



care

Defending dignity.
Fighting poverty.

The Community Scorecard in Ethiopia

Process, successes, challenges and lessons



Contents

1. Introduction	Page 3
2. What is the Community Scorecard?	Page 4
3. Context: The HIV & AIDS burden in Ethiopia	Page 5
4. Context: Governance in Ethiopia	Page 5
<i>Box 1: The Getting Ahead Project</i>	Page 6
5. Implementing the Community Scorecard	Page 7
STAGE ONE: The preparatory stage	Page 7
STAGE TWO: Community-generated scorecard	Page 10
STAGE THREE: Clustering the community-generated scorecard	Page 12
STAGE FOUR: Service provider-generated scorecard	Page 12
STAGE FIVE: The interface meeting	Page 13
STAGE SIX: Follow-up and institutionalisation	Page 14
<i>Diagram 1: The Community Scorecard Process</i>	Page 15
6. Impact and successes	Page 16
<i>Case Study 1: Ediget Behibret.. Womens Association</i>	Page 21
7. Challenges	Page 22
<i>Case Study 2: Andinet Dry Food Processing Association</i>	Page 26
8. Lessons	Page 27
9. Ways forward	Page 29
Thanks	Page 31
Glossary & Acronyms	Page 31

1. Introduction

Despite good intentions and efforts, there is weak capacity to deliver services to communities in Ethiopia. The provision of quality and accessible services to the poor is often hindered by a lack of the same four ingredients of good governance: transparency, accountability, participation and inclusiveness. A lack of robust systems of communication and information flow has contributed to the tendency of those providing services to overlook what the users of the service think of it. As a result, service improvement becomes hard to achieve.

Where accountability exists it tends to be in the form of upward accountability to those above in the government hierarchy. However, it is increasingly understood that social accountability – which relies on civic engagement - is critical to good governance, both because participation is a right and because it can promote accountability and transparency. To achieve this government bodies, public service providers, civil society organisations and service users must be brought together around a common vision of effective, efficient and quality service delivery.

Through its Getting Ahead project, CARE Ethiopia has worked to build community resilience and strengthen government collaboration in the fight against the HIV pandemic, by addressing and overcoming institutional barriers to cooperation and responsiveness. Key to this was the development of a framework to enhance good governance through increasing accountability at community, community based organisation (CBO) and local government levels in the process of service delivery, including HIV & AIDS service provision.

Drawing on CARE's experiences in Malawi, and the experience of other NGOs in Ethiopia, CARE Ethiopia adopted the community scorecard methodology to foster and strengthen relationships between government and CBOs. Thus improving communication, accountability and ultimately service provision to communities affected by, and individuals infected with, HIV & AIDS.

This report captures the process, successes, challenges and lessons learned in CARE's experience of implementing the community scorecard through the Getting Ahead project in Ethiopia, based on observations and testimonies in the two project sites: Addis Ababa and Bahir Dar. These testimonies indicate that despite initial fears and continued challenges in its application, there is great appetite amongst service providers and service users for the methodology to be scaled-up both geographically and to new service sectors.

2. What is the Community Scorecard?

The community scorecard is a social accountability tool which aims to empower communities to raise their issues and perceptions of service delivery and evaluate the services provided by service providers. In return it offers the opportunity for government and service providers to explain decisions, constraints and challenges faced in service provision. By facilitating this two-way dialogue, accountability to citizens and service provision can be strengthened.

The community scorecard serves three different functions:

- Creating opportunities for information sharing; mutual objective and critical assessment of service quality, effectiveness and efficiency; and joint decision-making.
- Monitoring and evaluation. The process of scoring and monitoring aspects of service motivates service providers to measure and improve their performance.
- Promoting discussion and dialogue between service user and service provider to build community empowerment.

2.1 General Objective

The critical outcome of the community scorecard is not the scoring itself or strengthened service provision, but the empowerment of communities and enhanced dialogue between service users and providers. The community scorecard methodology includes six key stages designed to achieve this. However the implementation of these stages must reflect a strong understanding of the context in which services are delivered. In particular, the main actors in service delivery, and the institutional environment and political culture which may support or inhibit service delivery.

Box 1: Accountability and Social accountability

The term **accountability** defines the obligation of power-holders to account for or take responsibility for their actions. Power-holders are those who hold financial, political, or other forms of power and include government, private companies, donors, and civil society organisations (CSOs).

Social accountability describes approaches for building accountability that rely on civic engagement. That is, the direct or indirect participation of ordinary citizens or CSOs in exacting accountability. Social accountability is a way of promoting accountability by working with both government or service provider, and citizens and strengthening the dialogue between them.

Context:

3. The HIV & AIDS burden in Ethiopia

Despite a relatively stable incidence of HIV & AIDS, the number of people living with HIV (PLHIV) in Ethiopia is rising, which may be due to the rapid population increase and the increasing chronic nature of the disease, leaving Ethiopia facing one of the largest HIV & AIDS burdens in sub-Saharan Africa.

According to the Federal Ministry of Health of Ethiopia, approximately 3.5 per cent or 1,320,000 adults and children were living with HIV & AIDS in 2005. The same Ministry report estimated a total of 744,100 AIDS orphans (under the age of 14) in the country. The epidemic is concentrated largely in urban areas, with HIV & AIDS prevalence reaching approximately 10.5 per cent in urban areas including Addis Ababa and Bahir Dar, the main town of the northern region of Amhara. The high prevalence and high vulnerability of the population to the impact of the disease as a result of complex socio-economic situation in these two urban areas led to their selection as the *Getting Ahead* implementation sites.

