quantitative data were analyzed using dependent t-tests, while information collected through interviews was analyzed using a narrative approach. The results indicate a significant positive impact of the interventions on healthcare services across all health centers. Consequently, considering the proven effectiveness of SA/CSC in enhancing healthcare services at primary health care units, it is strongly recommended that both the government and funding organizations continue their support for the implementation of SA/CSC in various sections of the country. This ongoing commitment will ensure that communities consistently receive improved healthcare services at their respective health care units, fostering a sustainable positive impact on the overall health system

**Key terms:** *Community Score Card, Intervention, Primary Health Care Service, Social Accountability*

### INTRODUCTION

Social accountability is defined by the World Bank as an approach toward building accountability that relies on civic engagement, i.e., in which it is ordinary citizens and/or civil society organizations that participate directly or indirectly in exacting accountability" (World Bank, 2018). The approach seeks to engage citizens in the governance of public sector services and hold governments and health service providers accountable for the quality and equity of these services. Civic participation in governance at the local level can help ensure the equity, quality, and inclusiveness of services, but only if government institutions are willing to engage the public and be responsive to demands (Gaventa, 2004; Gullo et al., 2018). Critical to the success of civic participation and engagement in governance is the composition of who participates, the issues around which they engage and how local government accommodates and responds to this engagement (Gaventa, 2013; Fox, 2014).

CARE Malawi developed the Community Score Card (CSC) in 2002 as part of a project aimed at developing innovative and sustainable models to improve health services. Since then, the CSC has become an internationally

recognized participatory governance approach for improving the implementation of quality services including health, education, water and sanitation, and agriculture. The CSC approach can be used to facilitate good governance through promotion of participation, transparency, accountability and informed decision-making CIET International (2002). The CSC approach brings together community members, service providers, and local government to identify service utilization and provision challenges, and to mutually generate solutions, and work in partnership to implement and track the effectiveness of those solutions in an ongoing process of quality improvement. CSCs are citizen-driven accountability measures that enhance citizens' civic involvement and voices and complement conventional supply-side mechanisms of accountability, such as political checks and balances, accounting and auditing systems, administrative rules, and legal procedures. By establishing mutual accountability and co-responsibility of citizens and their governments, social accountability measures demonstrate to citizens that they can play a critical role in promoting service-delivery improvements. As a community-based social accountability tool, the CSC can be used to gather feedback from service

users and improve communication between communities and service providers (World Bank, 2014).

By using facilitated interface meetings, the CSC process provides service users with the opportunity to give systematic and constructive feedback to service providers about their performance. It also helps service providers learn directly from service users about what aspects of their services and programs are working well and what aspects are not. As opposed to being a one-time event, CSC initiatives are typically conducted at regular intervals to track performance and identify additional ways to improve service-delivery performance Ravindra (2004). The purpose of a CSC exercise is not just to produce a scorecard, but also to initiate a sustainable dialogue among service users and providers at the community level to produce demonstrable improvements in service delivery (Sebert et al., 2017). As such, implementing teams formulate the objectives and focus areas for the CSC exercise based upon potential synergies with the broader institutional and policy environment (local government initiatives, sector strategies/assessments, national development strategies, results frameworks, performance budgeting, etc.) (Post et al., 2014).

### **CSC: ETHIOPIAN CONTEXT ANALYSIS**

Good governance is one of the guiding principles for the health sector in Ethiopia. Central to the government's efforts to establishing good governance in the health sector is creating space for citizens to provide feedback which should then drive decision-making process for political as well as health sector leaders (Ethiopian Ministry of Health, 2016).

Initiatives being implemented to enhance good governance include; building leadership capacity to promote accountability and transparency; community representation at health facility governing boards and regular town hall meetings and public conferences. In addition, the (Ethiopian Ministry of Health (FMOH), 2016) has developed a good governance package for the health sectors which identifies establishment of client councils to ensure community participation in the monitoring and evaluation of good governance in the health sector. The client councils would play a vital role in conducting social accountability activities including implementation of community score card. Implementation of community score cards will build on these initiatives by strengthening accountability framework through measuring the responsiveness of the health system, satisfaction of the community and identifying priority areas for the health sector (Ethiopian Ministry of Health, 2016).

