CASE STUDY

ETHIOPIA

Community Scorecards to strengthen quality of care

CONTEXT

Ethiopia is a lower- middle-income country with a population of close to 110 million. Although access to health care and use of services have significantly improved, there is still a significant burden of disease and low levels of skilled birth attendance and post-natal care. Equity of access and quality of care are ongoing concerns. In 2017, the Federal Ministry of Health (FMoH) introduced a Community Scorecards (CSC) for Woreda (district) health offices, PHC facilities and the community to monitor service quality, and respond to community needs. As of June 2019, the CSC had been rolled out in four agrarian regions: Tigray, Amhara, Oromia and the Southern Nations, Nationalities, and Peoples' Region. This case study draws on the findings of three case studies commissioned by the FMoH,[151] a 2019 UNICEF-led report to support the Health Social Accountability Technical Working Group 2019[152] and a FMoH and ALMA Best Practices and Lessons Learned review.[153]

Experiences

- **"The CSC makes the community feel as the owner of the health centers and health services … Social accountability will come. Government responsiveness is different when the community regularly and measurably is engaged."** *(Health worker).* CSC is an institutionalised tool that is expected to be implemented by all primary level health facilities and health centers. Although initiated by the health authorities, the process is led by community elected client councils, made up of diverse individuals, including women's and youth groups, and other constituencies. Service users score services at formally convened sessions with government representatives and health workers. The aim is to develop a joint action plan with attention paid to areas that received low scores. The expectation is that because health workers are formally engaged in the process, there is a much higher likelihood that citizens' feedback will be acted on by health facilities.

- **"The health centre staff used to say, 'It [the facility] is not yet open. Wait for the opening time.' So, we would have to wait for long periods of time despite a lot of work awaiting us at home …"** *(Community member).* If implementation is supported and implemented well, the CSC can become a powerful tool to improve health service delivery. It can also create greater trust in the health service and stimulate demand for timely and routine preventative and curative care.

- **"When I read out the indicators and I told them to score, some women were fearful, they did not want to score. When I asked the women to raise their hand for a 3 or a 4, some never raised their hands at all."** *(Health worker)* Power imbalances between community members, the client council and health workers could adversely affect the equity and efficacy of the CSC. These may centre on attitudes (e.g. prejudice against adult females with low literacy) or real power (e.g. where individuals or groups misuse power to provide or withhold health services). Irrespective of whether this power is exercised improperly, the perception that it is could impede the effectiveness of CSC.

RECOMMENDED ACTIONS

Based on the documents reviewed,[151-153] further actions were identified for strengthening the roll-out of the CSC:

1. **"Patients are benefiting from improvements made due to community feedback, especially women and children under five years. The health center staff are also benefiting because we better know our strengths and weaknesses. This motivates us in our work."** *(Health worker)* CSC is a useful tool for addressing health inequities and can lead to significant improvements in timely quality of care and health service delivery. Further steps should be taken to ensure coordinated and regular direct feedback from service users is used to improve health care in communities and contribute to people's realization of their rights and entitlements. It complements 'long route' accountability, which – though essential – takes more time as it involves institutional review and other means.

2. **"Good leadership, strong training, regular community feedback meetings and supportive supervision to health center are all important for success."** *(Health worker).* It is critical to cement political will and leadership for institutionalization and full scale-up, and to ensure accountability mechanisms mandated by government provide the opportunity for a responsive 'ear' to people's 'voice'. It is also important to recognize and address health worker anxiety about citizen feedback processes. High level commitment to social accountability should also provide an enabling environment for multiple accountability mechanisms to build on and reinforce each other. For example, the CSC cooperates closely with the Ethiopia Social Accountability Program, which is one of three tools created by the government to increase accountability in basic public service delivery. The others are the Grievance Redress Mechanism and Financial Transparency and Accountability.

3. **"Communities are very eager and engaged. If the quarterly feedback meetings are delayed, the community demands the meetings be held."** *(Health worker)* Building trust in the system is critical. There is a need to create a balance between government ownership/political support for social accountability mechanisms and the meaningful participation of individuals and communities and other stakeholders. Only good facilitation and the true engagement of citizens during the interface meeting, followed by tangible changes that reflect the responses of the citizens, can build the trust of citizens over time. This is why supporting the scale-up and ministry level monitoring and evaluation (M&E) of the CSC to ensure the tool is properly executed is so important.

4. **"The community discussion is the most important part of the process and requires good management and leadership by the client councils."** *(Health worker).* To help address power imbalances, client councils should contain a balance of men and women. Support and investment are needed to counter power imbalances by ensuring that vulnerable people – those with disabilities and chronic illnesses, pastoralist communities and refugees – are included in CSC. Client council guidance should be appropriate to all contexts, ensuring that power imbalances between citizens and health workers does not affect CSC scoring.

5. **"We intend to learn and adapt as we move forward with CSC implementation."** *(FMoH)* M&E is needed to strengthen the scale-up of the CSC. An M&E tool, based primarily on data that already gets collected by health facilities, will allow the FMoH to check on progress regularly and correct the course as needed. The resulting data will also be used for planning and budgeting.

Follow-up with the Minister of Health and the government is already planned to consider these recommendations in the roll out of the CSC.

The full country case study is available at: www.iapewec.org/reports/annual-reports/iap-2020-report/casestudies

REFERENCES

151. Federal Ministry of Health, ALMA. Three case studies, 2019: Case study 1: Leadership and Management are Critical to Community Scorecard Success (https://almahub.org/Content/Sliders/ethiopia/case1.pdf) ; Case study 2: Primary Health Care Units in Ethiopia Demonstrate Capacity to Respond to Citizen Feedback (https://almahub.org/Content/resources/community%20stuff/Case%20Study-English-TWO-FINAL%2031%20MAY.pdf); and Case study 3: Community Scorecard (CSC) Leads to Citizen Action and Contributions to Improve Health Service (https://almahub.org/Content/resources/community%20stuff/Case%20Study-English-THREE-FINAL.pdf) 2019.

152. UNICEF. Social Accountability for Healthcare Quality Improvement Study. 2019. (available upon request).

153. Federal Ministry of Health, ALMA. Ministry of Health Implementation of the Community Scorecard in Ethiopia. Best practices and lessons learned. 2019. (available upon request).