Civil Society Engagement Strategy

2016–2019
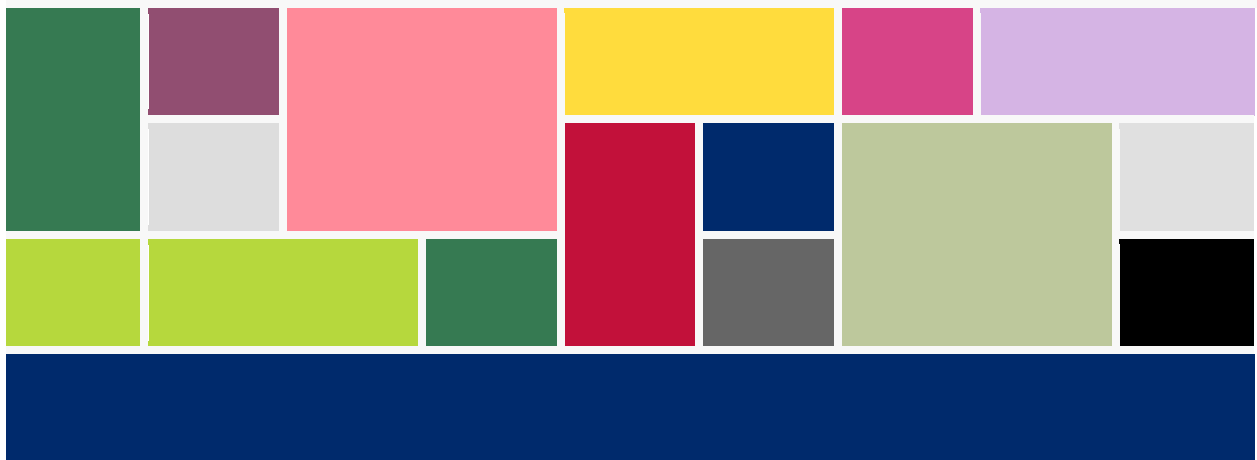
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Abbreviations

CHW   Community health worker

CSO   Civil society organization

CVA   Citizen Voice and Action

EPCMD   Ending Preventable Child and Maternal Deaths

MCSP   Maternal and Child Survival Program

NGO   Nongovernmental organization

PDQ   Partnership-Defined Quality

REC   Reach-Every-Community

RMNCH   Reproductive, maternal, newborn and child health

USAID   United States Agency for International Development

Introduction

This document describes a strategy for the Maternal and Child Survival Program (MCSP) to strengthen engagement with civil society in order to accelerate progress of the Ending Preventable Child and Maternal Deaths (EPCMD) project,[i] including strengthening multi-stakeholder partnerships in support of Every Woman Every Child's Global Strategy 2.0.[ii] This shared engagement strategy provides a unique opportunity to align action, voice, and resources for effective sustainable impact.

Civil society engagement and strengthening will increase the efficiency and impact of vertical reproductive, maternal, newborn and child health (RMNCH) initiatives and plans, particularly at the country level. Further, a 2014 Presidential Directive called on the US government to take actions that: elevate and strengthen the role of civil societies in global development; challenge undue restrictions on civil societies; and foster constructive engagement between governments and civil societies.[i] Civil societies and local civil society organizations (CSOs): support communities and families whose decisions and actions have a direct impact on maternal, newborn, and child survival; work often with underserved populations with the highest burden of mortality; strengthen the capacity of frontline workers in the health system; and augment and complement government actions to accelerate mortality reduction, including holding governments accountable to their commitments. Without the engagement of civil societies and CSOs, it is unlikely that progress toward the Sustainable Development Goals and related targets for health will be made.

> **Civil Society** represents the whole array of formal and informal citizen and professional associations and organizations advancing public interests and ideas, independent of the public and for-profit private sectors.
>
> **Civil Society Organizations** are diverse groups that express the interests and values of their members or others in their society and exist in the public space between the state, the market, and ordinary households. CSOs can lead and organize social action, advocate on priority issues, participate actively in public service monitoring and oversight, and deliver services to members and the larger population. They may be community groups, nongovernmental organizations, labor unions, indigenous groups, charitable organizations, faith-based organizations, professional associations, foundations, and providers.