The CSC was initiated in July 2017 as a key component of the MoH's Health Reform Agenda and piloted in 36 districts of the four most populous regions. As of December 2020, the CSC has been implemented in 55% of the districts of the country, touching 10 regions and 2 city administrations. The scorecard is one tool used to monitor the progress towards implementing two of the MoH's

flagship initiatives: the Woreda (District) Transformation and the Primary Health Care Improvement Programmes. How it works 30 citizens representing a community's diversity (by gender, age, religion, etc.) are identified on a rotating basis from each community (known as a Kebele) to meet and score their local health facility against 6 service quality of care indicators. After the discussion, scores are counted and a scorecard is produced. Representatives of the community, known as the Client Council, then go to the health facility to present and discuss the scorecard with health facility managers and workers. Together they produce an action plan to address priorities raised by the community. Periodically, a facilitated town hall meeting also takes place in which a wider group of people - including district council members, district health officers and other local leaders - discuss identified service issues and steps taken to implement the action plan as well as how to overcome barriers and service gaps that may persist. If solutions cannot be addressed locally, requests are made for responses to higher levels within the MoH: zonal, regional or federal.

In line with the government efforts to insure social accountability in health sector, IWCIDA/EXPAND/Pallidum group has been aggressively working to improve the quality, availability and demand for family planning (FP) and maternal, newborn, and child health (MNCH) services in four woredas (Tarcha Zuria, Zaba Gazo, Amaya, and El hanchano) of southwest peoples' region where our project is operating. As part of the intended goal NPI EXPAND/IWCIDA using CSC toolkit -developed and modified by Ethiopian Ministry of health has conducted a community score card scoring sessions in 35 HPs of the selected woredas from 19-29 December/2022 as pre intervention test. During this pre-intervention many gaps associated with health care services have been identified. Following the identified gaps NPI EXPAND/IWCIDA had facilitated an intervention that intended to address the concerns raised by the community. Then, after three months, a post intervention assessment was made.

### **WHY THE PRESENT STUDY IS IMPORTANT?**

The practice of ensuring social accountability in the health sector through the implementation of community score card across the globe in general and across Ethiopia in particular has a decade long history. However, the culture of evaluating the effectiveness of the program intervention through attending scientific procedures and produce manuscript and make it available for readers is yet to be accustomed to the program effectiveness assessment practice in Ethiopia context. Therefore, this study is contributed to fill this gap. Consequently, the present study conducted to address the following research objectives:

1. To determine the effectiveness of the implementation of SA/CSC in improving the health care services

- To make recommendations for future action on the efficient application of SA/CSC in the healthcare services so that the quality of care would be improved at all levels.

## METHODS

### Research Design

The present intervention has employed Pretest-Post-test study design followed by qualitative approach. This research design meets the characteristics of a proper intervention design because participants are randomly selected to participate in the pre and post intervention assessment. In this design, the pretest allows the researchers to learn the magnitude of the challenges associated with health care services in the study area before the intervention. After learning up pre- intervention results through pretest assessment, there is an intervention that helps to improve the situation. Finally, there is a post-test after an intervention. Hence, the effects of the intervention can be checked by comparing pre intervention results with post intervention results. In this study, data were collected at two time points. The pre intervention data were collected in the early weeks of December 2022 and post- intervention data were collected in the last month of March 2023.

### Participants

Randomly selected 905 community members were invited to assess health care services at the six health centers of southwest Ethiopia region (Anchano genet HC, Chida HC, Wara HC, Aba HC, Angela HC, and Karawo HC) on two sessions. They were invited to rate the health care services on the six indicators of health care services in December 2023 pre-test and in March 2023 post-test.

### Study Area

The recently established new region split off-from SNNPR, South-West Ethiopia Region, consists of six zones (Bench Sheko, Dawuro, Kaffa, Konta, Sheka, and West Omo) and fifty-seven woredas. According to Regional Health Bureau (2022), the total 2022 population of this new region is 3,311,311 (M=1,622,542 & F=1,688,769). The region has 13 hospitals, 123 health centers, and 812 health posts which are public and 374 primary clinics 78 medium clinics, 109 drug stores, and 6 drug vendors which are privately owned (Ibid). NPI EXPAND/IWCIDA project have been operating in Tarcha Zuria and Zaba Gazo woredas from Dawuro zone and Amaya, and El hanchano woredas from Konta zone. According to the respective zonal health offices data, there are 64,218 households, and total population of 314,808 out of which 73,349 (23.3%) are women of reproductive age group. There is one primary hospital, 9 health centers, 96 health posts and 1,643 1-30HDAs in the six woredas. Those health facilities and the HDAs are the primary partners with whom the project will be implemented, and women of

reproductive age group and their kids are the targets.

