

# Strengthening Primary Health Care Leaders Capacity and Governance through Social Accountability/CSC

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NEW PARTNERSHIPS INITIATIVE  
**EXPAND**  
New Partners for Better Health

## Context

Ethiopia has made much progress in key health indicators, both the 2016 DHS<sup>1</sup> and 2019 Mini-Demographic and Health Survey (EMDHS)<sup>2</sup> showed general positive trends in health outcomes. From 2005 to 2016, the maternal mortality rate declined by 39 percent to 412 per 100,000 live births. Per the 2019 EMDHS, the mortality rate for children under five dropped from 123 to 55 per 1,000; stunting decreased from 51 to 37 percent; and use of modern FP methods increased from 14 to 41 percent. However, newborn mortality increased from 29 per 1000 live births in 2016 to 30 per 1000 live births in 2019 and the country has yet to sustainably improve the health status of all its citizens. Ethiopia's Ministry of Health views community engagement as a critical vehicle to improve health. At the facility level, high-performing health posts consistently demonstrate stronger community engagement than lower-performing ones<sup>3</sup>. However, in Ethiopia, the health sector does not routinely engage communities in health services and in health-related decision-making<sup>4</sup>. Rather, communities and individuals are often treated as passive recipients of health information and services. At the community level, there are different community and social platforms; however, there is no strong coordination mechanism that effectively engages these platforms in a sustainable manner to drive improved health services for the community<sup>5</sup>. This and other health facility-related factors such as low client satisfaction, disrespectful treatment, geographical inaccessibility, stockout of medical supplies and equipment, lack of hygiene, and long waiting times limit use of health services has limited progress in health outcomes. This results in low community trust in the quality of public health services and in provider competence. Insufficient community awareness of available services at different system levels also contributes to low community demand and utilization of health services<sup>6</sup>. Moreover, there is limited understanding and accountability between communities and their local health systems to effectively inform and organize communities to advance health issues<sup>7</sup>. The social accountability concept was successfully introduced in Ethiopia in 2006 through a pilot program with World Bank funding. In 2017, the MoH introduced a social accountability system called community score card (CSC)<sup>8</sup>, a local governance tool for monitoring services, empowering communities, and improving accountability of the health system. The goal of the CSC is to support stronger management of health services and to make service delivery efficient, effective, and responsive by enabling communities to measure the health facility performance and to provide feedback. In alignment with the government strategies and plan, the New Partnerships Initiative (NPI) EXPAND is implementing CSC in 224 kebeles of the country since October 2022, with the ultimate aim of increasing uptake of high-quality, high-impact family planning/maternal, newborn, and child services.

## Activity Description

The New Partnerships Initiative EXPAND: New Partners for Better Health (NPI EXPAND) Activity, implemented by Palladium International, LLC (Palladium), is a five-year USAID-funded cooperative agreement (7200AA19CA00015). NPI EXPAND's ultimate goal is to increase the availability and utilization of high-quality services through new and underutilized local partners (NUPs). The activity supports social accountability efforts to improve community engagement and voice in health and service responsiveness to local needs. Currently, NPI EXPAND Ethiopia is implementing social accountability activities in primary health care in four regions; Amhara, SNNP, Sidama and Southwest Ethiopia people's region. NPI EXPAND Ethiopia's theory of change states: If women and community members are capacitated on rights, entitlements, and engagement processes; if health providers and government officials are effective, accountable, and responsive; if spaces for negotiation and collaboration are expanded, effective, and inclusive; then improvement in health care quality, accessibility, use, and equity can be achieved<sup>9</sup>. In line with theory of change, NPI EXPAND is implementing the below steps/full cycle CSC in 224 kebeles:

- Step 1: Understanding community perceptions and developing indicators
- Step 2: Establishing social accountability client councils
- Step 3: Conducting the community score card
- Step 4: Facility visit and feedback
- Step 5: Community interface meetings
- Step 6: Taking action and follow-up

