

# Social Accountability in Ethiopia: Community Score Card Implementation to Improve Primary Health Care

Nasir Ali and Geda Tolera

February 14, 2024

8-9 am EST / 16:00 UTC+3



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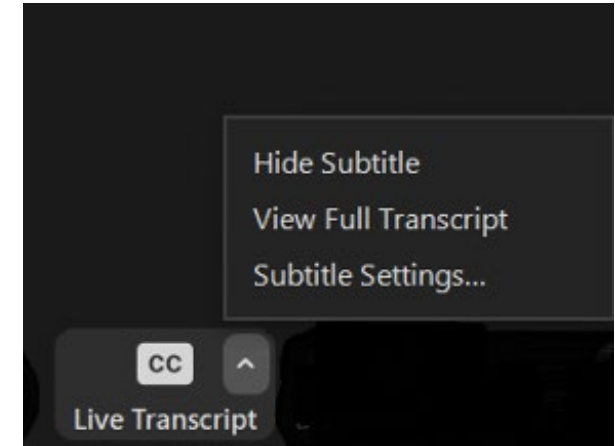
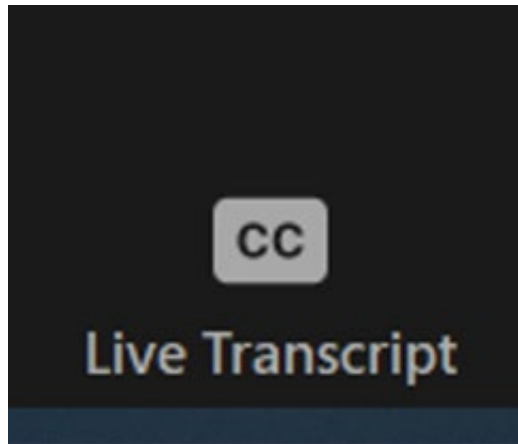


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# Closed Captioning

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# D4I's Work



## Generate Evidence

Use routine and other existing data and generate new data through rigorous methods tailored to budget, timeline, and context



## Integrate Gender

Integrate gender throughout the project to ensure high-quality data for assessment of health and gender outcomes



## Strengthen Capacity

Strengthen capacity through fostering collaboration, experimental learning, mentoring, and peer networks tailored to partner's needs



## Promote Data Use

Visualize and communicate data in ways that are compelling, user-friendly, and actionable



## Ensure Data Quality

Focus on ensuring high-quality data for effective decision making and program outcome improvement



## Learn

Encourage collaboration, improved results, and timely progress updates through idea exchange and shared learning



# D4I's Localization Webinar Series

Join D4I over the next few months for the **Localization in monitoring, evaluation, research, and learning (MERL)** webinar series on lessons learned from the project.

Topics include:

- Local capacity strengthening
- Using a systems lens
- Engaging with diverse stakeholders
- Implementing other good practices for locally led development



Upcoming webinars in the series:



1. Using Sentinel Indicators and Network Analysis to Assess Health Program Sustainability in Nigeria  
**February 28, 2024, at 9am EST**
2. Panel: Shifting Power and the Need to Better Understand Locally Led Capacity Strengthening Efforts  
**March 27, 2024, at 9am EST**



# Webinar Agenda

Session	Presenter(s)
Welcome and Introduction	Tory Taylor, Technical Director, D4I
Social Accountability in Ethiopia: Community Score Card Implementation	Nasir Ali, Chief of Party, NPI EXPAND Ethiopia project  Geda Tolera, Managing Director, ILu Women and Children Integrated Development Association (IWCIDA)
Q&A and discussion	Lisa Parker, D4I, Palladium team lead



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# Social Accountability in Ethiopia: Community Score Card Implementation to Improve Primary Health Care

February 14<sup>th</sup>, 2024

# NPI EXPAND Overview

- 5-year USAID-funded project in 10 countries
- Approx. 60% of funds globally awarded to local partners
- Provides grants and tailored capacity strengthening support in family planning, maternal, newborn, and child health, COVID-19 mitigation, and education