### Intervention Description: NPI EXPAND and IWCIDA

The USAID Ethiopia Mission is engaging NPI EXPAND to support their Empowered Communities for Better Health (ECBH) project, which aims to empower communities to take action and ownership over their health and nutrition and drive a cycle of responsive and accountable service delivery. Moving away from a supply/demand model of health systems development, the ECBH emphasizes the need to engage communities toward improved health services and outcomes. In FY23, NPI EXPAND Ethiopia selected six organizations to receive grants to implement social accountability interventions in four regions: Amhara, Sidama; Central Ethiopia; and Southwest Ethiopia Peoples' Region. Grantees began implementation in late 2022 and are working to facilitate social accountability efforts toward improved community engagement in the health sector with the ultimate aim of increasing uptake of high-quality, high-impact family planning (FP) and maternal, newborn, and child health (MNCH) services.

Ilu Women and Children Integrated Development Association (IWCIDA) is a local organization in Ethiopia dedicated to assisting women and children in improving their social, health, education, and economic well-being. A critical piece of this work is ensuring women and children play an active role in their communities and in projects that impact their livelihoods. This NPI EXPAND grantee is implementing social accountability activities in Primary Health Care in Southwest Ethiopia region in the four districts including El Hanchanno, Ameya Zuria, Tercha Zuria, and Zaba Gazo districts.

### Tools of data Collections: Community Score Card (CSC)

SA/Community score card toolkit that contains of six indicators of health care services were used for data collection. The tool is commonly used by Ethiopian ministry of health for tracking health care services at primary level. The tool consists of six items (indicators), including Caring, respectful and compassionate care; waiting time for provision of health care services; Availability of medicines, diagnostic services and medical supplies; availability of health center infrastructure (electricity, water, rooms, etc.); availability and management of ambulance; Clean and safe health center. Each indicator of the tool measured on five point rating scale (1=Very low, 2= Low, 3=ok, 4=Good, 5=Very good). As regard psychometric characteristics of the tool, the tool has a good internal consistency Cronbach alpha result of.87.

### Data Analysis

Data were analyzed employing paired t-test. The dependent samples t-test was used to compare the sample means

from two related groups. This means that the scores for both groups being compared come from the same people. The purpose of this test was to determine if there is a change from one measurement (group) to the other. Qualitative data collected through interview were analyzed following narrative approach.

**Ethical Consideration**

In the intervention, participants were involved with their informed consent. Before anything else overall orientations about the intervention were made clear ahead of any activity. Based on the discussion made with participants, their full consent to participate in the study was achieved. Following that, each participant’s agreement to participate in the study to the end of the program was achieved. Also, the researchers were promised to keep the confidentiality of all information obtained from the participants and anonymity of individuals participated in the intervention. Accordingly, the full consent to participate in the study was obtained from the participants before the actual practice of data collection process.

**RESULTS**

This section presents a descriptive Summary of Pre and Post intervention result for health service improvement indicators followed by impacts of the intervention and then discussion of the findings.

Intervention was made to improve health care services focusing on Caring, respectful and compassionate care; waiting time for provision of health care services; availability of medicines, diagnostic services and medical supplies; availability of health center infrastructure; availability and management of ambulance; and, clean and safe health center. As can be seen from Table 1, all health centers reported a discernible mean difference between pre and post intervention for all health service measure indicators. For instance, following the intervention made Chida health center services were improved from Mean =15.63 to Mean=18.98. In the same vein, for Anchano genet health center, following the intervention made, the health center service improved from mean= 13.47 to mean 17.64. Likewise, the Aba health center services were improved from Mean =16.92 to Mean=21.06,

following the intervention made. In a similar fashion, for the rest health centers, observable improvements have been reported. For example, for Wara health center, improvement in health services were increased from Mean=13.94 to Mean=19.84. Likewise, for Karawo health center from Mean 12.72 to Mean=19; for Angela health center from Mean=14.4 to Mean=18.62, reported respectively.

