

Leadership and Management are Critical to Community Scorecard Success



MOH Case Study
April 2019

Regional, Zonal, District and Facility-level MoH Officers discuss CSC impact

What is the Community Scorecard (CSC)?

The CSC is a community-led citizen feedback process and good governance tool which brings the community, primary health care facilities and local government together to promote accountability and responsiveness to citizen and community health needs. It is expected that the CSC will improve quality of essential health care for all at the local-level.

In 2017, senior officials within Ethiopia's Federal Ministry of Health (FMOH) developed and tested a remarkably successful social accountability mechanism focused on the quality of primary health care services. This mechanism is known as the Community Scorecard (CSC). Not only is the CSC a tool designed to promote good governance and responsive management at all levels of the health system, it is also a process in which ordinary citizens - who utilize government-run health facilities (health posts, health centers (HCs) and primary hospitals) at the local level - provide quarterly feedback that is unbiased, measurable and actionable.

One reason Ethiopia, most notably in Amhara Region, has made admirable strides after less than 2 years in the roll-out, utilization and scale-up of the CSC, is that relevant leaders and managers at all levels of the MoH structure have prioritized the process and ensured communities are encouraged to provide input for improvements in their own health system.

"Leadership is a necessary pillar for change. An open leadership style is required for the CSC to work."
Abba Mitiku Fentie,
Client Council Member Kudad Kebele, Yilmana Densa District

Evidence-Based Achievements

- All 850 Primary Health Care Units (PHCUs) and 3463 communities across Amhara Region oriented and participate in the quarterly CSC process
- The FMOH CSC Implementation Guidelines tested and proven feasible following regional contextual adaptation
- The CSC process institutionalized into routine government performance management systems therefore avoiding duplication of effort. For example, CSC scores, determined by the community, are included as a Key Performance Indicator (KPI) for HCs to become High-Performing Primary Health Care Units (PHCUs)
- CSC training rolled-out effectively down to the community level
- Different government levels, from local to national, working together in an coordinated and timely manner

Key Success Factors

- Announcement of the CSC Initiative by the Minister of Health, with close technical support from the Yale Global Health Leadership Initiative, and active leadership within the Reform and Good Governance Directorate at the federal level to promote the value of, and provide implementation guidelines for, the CSC with the Heads of the Regional Health Bureaus in the country
- Early CSC endorsement by the Head of the Amhara Regional Health Bureau (ARHB) and active engagement of the Bureau's Senior Technical Team in reviewing and adapting the federal guidelines to address regional needs
- Tailoring of the FMOH Guidelines to ensure: (i) citizens providing feedback revolve on a quarterly basis and reflect PHCU client diversity; (ii) Client Council members facilitating the feedback sessions revolve annually; and (iii) no staff - or volunteer cadre member - working for the MoH participates in the citizen feedback and scoring sessions
- Following technical review by the ARHB and piloting in the 5 out of 181 districts, a directive from the Head of the ARHB was communicated to all districts to proceed with implementation after taking into account lessons from the pilot
- Zonal technical leadership in training, implementation and monitoring of results
- District Assembly and Zonal financial support for not only local training, but also action in response to community-identified concerns
- Commitment by Client Councils - selected to facilitate the quarterly citizen meetings and report the findings/rankings to HC staff - to hold consistent quarterly meetings without postponement or cancellation
- HC management recognition of health workers' anxiety about the citizen feedback process and assurance that solutions to community concerns and requests would be handled collectively by the HC staff without individual blame; or discipline and by escalating requests requiring higher-level intervention.
- Management provision of incentives including a 1-1 match from the ARHB for

ambulances bought by communities; designation of a rotating CRC Ambassador within PHCUs; issuing of certificates and posting of Employee of the Month photos in facilities, etc.

The importance of strong leadership and management was underscored by Mr. Dejen Tsegaye, Quality Improvement Officer of the West Gojjam Zonal Health Department who has worked in the health sector for 15 years: **"Our success comes from good leadership from community to district to zone and region. Strong training, regular community feedback meetings and supportive supervision to the health centers is important. The community discussion is, however, the most important part of the process and requires good management and leadership by the Client Councils."**

It is anticipated that by the end of 2019, with the evident leadership and management within the communities and MoH of Ethiopia, that 600 more districts across the other regions will be implementing the CSC.