The escalating HIV & AIDS epidemic has placed considerable stress on Ethiopian government and traditional community-based safety net mechanisms. Accordingly, the Ethiopian Government has designed a strategic plan to face what it views as one of the major challenges to the socio-economic development of the country. The scope of the HIV & AIDS pandemic in Addis Ababa and Bahir Dar requires expanded, all embracing and efficient HIV & AIDS responses from all stakeholders in order to meet the growing needs of vulnerable women and OVC. The *Getting Ahead Project* falls within this HIV & AIDS response plan, addressing most of the strategic issues identified.

4. Governance in Ethiopia

There is a well-documented centralising tendency in Ethiopian political culture and history, exemplified by a high level of central control over local governance. The Government of Ethiopia's decentralisation policy has provided a promising legal framework and devolved some powers to lower levels of government, but the ability of local government to exercise these powers is hampered by a lack of capacity and insufficient empowerment.

The community scorecard process focussed on strengthening the accountability of kebele level of government – the lowest administrative unit of government. In general the kebele administration has little decision making power, technical or financial capacity, and there is no real resource or commitment put behind HIV & AIDS service delivery.

However they do have some responsibilities, including organising and mobilising communities, through organising Anti-Aids Associations or Youth Associations; providing certificates to PLHIV and OVC so that they can receive services free of charge; and organising micro-credit associations and supporting these to develop business plans for submission to the Urban Administration.

The community scorecard was first piloted in Bahir Dar on the services provided by two iddirs. Iddirs are membership based CBOs that have traditionally been responsible for organising funeral services of their members, but have over recent years moved towards taking on development activities, in some cases including HIV service delivery to communities.

Box 2: The Getting Ahead Project

Building community resilience and strengthening government collaboration in the fight against HIV & AIDS

The Getting Ahead project specifically sought to achieve high standards of accountability, transparency and participation among target CSOs and local government sub-city and kebeles to strengthen them as credible partners in the fight against HIV & AIDS.

Focussing on breaking down the institutional barriers to cooperation and responsiveness, Getting Ahead aimed to foster and strengthen partnerships and relationships between government and CSOs. It improved joint needs-based planning, increased participation, and created opportunities for dialogue and transparency, and established communication networks and regular opportunities for information sharing and monitoring to ensure that activities are coordinated, responsive and inclusive. Furthermore the project sought to empower women and orphans and vulnerable children to realise their rights and improve their livelihoods.

✂ The **overall objective** of the *Getting Ahead Project* was to reduce the socio-economic impact of HIV & AIDS on vulnerable women and OVC through enhanced governance.

✂ The **specific objective** of the project was to strengthen institutional safety nets provided by local government, civil society organisations, communities and households and to promote sustainable livelihood security to manage the impact of HIV & AIDS on vulnerable women and OVC.

Key Facts

✂ **Target Beneficiaries:** 132,000 vulnerable women, OVC and household members

✂ **Duration:** Three years, 2007 to 2010

✂ **Location:** Addis Ababa (4 Kebeles in Bole sub-city, 4 Kebeles in Gulele sub-city) and Bahir Dar (4 Kebeles)

✂ **Donor:** European Union

✂ **Partners:** the Government of Ethiopia, Local NGOs: Bright Hope Organisation (BHO), Organisation for Social Services for AIDS (OSSA), Mary Joy and National Network of Positive Women in Ethiopia (NNPWE).

Key Outcomes

✂ Targeted civil society organisations and local government sub-city/kebeles demonstrate high standards of accountability, transparency and participation that portray them as credible partners in the fight against the HIV & AIDS pandemic.

✂ Formal and informal community safety nets are demonstrably more participatory, inclusive, transparent, viable and effective in their support to vulnerable households affected and/or infected by HIV & AIDS.

✂ Empowerment of women and OVC made vulnerable by HIV & AIDS results in increased access to and benefit from livelihood diversification and protection opportunities.

5. Implementing the Community Scorecard

There are six stages in the community scorecard process:

STAGE ONE: The preparatory stage

This stage is the foundation for the community scorecard process. At the core is operational planning, including identifying the sector, service and geographic scope of the exercise, identifying facilitators, getting buy-in from service providers, local leaders and CBOs, and building understanding, commitment and trust with all parties. Given CARE staff and partners' limited exposure to and understanding of the community scorecard, a series of workshops and learning sessions were arranged to build a common understanding of governance issues and the community scorecard concept and application.

Identifying the scope of the scorecard

The sectoral focus was already identified: mitigating the impacts of HIV & AIDS on vulnerable target groups, such as women and OVC, by improving governance processes. However the complexities of the governance of HIV & AIDS at the level of local government and in communities, against the backdrop of very limited resources, both financial and technical, made the decision of which services to evaluate and which organisations or government levels to target problematic.

Because of this, it was decided to pilot the community scorecard on the services provided by three partner organisations in Bahir Dar: the VCT service of the Family Guidance Association, and two youth Anti-HIV & AIDS clubs. This provided the opportunity for practical exposure to the scorecard process and a base from which to better assess how it could be best applied.