As it is shown in the Table 2, dependent t-test result indicated that statistically significant intervention effect was reported ( $t=4.04, p<.05$ ) with pre intervention (M= 15.63, SD=11.6) and Post intervention (Mean= 18.97, SD=8.4), respectively. This indicates that the invention made to improve the health care services through the implementation of SA/CSC is found effective. Indeed, for the improvement made, the contributions of all stockholders were astonishing. All stockholders, including health centers, HEWs, Woreda health office, community around the health centers have played a great role. Since the first round CSC scoring sessions, drugs have been bought, water pipeline was maintained, maternal waiting room was furnished and made attractive, ambulance was maintained and made ready for use, placenta kit was built, health center was maintained and furnished, to mention a few.

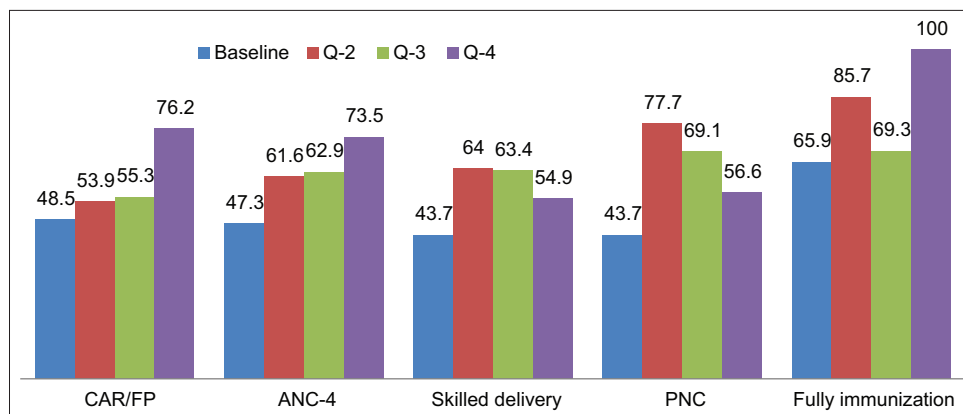
*Mr. Ayichilum, a beneficiary of Chida Health Centre’s health services, attests to the enhanced quality of healthcare following the implementation of the NPI EXPAND/IWCIDA project in the health center’s coverage region. Notably, improvements in drug availability, ambulance services, and the overall care provided by healthcare professionals were observed in response to the feedback conveyed during CSC scoring sessions and community interface meetings. We express our gratitude to NPI EXPAND/IWCIDA for introducing the SA/CSC, contributing to the enhancement of healthcare services at our health center.*

Figure 1 provides a snapshot of the Chida Health Center’s progress, offering insights into the improvements achieved over a specified period. It encompasses a range of parameters, including CAR, ANC-4, Skilled delivery PNC and Full immunization.

The percentages illustrated in the graph serve as concrete evidence highlighting the positive trajectories in Family Planning and Maternal, Newborn, and Child Health

**Table 1.** Descriptive Summary of Pre and Post intervention result for health service improvement indicators

Indicators	Chida HC		Anchano genet HC		Aba HC		Wara HC		Karawo HC		Angela Hc	
	Pre test	Post test	Pre test	Post test	Pre test	Post test	Pre test	Post test	Pre test	Post test	Pre test	Post test
Ind1	2.45	2.77	2.6	3.53	2.78	3.78	2.97	3.21	2.3	2.9	2.5	3.3
Ind2	2.52	2.99	2.18	3.83	2.98	3.34	2.46	3.31	2.51	2.9	2.5	3.4
Ind3	2.78	3.09	1.96	2.57	2.72	3.38	1.89	3.27	1.95	3.1	2.6	2.98
Ind4	2.98	3.33	2.16	2.73	2.84	3.34	1.63	3.40	2.23	3.4	2.2	2.98
Ind5	2.31	3.13	2.56	1.98	2.34	3.44	2.12	3.22	1.42	3.4	1.9	2.82
Ind6	2.59	3.66	1.94	3.0	3.26	3.77	2.87	3.43	2.31	3.3	2.7	3.14
Average performance	15.63	18.97	13.47	17.64	16.92	21.06	13.94	19.84	12.72	19	14.4	18.62
Performance Percentage	52.2	63.2	44.8	58.8	56.4	70.2	46.7	66.1	42.4	63	48	62.1