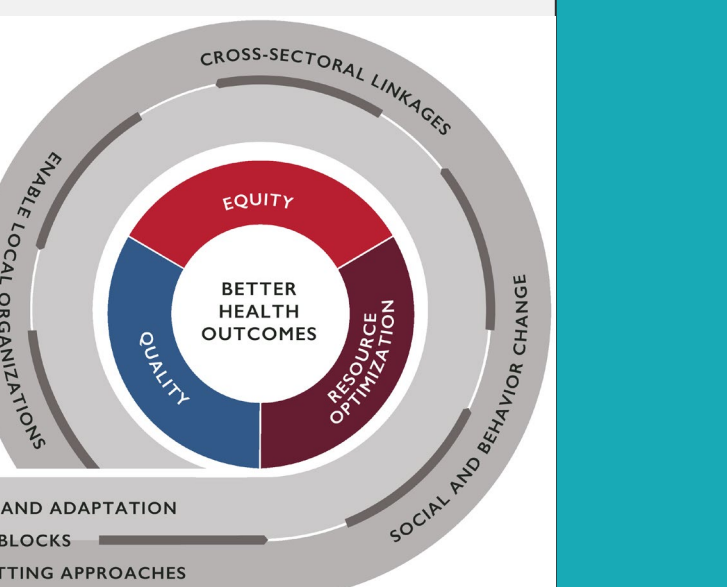
The CSC uses the below six evaluation criteria to assess the perception of service quality from community members:

1. Caring, respectful and compassionate (CRC) service
2. Waiting time for health care services
3. Availability of drugs, diagnostics, and supplies
4. Infrastructure of facility (electricity, water, rooms)
5. Availability and management of ambulance
6. Clean and safe health facility

## Activity Impact

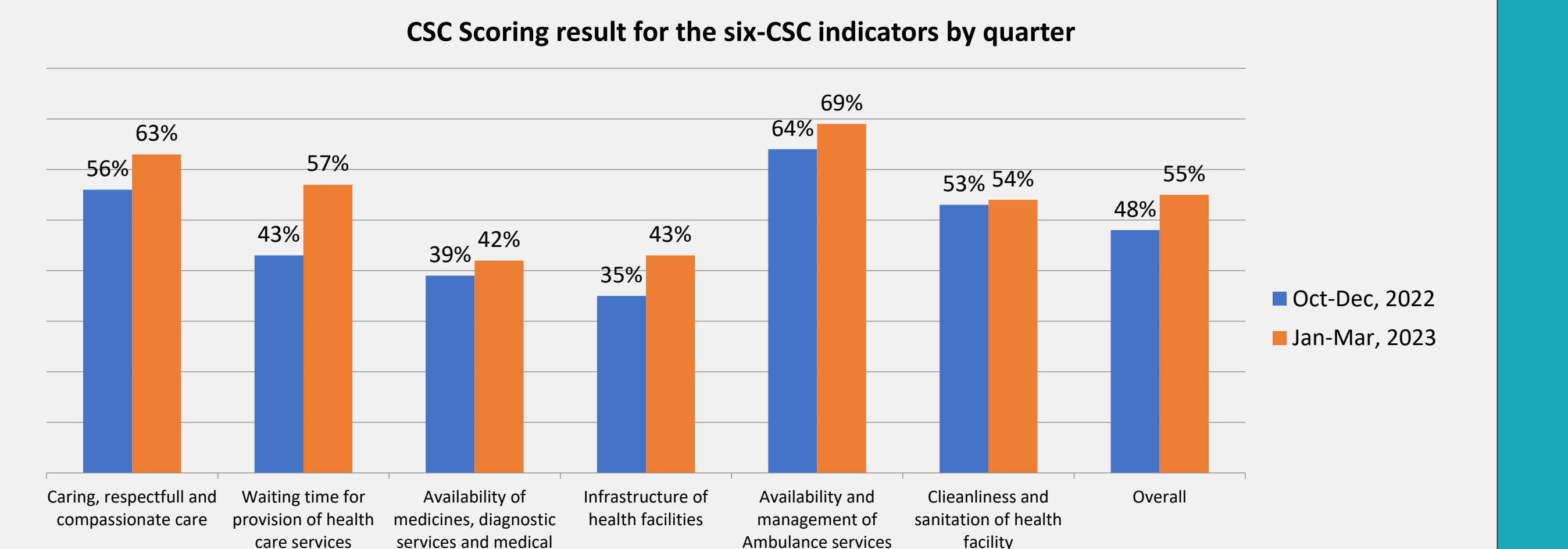
NPI EXPAND Ethiopia works mainly to improve health system governance and community engagement through CSC implementation at primary health care units (PHCUs). To this end, NPI EXPAND capacitated grantees or civil society organizations to cascade and sustain the capacity building efforts of PHCU structures, such as Woreda Health Officials, Health Facility Management and Health Extension workers. To date, NPI EXPAND provided training for 144 (16% females) staffs of civil society organizations on social accountability/CSC, including Gender Equality and Social Inclusion. Subsequently, NPI EXPAND-grantees trained 110 Woreda Health Officials (4% females) and 527 Health Care Providers (90% females) on social accountability/CSC, including Gender Equality and Social Inclusion. On the other hand, to strengthen community participation and engagement to voice their concerns and provide feedback on the overall health service quality, the project establish 224 client council groups composed from different segment of the community and built their capacity on CSC implementation. TO date, 1,562 client council members (40% females) have been trained on CSC. In addition to the formal trainings, the project has provided supportive supervision, mentoring, and coaching both for community representatives and PHCUs leadership. Following the continuous capacity building effort, the project has noted promising successes in health service quality and responsiveness of PHCU leaders to community concerns or feedbacks. To mention some:

- Commitment of healthcare service providers improved in some PHCUs
- Availability of drugs improved
- Infrastructure improved in some PHCUs
- Cleanliness and safety of some PHCUs improved
- Community contributed a total of 4,931,805 ETB to improve/construct maternal waiting rooms, to construct road for ambulance entrance and others
- Maintenance of ambulance and management of ambulance improved at some PHCUs



## Evidence

NPI EXPAND Ethiopia demonstrates successes mainly on improving quality of health service delivery through implementation of CSC tool. NPI EXPAND measures the project's success both quantitatively and qualitatively, using CSC scoring to objectively measure the changes made to the six CSC indicators. To date, NPI EXPAND implemented two round CSC scoring sessions, this third step in CSC implementation process in which community representatives or health development armies get together and evaluate the six CSC indicators that focuses on health care quality in their catchment. Accordingly, the project noticed improvement in the second round CSC scoring result as compared the first in all the six CSC indicators.



## Facilitators

- NPI EXPAND Ethiopia collaborates with the below entities for effective project implementation:
- Government of Ethiopia counterparts, including Ministry of Health Governance and Leadership Directorate, Regional Health Bureaus, Zonal Health and Zonal Health Departments
  - Primary health care structures; Woreda Health Officials and Health Center Directors with their associated Health Posts
  - NPI EXPAND Ethiopia implements the project through capable and new and underutilized civil society organizations, engaging them as grantees
  - USAID as the donor to receive guidance and direction, from both Mission and Washington points of contact
  - The endorsement of CSC as a social accountability tool by the Ministry of Ethiopia helps for successful program implementation

## Challenges

What were some problems or challenges that you faced during your activity implementation? Did you expect these challenges or were they unanticipated? How did you respond to these challenges?

- The project has faced the below challenges during project implementation:
- Limited capacity and attention to address community concerns by some Woreda Officials
  - Topography, road access, and unavailability of transport in some implementation areas
  - Limited budget at some implementation woredas
  - Northern Ethiopia conflict and insecurities in some parts of the country

- How we overcame the challenges:
- Continuously advocate on the importance of leadership responsiveness for the delivery of quality health service
  - The project financed the purchase of motor bikes to resolve transportation issues
  - Continuously advocate for enough budget allocation at Woreda level to be able to respond to community need
  - We continuously monitor the context and adapt accordingly

Some of the challenges, such as less responsiveness of some government officials, topography, and budget issues were anticipated before implementation began.

## Lessons Learned

- Capacity strengthening support for primary health care structure and health care provider on social accountability is key for successful project implementation and ultimately to contribute to quality health services
- Community can voice their concerns without any fear and can contribute to the betterment of their own health, if they get the opportunity
- Partnership and collaboration with different actors is very important for successful project implementation
- Full scale CSC implementation improves the responsiveness of health officials and leadership on community needs

## References

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2. Ethiopian Public Health Institute (EPHI) [Ethiopia] and ICF. 2019. Ethiopia Mini Demographic and Health Survey 2019: Key Indicators. Rockville, Maryland, USA: EPHI and ICF. <https://dhsprogram.com/pubs/pdf/FR363/FR363.pdf>
3. A Roadmap for Optimizing the Ethiopian HEP 2020-2035
4. National Assessment of the Ethiopian Health Extension Program, 2019
5. Ministry of Health: Revised Community Engagement Approaches in Rural Agrarian Ethiopia: An Implementation Guide for piloting of the community engagement approaches, 2020.
6. Health Sector Transformation Plan II, 2020-2025.
7. Proclamation No. 1113/2019 - Organizations of Civil Societies Proclamation
8. Community Scorecard is a mechanism through which citizens monitor the quality, access, efficiency and effectiveness of community-based public services. It provides the opportunity for citizens to analyze and provide feedback on any service received
9. Hoffman, et al., 2014 and Kuhlmann et al, 2017