> "To us, country ownership in health is the end state where a nation's efforts are led, implemented, and eventually paid for by its government, communities, civil society, and private sector… and then these groups must be able to hold each other accountable…"[ii]

MCSP is the global health flagship project of the United States Agency for International Development (USAID) and brings together technical experts, country leaders, members of CSOs, coalitions, and private sector organizations to accelerate progress in EPCMD priority countries. We propose to strengthen civil society engagement to achieve increased attention and investment in the health of women, children, and adolescents through several strategies. These engagement plans include: strengthen community and CSO capabilities to implement affordable and appropriate interventions and participate in governance of services; track health service progress; forge multi-sectoral partnerships; and target support service gaps in marginalized populations and fragile state settings. MCSP's three main *strategic directions* in strengthening civil society engagement in USAID's priority countries are to:

1. Advance civil society leadership and strategic partnerships at the national level with governments and Ministries of Health

2. Support the role of civil society at subnational or district level to strengthen primary health care services and community health interventions

3. Support social accountability, shared learning and use of information to advance health equity, service quality, and the adaptive management of community health programs

We present a graphic representation and the three strategic directions for MCSP's civil society engagement strategy to foster dialogue with global, regional, and national stakeholders, including USAID Missions. These directions can be adapted to support diverse civil society needs in the 24 EPCMD priority countries.

A Model for the Role of Civil Society in Strengthening National Health Efforts

The graphic displayed below shows how civil society engagement fits into a system of social influences operating at multiple levels of the national health system in order to advance three main and linked outcomes:

1. **Increased health impact and equitable coverage.** MCSP aims to improve population health, service utilization, and MNC mortality outcomes, with an important emphasis on equity (reaching "the last mile/kilometer").

2. **Strengthened social accountability and health systems.** Social accountability needs a permissive context, and operates at local and subnational levels, and contributes to national processes.

3. **Improved health sector governance.** Shared ownership brings together government, civil society, and the private sector through "multi-stakeholder accountability and oversight."[i] In this case, the national stage partnerships help to support an enabling environment and support sub-national activities, leading to local impact.

Starting with the national perspective, a strong civil society is composed of capable and diverse organizations that collaborate together. Civil society expresses its capacity more effectively when it is organized through coalitions, networks, secretariats, and technical groups. CSOs demonstrate their leadership by carrying out public education, advocacy, social mobilization, and strengthening local implementation capacity. While CSOs may engage, advocate, and partner with their government, their contribution can be facilitated through civil society platforms that include multilateral and bilateral government partners. There is now an expanding number of these platforms. Better harmonization or integration, or both, of civil society in national health systems will result in a more rapid improvement in national health standards and outcomes. Civil society networks can powerfully advocate for pro-poor health policies and resources; contribute to public oversight and policy development; and mobilize communities. Ultimately, civil society partnerships with their governments have the potential to improve governance of national health systems, building accountability and shared ownership.

"Recognize the critical role of civil society organizations, academia, the business community, media, funders and other stakeholders in holding each other and governments to account for health outcomes. Foster active citizenship, advocacy and collective action."[iii]

Improved national health sector governance reinforces and supports program implementation efforts that necessarily takes place locally. Shared governance at the local level has been demonstrated to lead to higher quality services and better reach into poorer communities.iv Direct effects also accrue in terms of improved community capacity and structures, mobilized frontline health workers, and increased community health competency. Frequently, population health is also improved through additional multi-sectoral improvements that address other important social determinants of health.