**Figure 1.** Improvement in Family Planning, Maternal new born child health/FP/MNCH at Chida health center Source. Chida health center, 2023

(FP/MNCH), underscoring the efficacy of SA/CSC (presumably a healthcare initiative or program) in enhancing healthcare services. Noteworthy improvements across all FP/MNCH indicators are evident, signifying the substantial impact of SA/CSC’s efforts. Specifically, the data reveals substantial progress in various key indicators. For instance, Contraceptive Acceptance Rate (CAR) has demonstrated a noteworthy improvement, surging from 48.5% to an impressive 76.2%. Similarly, Antenatal Care at the fourth visit (ANC-4) has experienced a substantial increase, progressing from 47.3% to 73.5%.

Other critical indicators also reflect positive advancements. Skilled delivery has seen improvement, climbing from 43.7% to 54.9%, showcasing the initiative’s success in promoting safe delivery practices. Postnatal Care (PNC) has similarly demonstrated a positive shift, increasing from 43.7% to 56.6%, indicating enhanced care for mothers and newborns in the postpartum period. A remarkable achievement is observed in the realm of childhood immunization, with the Fully Immunized Rate soaring from 65.9% to a commendable 100%. This notable accomplishment underscores the success of SA/CSC in ensuring comprehensive immunization coverage for children, a crucial aspect of safeguarding their health and well-being.

In summary, the data presented in the graph not only validates the positive trends in FP/MNCH but also emphasizes the tangible impact of SA/CSC’s interventions. The significant improvements across diverse healthcare indicators attest to the effectiveness of the initiative in elevating the overall quality of healthcare services at all levels, contributing to the well-being of the community it serves.

As it is shown in the Table 3, dependent t-test result indicated that statistically significant intervention effect was reported ( $t = 5.03, p < .05$ ) with pre intervention (Mean= 13.47 and SD 11.8) and Post intervention (Mean= 17.64, SD= 8.2), respectively. This indicates that the invention made to improve the health care services through the application of SA/CSC is found effective.

*Affirming the above notion, W/ro Asnakech, a recipient of services at Anchano Genet Health Centre, expressed that significant and visible enhancements have been evident*

**Table 2.** Pretest and post-test intervention for improving health care services at Chida health center

Group	M	SD	Mean difference	df	t	p
Pre intervention	15.63	11.6	3.34	299	4.04	0.001
Post intervention	18.97	8.4				

**Table 3.** Pretest and post-test intervention for improving health care services at Anchano genet health center

Group	M	SD	Mean difference	df	t	p
Pre intervention	13.47	11.8	4.17	299	5.03	0.000
Post intervention	17.64	8.2				

*since the commencement of the NPI EXPAND/IWCIDA’s implementation of the social accountability/CSC project at our health center. Notable improvements include enhanced ambulance services, increased drug availability, mitigation of issues related to professional and ethical challenges observed among health center staff and Health Extension Workers (HEWs), reduction in waiting times, and, overall, a substantial improvement in the healthcare services provided by Anchano Genet Health Center*

As it is shown in the Table 4, dependent t-test result indicated that statistically significant intervention effect was reported ( $t=4.21, P<.05$ ) with pre intervention (M= 16.92 and SD=15.1) and Post intervention (Mean= 21.06, SD=7.9), respectively. This indicates that the invention made to improve the health care services through the application of SA/CSC is found effective.

*Backing the aforementioned idea, W/ro Asegedech, a user of health services at Aba Health Center, stated that significant improvements in healthcare service delivery have been witnessed since the initiation of the SA/CSC project by NPI EXPAND/IWCIDA in our health center’s catchment area. For instance, through our active participation in CSC scoring sessions and community interface meetings addressing health center administrators, we have seen some resolution*

to critical issues such as problems with ambulance services, shortages of drugs, sanitation concerns at the health center, and water scarcity, although more efforts may still be required.

As it is shown in the Table 5, dependent t-test result indicated that statistically significant intervention effect was reported ( $t=6.32, p<.05$ ) with pre intervention (Mean= 13.94 and SD 13.3) and Post intervention (Mean= 19.84, SD=9.21), respectively. This indicates that the invention made to improve the health care services through the application of SA/CSC is found effective.