# NPI EXPAND – Global Results Framework

**Goal:** Availability and utilization of high-quality health services increased



Organizational  
sustainability



Increased utilization of  
products, information,  
and services



Innovative and  
promising approaches  
scaled-up



# NPI EXPAND Ethiopia Overview

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- **Aim:** Increase availability and utilization of high-quality FP/MNCH services through application of the community score card in primary health care
- **Approach:** Provide grants and tailored technical and organizational assistance to facilitate leadership of local partner organizations to implement project activities
- **Geographic focus:** Prioritized work in four regions based on factors such as stability and opportunity for change in FP/MNCH: Amhara, Sidama, Southwest Ethiopia; South Ethiopia and Central Ethiopia Regions.
- **Service delivery:** Health service delivery targeted at key populations, including socio-economically disadvantaged women, girls, children, newborns

# Social Accountability Overview

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- **Social accountability (SA):** “an approach towards 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”

*Malena, Carmen with Reiner Forster and Janmejay Singh. 2004. “Social Accountability: An Introduction to The Concept and Emerging Practice.” Social Development Paper 76. Washington, DC: World Bank.*

- **Community score card (CSC):** a local governance tool for monitoring services, empowering communities, and improving accountability of the health system by enabling communities to measure health facility performance and to provide feedback.

# Context

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- Ethiopia's Ministry of Health views **community engagement** as a critical vehicle to improve health.
- At the health facility level, high-performing health posts consistently demonstrate stronger community engagement than lower-performing ones.
- No strong community-level coordination mechanism that effectively engages community platforms to drive improvements, resulting in:
  - **Low community trust** in the quality of public health services and in provider competence
  - **Insufficient community awareness** of available services
  - **Limited understanding and accountability** between communities and their local health systems to effectively inform and organize communities to advance health issues.

*National Assessment of The Ethiopian Health Extension Program;*

- Teklu, A., Alemayehu, Y., Medhin, G., Fentaye, F.W., Dadi, T.L. and Tsehay, Y.E., 2019. National assessment of the Ethiopian health extension program. Addis Ababa, Ethiopia: MERQ Consultancy PLC.

# Community Scorecard Implementation Before NPI EXPAND

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- Woreda and primary healthcare unit staff and management didn't have a clear understanding of the process
  - No established group to lead the process
- 72% of primary healthcare units didn't conduct community scorecard
  - Those that did couldn't rely on scores to accurately reflect community concerns and had no process for addressing them

