**ETHIOPIA**

**Community Scorecards to strengthen quality of care**

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, respond to community concerns, and support the FMoH, Ministry of Health (MoH), and other stakeholders.

**Experiences**

- **The CSC makes the community feel as the owner of the health centers and health services**. Social accountability will come. Government responsiveness will be different when the community regularly and massively is engaged. (Health worker).
- **Community involvement** 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 council members, made up of diverse individuals, including women 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. (Health worker).
- **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. (Health worker).

**Case Study**

In the Amhara region, and specifically in the Abo Gата Woreda of the Ganta Zone, the CSC was introduced in 2017. Abo Gата Woreda is one of the most densely populated woredas in the zone and a hub for local and border trade. Abo Gата Woreda also has one of the highest HIV prevalence rates in the region. The community expressed a desire for improvement in quality of health services. The community leaders were the driving force behind this implementation, with the Ministry of Health providing technical support. The CSC process was led by community elected client councils, made up of diverse individuals, including women and youth groups, and other constituencies. The client councils were elected in a formal election process and are responsible for overseeing the CSC process. They are composed of representatives from different sectors of the community, including health workers, religious leaders, and community leaders. The client councils hold regular meetings, where they discuss the quality of health services and make recommendations for improvement.

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**REFERENCES**

1. **Federal Ministry of Health, ALMA.** [Case study stories, 2019] (available upon request).
2. **UNICEF.** [Social Accountability for Healthcare Quality Improvement Study. 2019] (available upon request).

**RECOMMENDED ACTIONS**

Based on the documents reviewed, 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 inequalities 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-term 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 and 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, and ensure 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 of the CSC. An M&E tool should be designed to identify data that are already collected by health facilities and also allow the Ministry 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.


**REFERENCES**

1. Federal Ministry of Health, ALMA. [Case study stories, 2019] (available upon request).
2. UNICEF. [Social Accountability for Healthcare Quality Improvement Study. 2019] (available upon request).