Supporting the points mentioned above, W/ro Alganesh, a beneficiary of health services at Wara Health Center, affirmed that noticeable enhancements in the healthcare services provided by Wara Health Center have been observed since the implementation of the SA/CSC project in our health center's catchment area by NPI EXPAND/IWCIDA. For instance, since our participation in the previous CSC scoring sessions and community interface meetings, there has been an increase in drug availability, improvements in ambulance services, a notable change in the attitude of health center workers and Health Extension Workers (HEWs) towards us, and an overall improvement in health center sanitation, among other positive developments.

As it is shown in the Table 6, dependent t-test result indicated that statistically significant intervention effect was reported ( $t=6.72, p<.05$ ) with pre intervention (M= 12.72 and SD= 14.1) and Post intervention (Mean= 19,SD=7.9), respectively. This indicates that the invention made to improve the health care services through the application of SA/CSC is found effective.

In response to the feedback provided to the health center administrators, there has been a noticeable improvement in addressing the issues related to unethical and unprofessional behaviors at the health center. Prior to the initiation of the SA/CSC project in our health center's catchment area, we encountered significant challenges with the behavior of health center workers. Examples included disrespectful treatment of patients, lack of punctuality, and other issues.

**Table 4.** Pretest and post-test intervention for improving health care services at Aba health center

Group	M	SD	Mean difference	df	t	p
Pre intervention	16.92	15.1	4.14	299	4.21	0.000
Post intervention	21.06	7.9				

**Table 5.** Pretest and post-test intervention for improving health care services at Wara health center

Group	M	SD	Mean difference	df	t	p
Pre intervention	13.94	13.3	5.9	299	6.32	0.000
Post intervention	19.84	9.21				

However, subsequent to the comments we conveyed to the health center administrators, these problems, as mentioned by W/ro Tayech, a health service user at Angela Health Center, have been more or less resolved.

As it is shown in the Table 7, dependent t-test result indicated that statistically significant intervention effect was reported ( $t= 4.21, p<.05$ ) with pre intervention (Mean= 14.4 and SD= 15.32) and Post intervention (Mean= 18.62, SD=8.21), respectively. This indicates that the invention made to improve the health care services through the application of SA/CSC is found effective.

In support of this result, W/ro Fentanesh, who receives health care services from this health center (Angela health center) asserted that following the comment we made to the health center director during CSC scoring sessions and community interface meeting on the poor health care services we have been receiving from the health center especially on scarcity of drugs, poor professional ethics of health professionals, poor ambulance services, and poor sanitation (especially in the delivery room), many improvements have been witnessed. Therefore, we are very grateful to NPI EXPAND/IWCIDA for introducing this SA/CSC in our health center catchment area such that health care service we have been receiving from the health center is improving from time to time (W/ro Fentanesh, Angela Health center, health service user).

Figure 2 provides a snapshot of the Chida Health Center's progress, offering insights into the improvements achieved over a specified period. It encompasses a range of parameters, including CAR, ANC-4, Skilled delivery PNC and Full immunization.

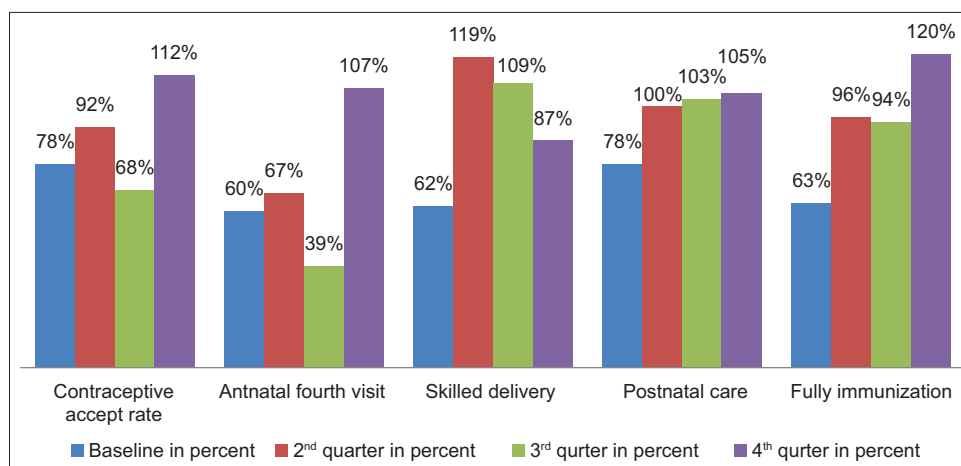
The percentages depicted in the graph provide tangible evidence of the positive strides in Family Planning and Maternal, Newborn, and Child Health (FP/MNCH) at Angele Health Center, underscoring the efficacy of the SA/CSC initiative in advancing healthcare services. Noteworthy improvements are evident across all FP/MNCH indicators, attesting to the impactful contributions of SA/CSC in