## Challenges:



Healthcare unit staff were not trained on CSC implementation

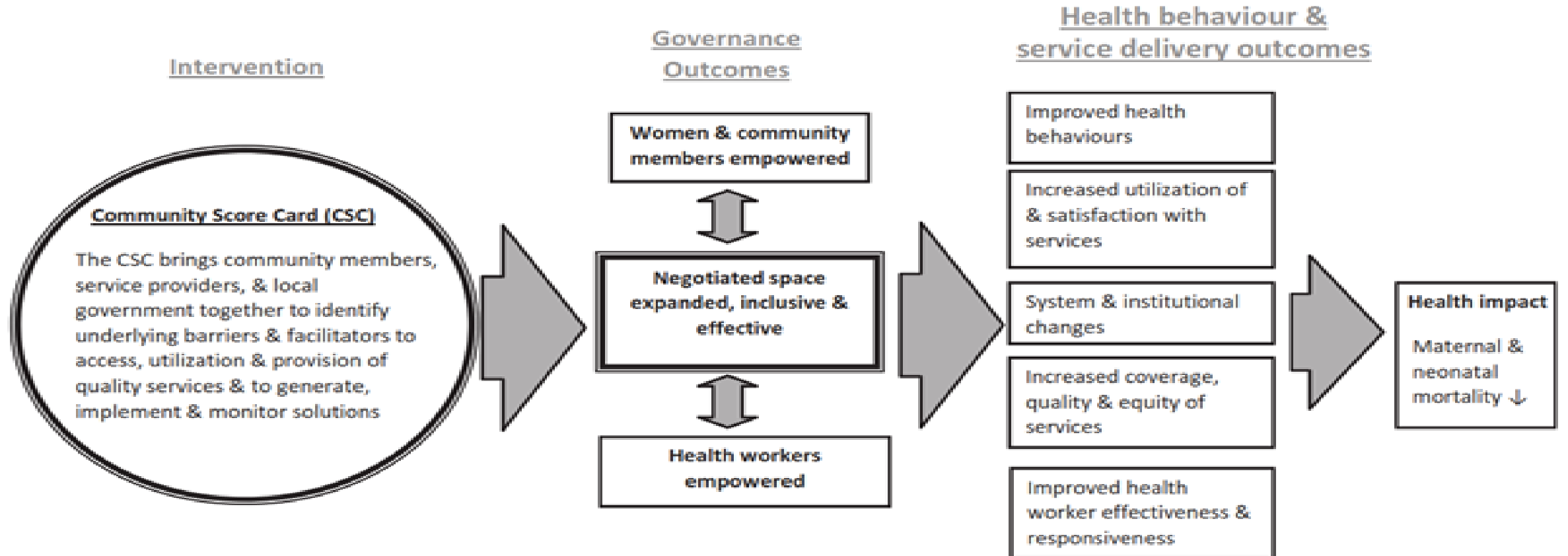


Materials and transportation challenges



Monitoring gaps and inadequate enforcement of improvement strategies

# Community Score Card Theory of Change



Mesele et al Implementing a Social Accountability Approach for Maternal Neonatal, and Child Health Service Performances in Ethiopia February 7, 2021

# Community Scorecard Cycle

Step 1 → Step 2 → Step 3 → Step 4 → Step 5 → Step 6



Understanding  
community  
perceptions  
and orienting  
actors

Establishing  
and  
empowering  
client  
councils

Facilitating  
community  
group  
discussion  
and scoring

Visiting  
facilities to  
provide  
feedback

Conducting  
community-  
facility  
interface  
meetings and  
devising Joint  
Action Plans

Taking  
actions,  
monitoring,  
and follow-  
up

# Community Scorecard – Step I

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## Step I



Understanding  
community  
perceptions  
and orienting  
actors

- Studies in Ethiopia have shown that community perceptions on quality and equity of primary health care services focus on the following areas:
  1. Motivated, caring, and compassionate care
  2. Waiting time for provision of health care services
  3. Availability of medicines, diagnostic services and medical supplies
  4. Infrastructure of health facilities
  5. Availability and management of ambulance services
  6. Cleanliness and safety of health facility

# Community Scorecard – Step 1 cont.

## Step 1



Understanding  
community  
perceptions  
and orienting  
actors

Community perceptions needs to be measured in a meaningful way to capture the recurring themes, concerns and expectations.

- **Role of Ministry of Health:** Develop and share indicators
- **Role of IWCIDA:** Capacity strengthening of Primary Health Care, Community groups, Monitor and coordinate scoring, facility visits and community conferences.
- **Role of health workers:** With IWCIDA, mobilize community's participation and provide information on community perceptions
- **Role of primary health care facilities:** Organize community town hall meetings to document community perceptions
- **Role of Woreda Health Office:** Work with providers and community to plan and coordinate systems to understand and address community concerns



# Community Scorecard – Step 2

## Step 2



Establishing  
and  
empowering  
client  
councils

- The client councils are established to lead social accountability activities at every Kebele and composed of 7-10 members from various community groups, such as:

- Women association delegates
- Youth association delegates
- Different religious groups
- Government employees
- Underserved groups
- Influential persons



# Community Scorecard – Step 3

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## Step 3



Facilitating  
community  
group  
discussion  
and scoring

- Scoring sessions conducted in every kebele quarterly and are coordinated by the client council, kebele manager, and woreda health office
  - Healthcare facilities collect scores from different kebeles and compile them for use by the woreda health office and client council
  - A facilitation guide is used to help structure the discussion
  - Scoring done with a rating scale for each indicator (shown on next slide), preferably color coded (Low=1, Medium=2 and High=3)

# Community Scorecard Scoring Criteria

CSC indicators	Criteria	Score criteria (Points)		
		1. Low	2. Medium	3. High
1: Motivated, Caring, and Compassionate Health workers (MCC)	<ul style="list-style-type: none"> <li>A. Respectful for the patient</li> <li>B. Showing compassion and communication</li> <li>C. Are motivated</li> <li>D. Has professional ethics (love)</li> </ul>	Meet only one/Does not meet all criteria	Meets two to three criteria	Meets all criteria
2: Waiting time for provision of health care services at all service delivery units	<ul style="list-style-type: none"> <li>A. Service rooms are ready during working hours</li> <li>B. Presence of professionals in the service rooms</li> <li>C. Get efficient service</li> <li>D. Services with no delay</li> </ul>	Meet only one/Does not meet all criteria	Meets two criteria	Meets all criteria
3: Availability of drugs, diagnostic services & supplies	<ul style="list-style-type: none"> <li>A. Availability of essential drugs in the facility</li> <li>B. Availability of essential/ standard diagnostic services in the facility.</li> <li>C. Full package of resources to provide complete MNCH service</li> </ul>	Meet only one/Does not meet all criteria	Meets two criteria	Meets all criteria