After the piloting, a rapid assessment on the services provided by kebele administrations was carried out to help with selection, and community scorecard workshops were conducted in Addis Ababa and Bahir Dar to establish workable systems and procedures. In Addis Ababa it was decided to focus on the services of the Micro and Small Enterprise Development (MSED) office of the kebele administration, because this was an area of priority for both government and the target womens group. In Bahir Dar, they focussed first on the services of iddirs (CBOs), changing later to the services of MSED and the Women's Affairs department of the kebele administration after learning of the success of the Addis Ababa experience. These decisions were confirmed in later consultations with partners and the action plan agreed.

CBOs were selected by partner NGOs, according to an evaluation of their community representation, technical capacity, financial and legal status and experience of monitoring and evaluation.

Understanding the service provider

A series of discussions was carried out with appropriate MSED and women's affairs staff in each location to gain understanding of the objectives, duties and responsibilities of the unit, the services provided, other organisations that the department links with to provide supplementary services, and finally the entitlements of service users as stipulated in policy, strategy and planning. This analysis formed the basis of the input tracking matrix which was later used to build awareness of the service users and general community of their rights and the service providers responsibilities. It also ensured that when generating indicators and scores, the focus group discussions did not produce excessive claims or wishes on the part of community members.

BOX 3: An overview of services provided by the Micro and Small Enterprise Development Agency (MSED)

Issuing trading licenses	Business skill training
Forming cooperatives	Business development services
Business certification	Providing loans
Monitoring and evaluation	Supporting job creation
Business registration	Organisation of users into cooperatives
Providing space or land for production and selling	

Introducing the process to stakeholders

Workshops were held to introduce CBOs and kebele administrations to the community scorecard. They were intended to build understanding of the concept and process, but also to win commitment to the process. The rationale for the decisions made regarding sector, service provider and communities was presented.

There was concern that service providers would be fearful of the scorecard, particularly the evaluation element, so care was taken to fully present and explain the process, objectives and benefits of building relationships and accountability to their users. As a result the participants showed more interest than expected, seeing synergy with government initiatives to strengthen good governance in local administrations. In Addis Ababa, the service providers requested that we widen implementation beyond the intended one 'model' kebele in each sub-city to include all eight kebeles in the project area.

Identifying and training community facilitators

To encourage the broadest possible participation, community ownership and sustainability of both process and dialogue after the project end, facilitators for the process were identified from within the community itself. The kebele administrations and partner CBOs suggested facilitators based on a set of agreed criteria.

Box 4: Key learnings about community facilitators:

- It is important that community facilitators are trusted and respected by the community at large and are able to represent the views of the community.
- It is important to achieve gender balance in the selection of community facilitators so that female-only groups are facilitated by women encouraging broader participation and debate in the discussion.
- Good facilitation skills are paramount to the success of the community scorecard process.

A training programme was developed to familiarise community facilitators with the community scorecard concept, rationale, characteristics, benefits and key stages, in order to be equipped to guide communities through the process. Next, they underwent facilitation skills training, including learning the behaviours of a good facilitator, the process of facilitating a meeting, tips for good facilitation, and common facilitation challenges.

Community facilitator meeting in Bahir Dar



STAGE TWO: Community-generated scorecard

After developing the input tracking matrix, the trained community facilitators arranged a community gathering in their respective kebeles. During this meeting, they shared the purpose, rationale, benefits, process, requirements and outputs of the community scorecard. The list of inputs and entitlements of service users was explained at each public gathering to raise public and service user understanding of their rights and entitlements, and to remind providers of their commitments and obligations.

After the general briefing, the participants of the public meeting were divided into different groups. Firstly, to separate the service users from the general public and secondly to divide the service users into three focus groups each of about 20 people – a youth group, a women's group and a PWLHA group. These groups were chosen in line with the target groups of the Getting Ahead project, and because the three groups were all users of the MSED or women's affairs services. The final groups were decided by the community facilitators in consultation with the kebele administration.

Generating issues: Two community facilitators were assigned to each group. One led the brainstorm of major issues of concern about services: starting with general issues related to HIV & AIDS then focusing in more narrowly on the issues related to the delivery of the selected service, while the other took notes. In the pilot just one facilitator was used, but this proved ineffective and was modified.

Prioritising issues: The facilitators then led the group through a process of prioritisation of these concerns based on magnitude and importance, noting reasons for the choices.

Developing indicators: Measurable or observable performance indicators were developed based on this prioritised list of issues. In order to avoid unnecessarily lengthy discussion, guiding indicators were developed as a starting point. These were rejected, modified or accepted and incorporated with any additions into an agreed set of approximately five to eight indicators for scoring the service provision.

Box 5: Example indicators, Hider 11 kebele, Bahir Dar

- Loan arrangement facilitation
- Complaint handling mechanism
- Experience sharing and discussion program
- Experience sharing with associations
- Provide continuous training for members
- Reporting and monitoring system
- Finding new markets
- Provide incentives/awards to model association
- Promotion of savings, monitoring profits and losses

Community Scoring: During a second meeting relative scores were decided for each indicator. In the pilot phase, three different facial expressions were used to denote satisfaction with the service. However, these cannot easily capture incremental changes, so it was modified to a numerical approach in later rounds with scores graded between one and five.

Communities scored the performance of service providers against each indicator, giving reasons, especially for low and high scores. After discussion and debate among the community members, the group scores and justifications would be agreed. For each indicator, particularly those that scored badly, the group was also asked for suggestions on how to improve the situation over time, and who should take responsibility for the action. Having finalised scoring, justifications and suggestions, five representatives were selected from the group to attend the interface meeting (see stage 5).