**Table 6.** Pretest and post-test intervention for improving health care services at Karawo health center

Group	M	SD	Mean difference	df	t	p
Pre intervention	12.72	14.1	6.28	299	6.72	0.000
Post intervention	19	7.9				

**Table 7.** Pretest and post-test intervention for improving health care services at Angela health center

Group	M	SD	Mean difference	df	t	p
Pre intervention	14.4	15.32	4.22	299	4.21	0.000
Post intervention	18.62	8.21				



**Figure 2.** Improvement in Family Planning, Maternal new born child health/FP/MNCH at Angela health center since the start implementation of SA/CSC in the region

Source. Angela health center, 2023

the health center's operations. Specifically, Contraceptive Acceptance Rate (CAR) has exhibited substantial progress, escalating from 78% to an impressive 112%. Likewise, Antenatal Care at the fourth visit (ANC-4) has seen a significant increase, rising from 60% to 107%. The health center has also witnessed enhanced outcomes in skilled delivery, with rates improving from 62% to 87%, and in Postnatal Care (PNC), where figures have risen from 78% to 105%. The pinnacle of success is reflected in fully immunized rates, soaring from 63% to an outstanding 120%. These notable advancements highlight the transformative impact of SA/CSC at Angele Health Center, underscoring its pivotal role in elevating the quality of FP/MNCH services and fostering a healthier community

## DISCUSSION

Following the start implementation of SA/CSC project by NPI EXPAND/IWCIDA that serve to improve quality, availability, demand, and uptake of FP/MNCH in the four woredas of southwest people's region, many countable changes have been recorded, including availability of drug and medical supplies, improved health center infrastructure (electricity, water, rooms, etc.); improved availability and management of ambulance services, clean and safe health center, to mention a few. These promising results were not achieved without exerting many efforts from the part of the project implementing partners and community in the project implementation areas. Following CSC scoring sessions where community rates on the six indicators of health care services, community interface meeting where the community voices their demand in the presence of health center directors, woreda health office head, and other concerned bodies were appeared. It was during this community interface meeting that Joint Action Plan on the identified gaps was drawn. The effective implementation of the drawn joint action plans were tracked by selected community members, implementing partners, and other concerned bodies. To track each planned project activity, bi-weekly meeting

with implementing partners, monthly PHCU level, Quarterly woreda level, and Semi-annual review meeting with concerned bodies including implementing partners, federal ministry of health, regional health bureau, zonal health office head, woreda health office head, PHCU directors, and community representative were conducted.

## CONCLUSION

In conclusion, the present findings underscore the positive outcomes resulting from the implementation of SA/CSC by NPI EXPAND/IWCIDA, aimed at enhancing healthcare services in the project implementation areas through robust community engagement. The findings reveal a significant increase in community participation in SA/CSC, reflecting a promising level of involvement in the improvement of healthcare services. Across various healthcare service improvement indicators, including the availability of drugs and medical supplies, enhanced health center infrastructure (including electricity, water, and rooms), the provision of caring, respectful, and compassionate care, reduced waiting times for healthcare services, improved availability and management of ambulance services, and the overall cleanliness and safety of the health center, substantial improvements have been reported.

These conclusive results affirm the effectiveness of SA/CSC in fostering community collaboration, resulting in tangible enhancements across diverse facets of healthcare delivery, ultimately contributing to the overall improvement of health services in the targeted areas.

The efficacy of SA/CSC in enhancing healthcare services has been demonstrated, emphasizing its effectiveness in driving improvements. Hence, for a genuine and sustained enhancement of healthcare services, it is strongly recommended that both the government and funding organizations persist in implementing SA/CSC across various regions of the country. This approach ensures that communities can consistently access improved healthcare services at their respective health centers. Continued implementation of

SA/CSC emerges as a strategic and impactful avenue for fostering positive changes in healthcare delivery, furthering the goal of providing better and more accessible healthcare to diverse communities throughout the nation.

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