# Community Scorecard Scoring Criteria

CSC indicators	Criteria	Score criteria (Points)		
		1. Low	2. Medium	3. High
4: Infrastructure of health facilities	<ul style="list-style-type: none"> <li>A. Availability of water supply at all times</li> <li>B. Available of electric power at all times.</li> <li>C. Availability of adequate and disabled inclusive service rooms</li> <li>D. Availability of a vehicle road at all times</li> </ul>	Meet only one/Does not meet all criteria	Meets three criteria	Meets all criteria
5: Availability and management of ambulance services	<ul style="list-style-type: none"> <li>A. Availability of an Ambulance</li> <li>B. Availability of Ambulance services and responsiveness</li> <li>C. For use in maternity and emergency services</li> <li>D. Availability of complete ambulance medical service resources and expertise</li> <li>E. Availability of an ethical ambulance driver</li> </ul>	Meet only one/Does not meet all criteria	Meets three criteria	Meets all criteria
6: Cleanliness, comfort, attractiveness & safety of health facilities	<ul style="list-style-type: none"> <li>A. Absence of visible dry and liquid waste</li> <li>B. Availability of clean and gender separated toilet</li> <li>C. Service delivery rooms protect patient's privacy</li> <li>D. Being a health facility that is odor free</li> </ul>	Meet only one/Does not meet all criteria	Meets three criteria	Meets all criteria

# Community Scorecard – Step 4

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## Step 4



Visiting  
facilities to  
provide  
feedback

- The client council visit primary healthcare facilities and share aggregated scorecards and inquire about community scores and comments
- The scores are shared with healthcare facilities' management teams, governing boards, facility staff, and woredas to ensure adequate attention and begin joint action planning

# Community Scorecard – Step 5

## Step 5



Conducting  
community-  
facility  
interface  
meetings and  
devising Joint  
Action Plans

- Town hall meetings and community conferences are used to discuss community scorecard results
- Client council members, primary healthcare management teams, and woreda health offices plan to address concerns raised by the community
- Responsible bodies at all levels commit to provide continuous progress updates



# Community Concerns

- Poor infrastructure at primary healthcare facilities (lack of electricity and water)
- Inadequate supplies (medicines, laboratory supplies, and equipment)
- Unhygienic health facilities
- Poor ambulance management
- Poor health worker competence and behavior
- Long waiting time to receive health services



# Health System Action Plans to Respond to Community Concerns

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Plans to :

- Improve health workers behavior
- Renovate and newly construct health facility infrastructure
- Improve health commodities supply chain
- Improve ambulance management
- Construct/renovate maternity waiting room
- Improve cleanliness and safety at the health facility
- Reduce waiting time to get health services



# Community Scorecard – Step 6

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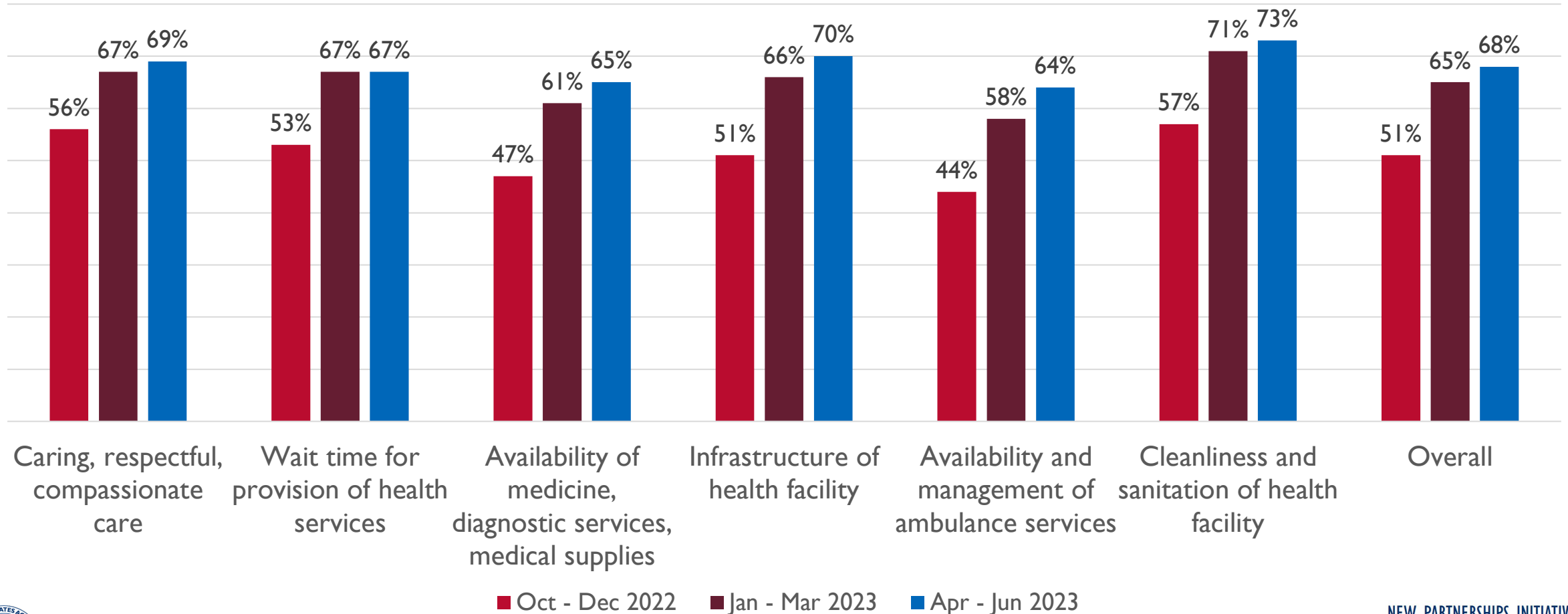
## Step 6