Two communities generate their scorecard



STAGE THREE: Clustering the community-generated scorecard

The indicators and scorecards from the three focus groups needed to be aggregated to produce one scorecard for each community. Firstly the indicators were consolidated, and then a small focus group with one representative from each of the focus groups, two community facilitators and staff of partner NGOs, consolidated the scoring for each indicator. In most cases the scores were simply averaged and incorporated into the final scorecard, along with the justifications and reasons from each group.

This stage was particularly important for the community facilitators, giving them an opportunity to understand the perspectives, rationale and priorities of each user group in preparation for the interface meeting.

STAGE FOUR: Service provider-generated scorecard

The service provider group followed the same process to score their own service provision. The purpose, process and responsibilities were discussed again to reinforce understanding and commitment. Then using the service users indicators as a starting point for discussion, the group came up with their own indicators. This ensured that the two sets of indicators remained broadly similar, but allowed space for some necessary exceptions. Scores were agreed after discussion and consensus building, using the same scoring system as the community for easy comparison. Time was taken to reflect on the justification for scoring and to develop their own set of recommendations for improvements.

The service provider scorecard discussions were completed much quicker than the community discussions due to a combination of higher literacy levels, awareness and the high level of commitment from service providers. There was no need for aggregation as there was just one service provider group.

Bole Kebele 10 Land Administration department representatives and kebele 10 community facilitator (right)



STAGE FIVE: The interface meeting

The previous stages were all building towards the interface meeting. At the interface meeting, service users (five from each user group) and service providers (six or seven representatives) were encouraged to share and discuss their scores and then decide a shared score and develop the joint action plan.

Efforts were made to involve higher levels of government in an effort to build awareness, credibility and commitment to help to empower kebele level government officials. In most cases as many as 50 people participated in the interface meeting, including representatives of kebele administrations, partner CBOs and some influential community leaders. All meeting participants were primed to ensure that dialogue was constructive and peaceful, avoiding antagonism and contributing to mutual understanding and consensus building.

The two scorecards were shared, with justifications for scoring given by both groups and then a final score was agreed for each indicator and used as a base for the action plan. Indicators scored low by either group, or where there was a convergence of opinion were addressed first as it was easier to begin dialogue and build consensus. This made later discussions on areas with a divergence in perceptions, or where indicators were not present in both scorecards more productive. Finally, suggestions for improvement of the service and priority issues for action were agreed.

In each kebele, the same group met a second time to develop the action plan. During this meeting, the priority issues, indicators and suggestions agreed in the first meeting were reviewed and then specific actions for improving the service agreed. Duties and responsibilities were assigned to each action to ensure implementation, with responsibilities assigned to both service users and service providers, as well as to higher levels of government to ensure common ownership.

"We looked at service providers as outsiders, we didn't approach them, and we didn't engage with them. Now we see them differently. We see that we can raise problems and we can make change happen"

Haile Yesus Tuke, community member, Bole Kebele 10



Interface meeting, Bole kebele 10, Addis Ababa

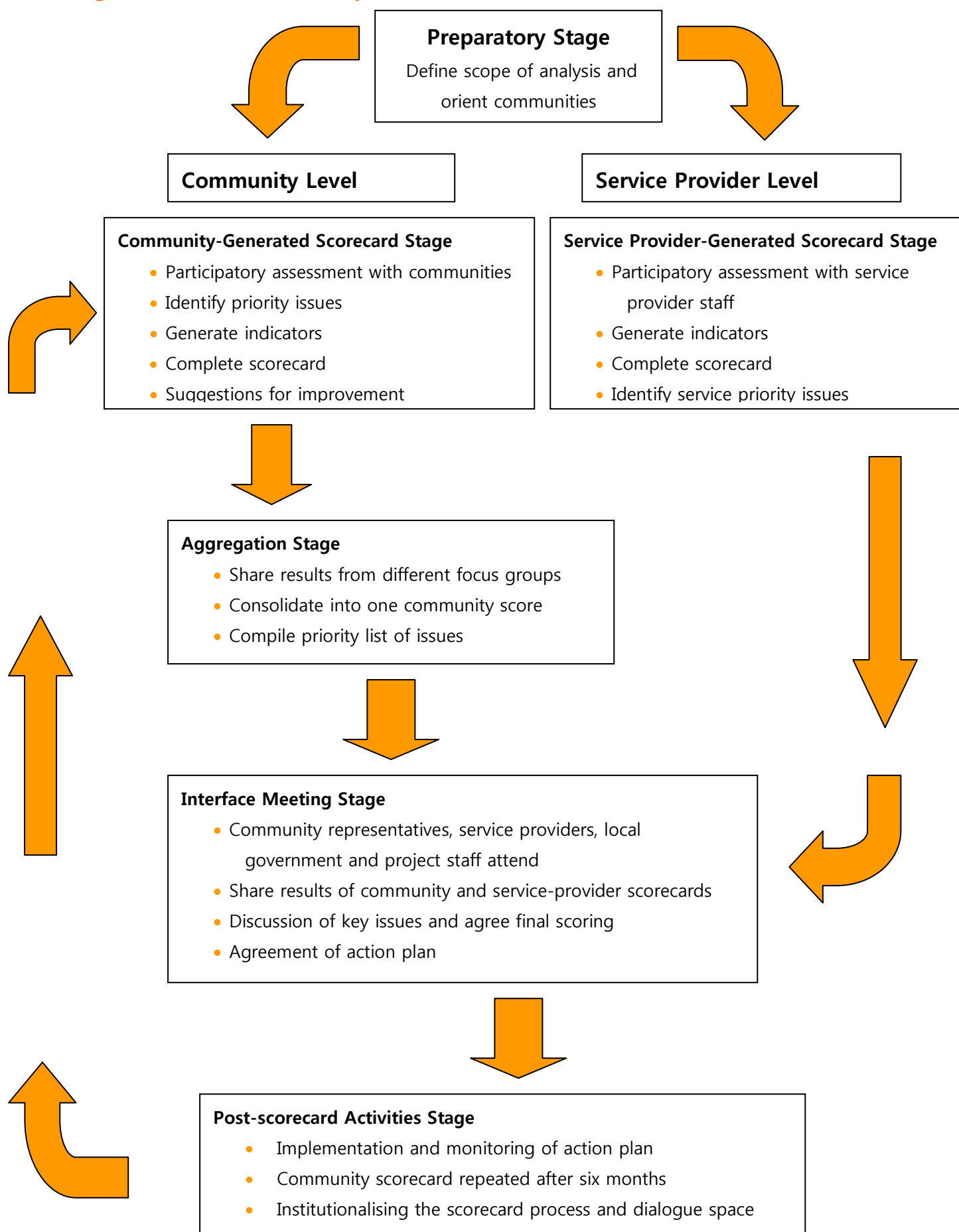
STAGE SIX: Follow-up and institutionalisation