The President calls on US government personnel "to take actions that elevate and strengthen the role of civil society; challenge undue restrictions on civil society; and foster constructive engagement between governments and civil society."v

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Finally, the health system not only needs to implement evidence-based policies (a top-down process), it also needs to detect vital signals about service performance in the most remote locations (a bottom-up signaling). Civil society plays a crucial local role by building community capacity and participation, starting with community-based organizations, community health worker (CHW) associations, village and neighborhood committees, and women's groups, among others. Social accountability at the local level supports local quality improvements and adaptive responses, and provides essential signaling upstream that contributes to ownership and improved governance of the health sector.
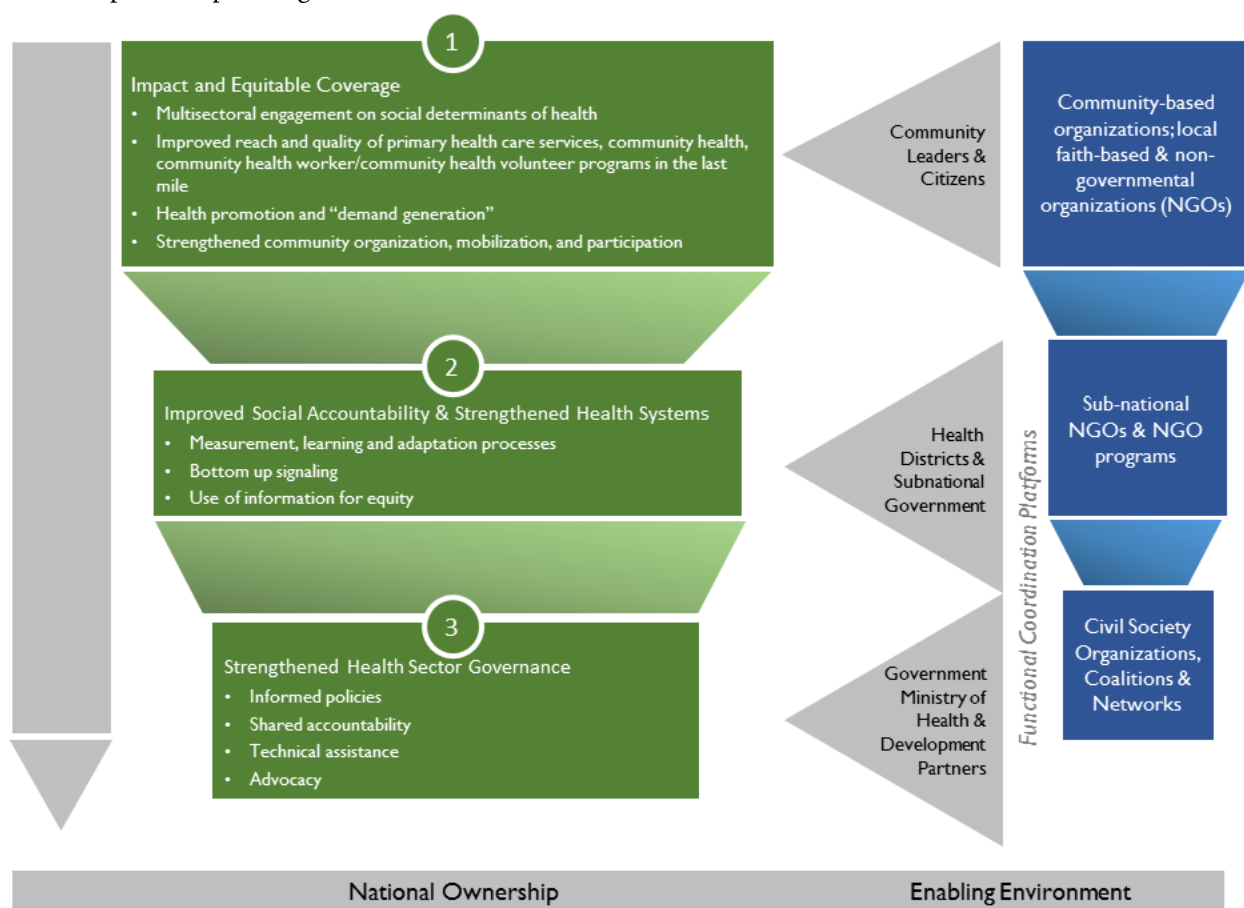
MCSP's Strategy for Advancing Civil Society Engagement

MCSP's work is designed to address different country contexts in response to USAID Missions' strategic and programmatic directions. Some factors and constraints influencing civil society engagement are summarized in the Appendix. Our work is informed by experience with health systems management, organizational systems and networks, partnership strategies, civil society and government capacity-building, transition monitoring, evaluation, and learning.