Taking  
actions,  
monitoring,  
and follow-  
up

- **Health facilities:** Implement actions to respond to community grievances
- **Woreda health office:** Ensure health facilities implement activities to respond to feedback given by the community
- **Client council:** Follow up and hold health facilities and Woredas accountable
- **Community:** Active participation in meetings/community conferences, follow up and engage in service improvements, highlight emerging issues and concerns

# Scorecard Results - Southwest Ethiopia Region



# Service Delivery Improvements

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In addition to the improved score card scores across each criteria domain, there have been various community-led improvements:

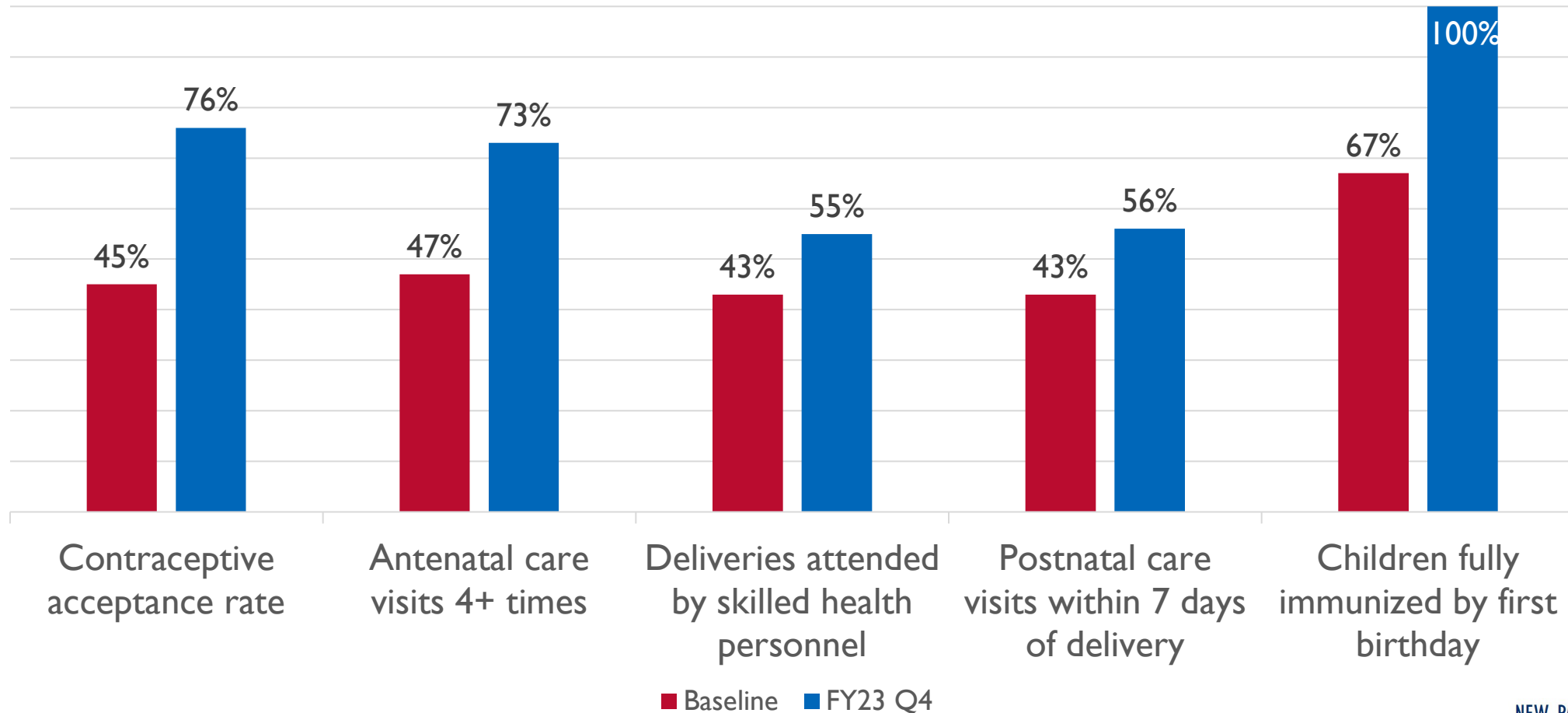
- Healthcare service providers are demonstrating **improved commitment to patients** as described by community members
- Communities have generated and contributed additional resources that may not be available to the health system alone; in total, **4,931,805 ETB (Ethiopian Birr) mobilized**
- Regional Health Bureau and Health Centers have **allocated funds to purchase medicines** in response to drug shortages at health facilities
- **Water and electricity lines have been installed** at different health facilities in collaboration with other non-government organizations
- **Cleanliness and sanitation campaigns** are conducted regularly with community and health facility collaboration