Each action plan had a six month timeframe at the end of which the community scorecard process was repeated in order to monitor progress, demonstrate improvements in service delivery and also to assess any new issues that may have arisen. Repeating the cycle also helped to institutionalise the practice within the community, service providers and wider government.

In Addis Ababa, the kebele administration was responsible for following up on the action plan, with support and monitoring from the NGO partner. In Bahir Dar, the community facilitator encouraged this informally, but all participants were responsible for continued dialogue and individual actions were allocated to both service users and providers. This helped to reinforce the service user's ownership of the process and empowerment by ensuring their involvement throughout implementation of the action plan.

As expected the second round (and in one kebele, a third round) of the community scorecard was a relatively smoother and quicker process. The participants were familiar with the process, scoring and a positive attitude made it simple to facilitate the discussions. However, key to the success was a three day refresher training devised for the community facilitators. This focussed on further building of facilitation skills, key issues to discuss and emphasise and facilitation challenges. In some kebeles, there was a high turnover of service provider staff so extra time was also required to build initial understanding of the process with the new staff.

Diagram 1: The Community Scorecard Process



6. Impact and successes

According to all involved, the community scorecard has proved effective at bringing rapid improvements in the relationship and communication between service users and service providers. This has led to tangible improvements in service provision. In all kebeles, there were obvious improvements against most indicators between the first and the second round of the scorecard process. Some showed exceptional improvement, particularly against those indicators that scored lowest, probably because they were identified as priority areas for action.

More important, but harder to objectively measure, are the improvements in transparency, accountability, participation and inclusiveness resulting from improved dialogue and relationships between service provider and service user. There have been general improvements in many kebeles, but the following direct impacts have been observed from the implementation of the community scorecard:

6.1 Improved trust, confidence and communication between service provider and community

Increased understanding of needs and constraints, the process of consensus building, joint planning and shared expectations helped to build trust between service user and service provider as well as a shared feeling of ownership of the process. Communication has been vastly improved, with service providers less defensive and more transparent about their activities, service users confident to raise issues or concerns, and more frequent, structured and positive communication between both parties. In one kebele the service provider is now even involving the community in its budgeting.

"The majority of the community was afraid and concerned, and some kept quiet for a while, but through the process their confidence was built...There is an Oromo proverb, 'if you are out for a dance you should not hide your neck'. This means there is no half way, and this was my decision. If we were to conduct the scorecard, I was determined to do and say as I felt."

*Haile Yesus Tuke (pictured)
service user, Bole Kebele 10, Addis Ababa*



6.2 Improved community understanding of rights and responsibilities

The general level of awareness of rights and responsibilities regarding service provision has significantly improved, evidenced by an increase in demands from users claiming their rights and pushing service providers to meet their responsibilities. In some cases, diverse knowledge levels within the community itself resulted in those with poor understanding feeling reluctant to participate in discussions. The scorecard process has helped to overcome this by breaching the difference in knowledge and raising the base level of understanding in the community.

6.3 Improved understanding of service provider constraints

Beyond raising users understanding of their entitlements, the awareness-raising sessions and the discussion at interface meetings helped users to understand the role of service providers and to acknowledge and accept their constraints and limitations. This ensured more realistic expectations from the users and a more sympathetic dialogue.

"Occasionally there was disagreement between us and the service provider, where the community gave lower points. We had to discuss and reach agreement. We know the quality and the effectiveness because we are always using the service and in most cases we were able to convince the service provider, but on some issues they convinced us, because the problem was not their own creation and they were not able to change. We understood and our expectations were changed."

Lulseged Adale, service user, Bole, Addis Ababa

6.4 Empowered communities

Practical involvement in the process of systematically thinking through issues, priorities and suggestions has empowered communities and built their confidence to give constructive feedback, raise issues and request improvements to services. Over the course of the process, an increase in community participation in meetings and decision-making processes was observed, as well as a heightened sense of ownership. After building confidence through scoring and the interface meetings, service users are increasingly going directly to service providers to raise issues.



"There has been significant change in behaviour. Now officials are visible, they visit the communities and ask peoples experience of services.