1. Advance Civil Society Leadership and Strategic Partnerships at the National Level with Governments and Ministries of Health

The first strategic direction aims to build capacity of civil society as a constituency of national health strategies, and MCSP is positioned to contribute strategically at national and subnational levels to build civil society leadership and strengthen shared accountability in national health sector governance.

MCSP is able to lead assessments and designs to either form or strengthen civil society networks. The CORE Group's Secretariat Model presents an adaptable template to build collaboration and results.[vi] MCSP can map CSO activities, relationships, and impact areas to identify gaps in coverage and take actions to close these gaps, with a focus on reaching the most marginalized. While organizational capacity-building is sometimes still required, we bring network assessment approaches and tools to focus on collective capacity. For example:

- In Ethiopia, MCSP has supported the pilot testing of newborn social and behavioral change efforts in hard-to-reach pastoral areas by bringing together nongovernmental (NGO) members of a pre-existing secretariat along with the government and establishing a common set of priorities and communication efforts to be supported through NGO intervention platforms.

- In Haiti, MCSP rapidly identified 36 national and international NGOs intervening in all departments, and some were involved in the introduction of evidence-based technical innovations that MCSP could scale up in intervention areas.

- For both its maternal and newborn health country strategies, MCSP's work with professional associations has been and will continue to be an important way to encourage civil society leadership to influence and disseminate evidence-based practices.

In collaboration with USAID Missions and other relevant stakeholders, MCSP will host **government-civil society forums** for accelerating the national RMNCH strategy. These forums are part of a **detailed process, adapted to specific technical challenges, to accelerate how government and civil society can understand the complementarity of their roles and establish realistic action plans with clearly defined roles and process for shared accountability.**

2. Support the Role of Civil Society at Subnational or District Level to Strengthen Primary Health Care Services and Community Health Interventions

Strategic Direction 2 includes subnational efforts to partner with and engage civil society and the involvement of civil society at the implementation level at primary health care service points and the community—critical areas identified in the USAID Community Health Platform referenced above.

More importantly and specifically, MCSP experts in countries and in the US are proposing approaches to bring together public and civil sectors to improve the impact of community health efforts. Depending on context, history, and problem at hand, MCSP proposes tools and approaches to build **Community Health Platforms that strategically align CHWs, community organizing, local governance, and use of data to deliver an expanding set of community health interventions.** Other complementary approaches that make use of the added value of civil society are the **Comprehensive Approach to Health Systems Management** and the use of **Quality Action Groups.**[vii,viii]

Building on lessons from the Maternal and Child Health Integrated Program's **CHW Reference Guide** and the need to make investments effective, MCSP promotes strategies to reach 'last-mile or kilometer' populations with appropriate RMNCH care by **supporting culturally appropriate, 'dual models' of community health work, whereby CHWs are linked with effective community organizing strategies, including volunteers.** Specifically, MCSP is providing analytical power through the **CHW Capacity and Coverage Tool (C3)** to help planners consider the tradeoffs when planning tasks for CHWs and volunteers.[ix] Given the expertise of its diverse staff, MCSP is well positioned to help replicate, scale up, and adapt strategies that often best operate with government-civil society partnerships, notably **Care Groups** and **Participatory Women's Groups** (an evolution of the Community Action Cycle).[x,xi] For example:

- In Tanzania, Haiti, Rwanda, Democratic Republic of Congo, Kenya, Liberia, and Mozambique, MCSP is partnering with local NGOs to expand services to communities.

- MCSP country programs support target districts in holding regular feedback activities with community members and CSOs to share information on progress toward RMNCH health targets. For Program

Year 1, this was accomplished in 64 out of the 66 districts in which MCSP operated in Mali, Guinea, Malawi, and Mozambique.