# Service Delivery Improvements – Southwest Ethiopia Region

- A health center was reconstructed by local private company and local government
  - Community and local government constructed a health center
- Roads connecting health centers to the community are better maintained by the local government and community
- Biweekly clean and safe health facility campaign conducted across all primary healthcare units



# Service Delivery Indicators – Chida Health Center



# Challenges in Southwest Ethiopia Region

Challenges	Measures to Address Challenges
Budget constraints preventing action plans to be implementing to address gaps	Insisted officials plan to address gaps in the next budget cycle
Stakeholders buy-in and commitment	Addressed commitments to activity during woreda and health center meetings to ensure buy-in
Lack of medical supplies, particularly family planning commodities	Provided support to health facilities and woredas to address supplies gap
Delays in salary payments for health center staff compromised their ability and dedication to serve patients	Contacted relevant authorities to address salary payment issues
Topographic challenges to transportation	Explored other feasible transport methods to facilitate scoring activities
Continuous national campaigns had an impact on daily operations	Supported national campaigns and programs; worked with government rather than competing

# Adapting to Challenges

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Limited capacity and willingness of officials to address community concerns



**Ongoing advocacy on the importance of leadership responsiveness to improve health care delivery**

Topography, insufficient road access, and unavailability of transportation to implementation areas



**NPI EXPAND provided financing to local partners to purchase motor bikes**

Limited budget in some Woredas to implemented facility-level improvements



**Advocacy for budget allocation to respond to community needs**

Ongoing conflict in Northern Ethiopia and resulting insecurities in some areas



**Continuous monitoring to ensure safety of project staff and partners**

# Lessons Learned

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- **Capacity strengthening support for primary health care structure and healthcare providers** on social accountability contributes to quality health services and good governance
- **Communities must be supported** to voice their concerns without fear and contribute to the betterment of their own health
  - This contributes to community ownership
- **Partnership and collaboration** with stakeholders is critical for buy-in to social accountability
- Full scale CSC implementation improves the **responsiveness of health officials** and leadership on community needs





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# Lessons in Localization

## Experiences and Perspectives from the NPI EXPAND Project

Join NPI EXPAND over the next six months for an end of project webinar series on lessons learned from the project.

*Topics include:*

- Cocreation
- Local partner capacity assessments
- Capacity strengthening approaches and measurement
- Resource mobilization and financial sustainability
- Indirect cost recovery
- Gender mainstreaming and integration

*Next event:*

**Lessons Learned from Adaptive Capacity Strengthening**  
**February 29<sup>th</sup>, 2024**



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# Q&A





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