The communities have very strong confidence. They will speak with any official without fear. The scorecard has built that confidence, that trust and the good relationships."

Adane Abiko, community facilitator, Bole Kebele 10 (pictured holding the Kebele 10 action plan)

6.5 Reinforced service provider understanding of their responsibilities

The scorecard process motivated service providers to refocus on their duties to their customers, and increased their commitment to effective service delivery and accountability.

6.6 Enhanced transparency and accountability of service providers

Service providers have benefited from the newly strengthened relationship with the community. It provided an easy path for transparent and accountable communication, and a channel for questioning and feedback. Service providers have utilised this to improve their accountability.

In Ginbot Haya kebele in Bahir Dar, MSED was initially reluctant even to openly disclose its budget or the user selection criteria for its services. Now, the selection criteria is disclosed and displayed openly. MSED is now actively involving the service users in budgeting and decision-making processes.

Seeing the benefits of improved accountability, Bole Kebele 10 in Addis Ababa has applied the scorecard to services beyond MSED on its own initiative, and has been hailed on a TV advertisement as an example of good transparency and accountability.

6.7 Improved delivery of services

The use – often for the first time – of a framework to evaluate their own work, combined with a vastly improved understanding of user needs, helped service providers to plan for and prioritise areas for improvement of service. All kebeles were perceived to have shown improvement in service delivery, one winning a sub-city award which it attributes to the scorecard process. Those indicators that scored lowest, generally showed the most improvement as they tended to be priority issues in the action plan. However, scoring between first and second rounds were not directly comparable, as the increased understanding of both community and service provider in the second round often led to lower, and more critical scoring, despite acknowledged improvement in service delivery.

Case Study 1: Improved delivery of services

Bole Kebele 10, Land Administration Department

"We saw how radically MSED's service delivery had changed. We saw the evidence and we wanted the same. Land administration had a big problem with service delivery. The system was well structured, but was limited by poor communication. The community scorecard helped us to address this gap and showed us the best road to communicate with our customers and to become more effective. After implementation we have seen a great change.

Communication has become smooth. We understand the needs of the users. They told us that the waiting time for service was too long. They would wait for up to 30 minutes, but now with their feedback and suggestions no one waits more than 7 minutes. They tell us how much improved it is.

After one round of community scorecard we improved so much that we won a sub-city award, coming 1st out of 11 kebeles for service delivery. The community scorecard enabled us to do this."

"I had concern that this was all talk. I didn't anticipate any real change. Now I have seen that this process is effective I regret that I did not contribute more. Next time I will speak out boldly from the start and make better use of the opportunity."

Habtamu Eshetu, youth user group, Bole, Addis Ababa



6.8 Empowering service providers

Service providers have reported that being armed with improved understanding of user needs and priorities has given them the confidence and credibility to push for improvements within their own organisation and to bring attention to gaps that need addressing.

In Bole Kebele 10, service providers have sought opportunities to advocate the community scorecard approach to senior staff, taking their experience to the head of the municipality who has endorsed further expansion of the scorecard.

6.9 Building credibility of CARE, partners and CBOs

After initial concerns that the community scorecard may present a reputational risk, CBOs, partners and CARE all report strengthened relationships with the government and communities. The innovation and impact of the process and these strong relationships have brought credibility to the organisations.

6.10 Replication and adoption of community scorecard

The scorecard process has been replicated already by a number of communities, service providers and local authorities. This demonstrates the rapid success of the scorecard in creating a culture of participation and accountability.

- In Bahir Dar, one kebele administration is trying to mainstream the tool into other departments beyond original scope of the MSED and Women's Affairs.
- In Bole kebele 10, Addis Ababa, the Land Administration department saw the success of MSED's use of the scorecard and replicated it, later winning a sub-city award for service provision. Thanks to their success the head of Bole sub-city has instructed kebele 10 to expand the use of the scorecard even further to other service providers, in anticipation of expanding across the sub-city.
- All partners - OSSA, Mary Joy and Bright Hope are all planning to apply the community scorecard to evaluate themselves as service providers. OSSA Bahir Dar will be presenting the concept at national level, with ambition to incorporate in all future project proposals nationwide and to help when evaluating partner CBOs.

Case Study 2: Ediget Behibret Cereal and Spice Product Providers Womens Association



Service user: Yeshi Demise (left)

Ediget Behibret Cereal and Spice Product Providers Women Association

"Before, we had a friendly relationship with the kebele, but we did not understand our entitlements as service users, and we didn't know who to ask, so we didn't ask. Now, we can always find the right contact, as the roles and responsibilities are displayed on the board. We are not afraid to communicate when we need help. We learned that we could ask for technical assistance for our business activities, and now we are being trained on record keeping and business development. Our business is now running more efficiently, we keep daily records and we meet each Sunday to record the finances for the week, and jointly decide how much credit to pay back, and how much to invest."

Service provider: Maritu Abebe (right)

Head of Womens Affairs /Acting Head of MSED, Hider 11 Kebele, Bahir Dar

"Before we had an informal system and would check progress and visit sparsely, but the scorecard process has given us a formal basis from which to strengthen our relationship with the community. The difference in the community is marked. In our culture people don't claim their rights. Often they are embarrassed as they don't understand how to explain their issues, or how to approach officials. But now they express their ideas openly and without fear. This helps us to understand the demand clearly. Now I am happy, as I understand them and can do a better job for them. I am also feeling empowered, if I go to a different office and I see a gap or issue I have the confidence to openly raise it and discuss."