- MCSP will coordinate with the newly awarded grantees (to be announced) of USAID's Integrating Community Health Annual Program Statement–CHW Addendum, and enable their national and local partners, including government and civil society leaders, to develop cross-country dialogue and participate in a regional meeting on institutionalization of community health within national health systems. An important focus for global and national learning will be the community health workforce supported through community systems.

- Advancing the programmatic role of civil society and civil society's coordination with subnational Ministry of Health structures is an important direction that MCSP continues to work on in terms of maternal health (antenatal care, birth preparedness, and emergency transportation), newborn care (postnatal care, kangaroo mother care, and immunizations), community health promotion, and support for individual and community agency. For infant and young child nutrition, community-based child growth promotion, and community-based distribution of iron and folate supplements will require civil society engagement to achieve impact at scale.

Defining Success for Strategic Direction 2:
- One or two countries demonstrate strengthening of effective district-civil society partnerships in scaling up integrated RMNCH services and activities at the primary health care level, including community level
- Documented operational progress in optimizing CHW investments through effective community organizing, and data-based prioritization of activities
- Performance monitoring plan indicators track the percentage of MCSP target districts with regular feedback mechanisms to share information with community members and CSOs on progress toward RMNCH health targets

3. Support Social Accountability, Shared Learning and Use of Information to Advance Health Equity, Service Quality, and the Adaptive Management of Community Health Programs

Social accountability is the link between governance (national and subnational), implementation, and local learning. With a **focus on these three approaches,** MCSP seeks every opportunity to integrate social accountability practices and tools into country strategies that can be tailored to specific contexts and programmatic challenges, have previously been implemented, and also been reviewed for comparative strengths and weaknesses:

- Partnership-Defined Quality[xii] (PDQ)
- Citizen Voice and Action[xiii] (CVA)
- Community scorecard[xiv]

MCSP is positioned to provide capacity-building support so that national staff and partners understand and are able to carry out their roles and responsibilities for mutual program accountability. MCSP staff also have experience with long-term and sustainability oriented processes essential for building full-country ownership among both government and civil society.

Different technical intervention areas can benefit from strengthening civil society engagement with governments for social accountability. Reach-Every-Community (REC) and REC-quality improvement for immunization have important elements of information use for decision-making, adaptation, and accountability. Another example is Respectful Care in Maternal Health. Value-added social accountability mechanisms have already been shown for Child Health and Newborn Health (both through PDQ and CVA), meriting integration into management systems involving multiple partners. For example:

- MCSP Tanzania started adapting a community scorecard approach during Program Year 1. Early in Program Year 2, MCSP trained 21 CSO community facilitators to facilitate the process (utilizing the Ministry's manual) for health services to assess progress toward benchmarks and document their processes and results. MCSP also designed the scorecard report (development is ongoing) within the Health Management Information Systems' District Health Information System for national, regional, and district levels.

- Depending on the country's context, the civil society-government forums (Strategic Direction 2) may include a strong element of advocacy and education on social accountability, as well as tools to track health program outputs.

Defining Success for Strategic Direction 3:
- Using tested and scalable methods, country programs demonstrate increasing integration of social accountability in their strategies involving government and civil society in partnership, with bottom-up signaling to local, subnational, and national levels
- Demonstrated improvements in quality of health services and community health promotion activities
- Documentation of adaptation steps to improve RMNCH primary health care and community health programs

Appendix. National Challenges and MCSP Opportunities for Engaging Civil Society

National challenges	MCSP opportunities
Inadequate service quality and patient treatment	Civil society provides reach, diversity, and social accountability to service plans, activities, and evaluation, thereby improving program quality and patient satisfaction.[1] MCSP advocates and provides training for social accountability strategies (such as PDQ, CVA, and sustainability planning) that improve ownership, social engagement, provider performance, quality of services, and patient satisfaction.
Under-resourced national health systems sometimes minimize or exclude civil society engagement	MCSP identifies and applies evidence-based technical, cross-cutting, and country team programming guides, tools, and strategies to incoming program designs, at national and subnational levels, to improve service delivery, national health systems, and health outcomes. In countries where government-CSO contracting takes place (i.e., Liberia), MCSP could advance evaluation, learning, and dissemination of what works in the broader forums.
Marginalized populations and unaddressed health inequity	A civil society focus includes pro-poor, marginalized groups in program design and allows the strengthening of program equity. MCSP provides guidance on how to identify marginalized populations and provides options for pro-poor strategies to strengthen program equity in program design.
Limited capacity of CSOs and limited public sector skills related to shared governance	MCSP hosts government-civil society forums to identify coverage gaps, map resources, and develop plans to address unmet health needs related to EPCMD, thereby strengthening civil society engagement to improve health outcomes. MCSP provides tools and builds capacity of MOH and civil society partners to develop leadership and community governance programs that support facility efforts to deliver high quality services, mobilize and leverage local resources, and monitor intervention coverage.
Vertical funding streams minimize the possibilities for integrated community-based strategies	MCSP provides the know-how and tools for integrated program delivery of RMNCH programming at the community level to improve service demand and outcomes.
Limited global support for civil society engagement within national health system strengthening efforts	MCSP's global leadership promotes civil society engagement and diffuses evidence-based civil society successes at global and national forums.

Endnotes

i USAID. 2015. Acting on the call: Ending preventable child and maternal deaths. USAID website. https://www.usaid.gov/sites/default/files/documents/1864/USAID-2015-Acting-on-the-Call.pdf. [Published June 2015.] Accessed March 4, 2016.

ii Secretary of State Hillary Rodham Clinton. 2011. Presented at: Busan Fourth High Level Form on Aid Effectiveness; November 30; Busan, South Korea.

iii Every Woman Every Child. The global strategy for women's, children's, and adolescents' health (2016–2030.) Every Woman Every Child website. http://globalstrategy.everywomaneverychild.org/. Accessed March 4, 2016.

iv MCSP. 2016. Literature Review: Civil Society Engagement to Strengthen National Health Systems to End Preventable Child and Maternal Death.

v President Barack H. Obama. 2014. Deepening US government efforts to collaborate with and strengthen civil society. The White House website. https://www.whitehouse.gov/the-press-office/2014/09/23/presidential-memorandum-civil-society. [Published September 23, 2014.] Accessed March 4, 2016.

vi CORE Group. 2015. Secretariat model. CORE Group website. http://www.coregroup.org/storage/documents/Secretariat_flyer_Oct._2015.pdf. Accessed March 4, 2016.

vii USAID MCSP. In development. MCSP's Comprehensive Approach to Health Systems Management.

viii Thompson M. 2016. Defining a Common Vision for Quality. Presented at: MCSP; March 3; Washington, DC.

ix Product and guide currently in development. MCSP 2016.

x Perry H, Morrow M, Borger S, et al. 2015. Care Groups I: An innovative community-based strategy for improving maternal, neonatal, and child health in resource-constrained settings. *Glob Health Sci Pract*. 3(3):358-369. doi: 10.9745/GHSP-D-15-00051.

xi World Health Organization (WHO). 2014. WHO recommendation on community mobilization through facilitated participatory learning and action cycles with women's groups for maternal and newborn health. WHO website. http://www.who.int/maternal_child_adolescent/documents/community-mobilization-maternal-newborn/en/. Accessed March 4, 2016.

xii Lovich R, Rubardt M, Fagan D, et al. Partnership defined quality: A tool for community and health provider collaboration for quality improvement. 2003. Save the Children website. http://www.savethechildren.org/atf/cf/%7B9def2ebe-10ae-432c-9bd0-df91d2eba74a%7D/PDQ-Manual-Updated-Nigeria.pdf. [Published January 2003. Updated June 2005.] Accessed March 4, 2016.

xiii Citizen Voice and Action's website. https://www.smore.com/w5xy-citizen-voice-and-action. Accessed March 4, 2016.

xiv CARE. 2013. The Community Score Card (CSC): A generic guide for implementing CARE's CSC process to improve quality of services. CARE website. http://www.care.org/sites/default/files/documents/FP-2013-CARE_CommunityScoreCardToolkit.pdf. [Published May 2013.] Accessed March 4, 2016.