7. Challenges

7.1 Political concerns

The Ethiopian government has committed to improving transparency and accountability to its people, however for most ordinary people there is no precedent of engagement in a social accountability process such as the community scorecard. There is little understanding of entitlement to services and no culture of claiming rights.

Understandably then, many community members were initially reluctant to get involved in evaluating government services, fearing future retribution from authorities. These concerns were allayed by the display of genuine commitment to improve services from the service providers, as well as discussion and reassurance from the community facilitators.

Partner organisations, community facilitators, and even CARE held similar concerns about the potential for government misunderstanding of the intent of the tool and potential damage to relationships with government. To overcome this, special attention was paid to ensuring government partners were clear on the alignment of the community scorecard process with government accountability initiatives. Also the role of the scorecard in supporting capacity-building of the government service providers was explained. This was successful and resulted in an unanticipated high level of interest from local government and a request to expand the scorecard implementation to all Getting Ahead project kebeles.

"The fear was in us. But it helped us to be strategic, and now it has given us credibility in the eyes of both the government and the community."

Hirut Hailemariam, Mary Joy

Despite initial concerns from all sides, more than 85 kebele level officials and MSED staff and more than 1050 service users and community leaders were involved in the first round alone. It is clear that with appropriate facilitation and understanding community members embraced the opportunity to contribute to monitoring and evaluation of the service delivery process. The scorecard enabled the community to organise their thoughts, present and defend them. Similarly, service providers were receptive to criticisms against services they provide and recommendations for improvements, and were pleased to have the opportunity to share their constraints with the community.

7.2 2009 CSO Legislation

In early 2009 the Ethiopian Government introduced new legislation to regulate the work of both foreign and local charities, particularly engagement in governance and rights work. The Getting Ahead project, including the community scorecard was already legally agreed with the government and underway. However, the new legislation was not fully and consistently understood throughout government, particularly at the local level. This presented some challenges to implementation, with some government partners questioning our legitimacy to proceed with the work.

Given this uncertainty, our partners informally reassured local government partners of the legitimacy of the scorecard activities as capacity-building tool for both service provider and community. Thanks to the strong and credible relationships between our partners and the government, scorecard activities continued as planned in all but two kebeles in Addis. In these two kebeles, one influential sub-city government representative reversed his initial commitment to the scorecard. Despite progress in demonstrating the legitimacy and legality of the work, we were not able to get his approval to continue. However, a subsequent change of leadership in this kebele may open doors for future engagement.

"The first time we talked with service providers, they were frustrated. They didn't look positively on NGOs working in governance. They thought they needed to be secret and they didn't want to be challenged. After the first session I was not happy, but eventually I was able to help them to see that they need dialogue with the community. Now they are happy to and want to replicate in other sectors."

Mengistu Alehegn, community facilitator, Shumabo kebele, Bahir Dar

7.3 Staff turnover

High staff turnover within the kebele administrations and service providers caused problems of varying magnitude in the different sites. In Belay Zeleke kebele in Bahir Dar, five members of the kebele management team were oriented to the community scorecard process, but all but one had left the team by the time the second round of the scorecard was carried out. This meant repeated effort to explain the process and win the commitment of the incoming kebele staff was required. High staff turnover is common, raising the need to institutionalise the process and create ownership and commitment beyond individuals in the administration. One suggestion was to lobby for the appointment of a focal person responsible for mainstreaming community scorecard within the government structure.

7.4 Facilitation and consensus building

Consensus building is central to all stages of the process, from identifying and prioritising issues among user groups to setting indicators and rating services and especially at the interface meeting. But without good facilitation skills consensus building can turn to fault-finding and finger-pointing, as well as becoming time-consuming. What's more good facilitation is required to ensure that power relations do not prevent participation, especially in the interface meeting.

So, the success of the community scorecard is ultimately determined by the quality of facilitation, and the key to quality facilitation is in the selection of community facilitators and quality training.

In the two project sites, slightly different training programmes were run. In Bahir Dar there was a two day training, and in Addis a four day training split into two days on the community scorecard process, and two days on facilitation skills. At both sites there was a refresher training between rounds to ensure that information is being transmitted accurately and simply.

In Bahir Dar, there were some gaps in understanding of the community scorecard process itself and a desire for further training. Support was provided to the facilitators by partners for the first round of scoring, but the needs decreased with experience, and by the second round the facilitators were able to cope alone.

"The knowledge level of beneficiaries is mixed; some are very active in the community and know about service delivery and governance, where some know nothing. The knowledgeable can control the discussion. We had role-played this during training, and managed it by ensuring that everyone in the room said something, and each indicators was addressed in turn."



Mengistu Alehegn, community facilitator, Bahir Dar

7.4.1 Keeping focussed on the objective

One notable facilitation challenge is to keep in mind the core intention of the community scorecard. That is: to build dialogue, relationships and trust between service users and service providers and to empower communities. To a large extent the scoring itself is irrelevant, the importance of the process simply being that it builds dialogue and gives lots of entry-points to build social accountability.

However, the process is very technical and it can be a challenge to avoid getting bogged down in debates about technicalities, such as scoring systems and setting indicators, that don't contribute to this end objective. This can reinforce the negative 'auditing and monitoring' perception of accountability. Skilled facilitation and strong understanding of the objectives of the process is required to guide the conversations away from these pitfalls.

7.5 Sustainability

In all sites there were concerns about the sustainability of the process beyond the end of the Getting Ahead project, and the ability and commitment of all participants to carry out a third or fourth round without any support from partners.

In general, commitment and ownership was less of an issue than confidence and practical budgetary issues (e.g. for incidentals such as tea and coffee at community meetings). Service providers and service users both expressed a desire for support through one more round to consolidate their learning and experience. But this also reflected a desire to expand the training to new people and service providers.



"Now we have a firm foundation, we must take this and expand. Individually we are responsible to point out gaps. We must build on this culture now we have seen the process and know how to speak to officials. We must take this power and not wait for NGOs"

Addis Alem Berhe, service user, Addis Ababa

Case Study 2: Andinet Dry Food Processing Association



Association members Nigatouwa Badane (left) and Turnesh Shiferew discuss their injera business with Kebele microenterprise coordinator Solomon Asmamaw

Andinet Dry Food Processing Association is a 13 member womens group in Gulele 8/16 kebele in Addis Ababa. Its main business is baking and selling Ethiopian staple food, injera. The group's formation was supported by MSED, which also has a role to help strengthen the group's business skills so that they are in a position to apply for small business loans.

"We thought this might cause conflict, but in fact our relationship with MSED has improved. Now they make regular scheduled visits to discuss our problems with us. We were able to get business skills training, and we have learned when to buy raw materials. Before we bought them when it was expensive, now we understand how to purchase at the best time. Because of this improvement in support our income has increased.

Now our relationship is so close that they even help us to find markets for our injera. If there is a reception at the kebele office, they pass the information on to us so that we can place a bid for the order. They even used our injera during the elections!"

8. Lessons

The community scorecard has been process of evolution and it is still evolving. But, after a pilot implementation followed by two further rounds of scoring in 10 kebeles in Addis Ababa and Bahir Dar, the following lessons have been observed that may guide future replication or adaption of the community scorecard in Ethiopia:

- CSO legislation need not be a barrier to implementation of the scorecard in Ethiopia. However, the CSO law is widely misunderstood, and sometimes used as an excuse to avoid commitment. Pains should be taken to clarify the legality of NGO use of the scorecard and explain how it complements government accountability processes.
- The community scorecard requires an institutional commitment from government authorities in order to ensure sustainability despite high staff turnover and to avoid individuals becoming barriers to progress.
- Because of the relative newness of accountability concepts in general and community scorecard in particular, extra emphasis should be placed on awareness-raising and sensitisation at both community and local government level.
- Existing strong relationships and continuous consultation with local government is required in order to create the confidence and commitment necessary for government to actively participate in the scorecard.
- The process depends on existing good relations with the government and informal lobbying to win personal commitment, but this needs to be transformed to institutional commitment.
- Ethiopian culture and governance is very hierarchical, so it is important that the process involves higher level decision makers in order to empower local government and service providers and provide potential for scale-up.

"During the community scorecard there were sub-city representatives discussing issues and disagreeing on scoring. We convinced them of the benefits of the scorecard and they understand. This helps the service providers so much with the implementation of the action plan".

- Splitting the community into different focus groups is essential to capture and address the diversity of needs and experiences of different service users. This can help to overcome any power imbalance within the community by providing an unthreatening space for each group to consider their own issues and gain the confidence to present their argument to the wider group. With good facilitation at the consolidation stage, scoring then was more participatory and fair process.
- The scorecard helped to empower service provider and local government staff to become more effective and confident in their role. This should be acknowledged and encouraged in future application.
- To ensure sustainability and ownership of the process, a third and ideally fourth round of scoring should be carried out during the project cycle. Future community scorecard processes should be planned with a four or five year minimum timeframe to allow time for further rounds to consolidate the impact of the process.
- Given the Ethiopian context: a community without knowledge of their entitlements or a culture of claiming their rights; service providers largely unaware and defensive of accountability processes; and inconsistent application and understanding of the CSO legislation, the initial awareness raising is fundamental to the success of the project. This should ensure that service users understand their rights and why they are completing this process, so that their participation is more than information sharing, and instead a means of their empowerment and active agents in their own development.

"It is important that service users and service providers sit together and get the same information. They should not receive information independently. This helps to build trust and understanding."

Rajiya Mohammed, community facilitator, Bahir Dar

- There is a danger that unless discussions are well led, dialogue can get trapped in technicalities of the process such as clarifying indicators. This can distract from and even present barriers to achieving the objective of the scorecard, which is not the scoring itself, but building dialogue, relationships and an institutionalised mechanism that ensures accountability, participation and transparency in service delivery. Strong facilitation: guiding discussions with the end objective in mind, is key to successfully avoiding this.

9. Ways forward

During the Getting Ahead project, clear strides have been made towards strengthened social accountability for the selected service providers. This experience proves that the community scorecard can be effective in Ethiopia. The challenge now is to build on this learning and experience for future application of the tool and to capitalise on the momentum and commitment of the participants beyond the project life. There are a number of avenues for doing this:

9.1 Gaining institutional commitment through advocacy to decision makers

The community scorecard approach deliberately starts from the community upwards. However, it is clear that the governance structure remains mainly centralised and hierarchical in Ethiopia, and for the tool to become truly institutionalised, awareness of the community scorecard must be raised in higher levels of the government structure. This was done with some success from the start, as the whole kebele administration was invited to initial meetings and in some cases even sub-city representatives attended. This helped enormously in terms of political will for the scorecard. In Bole, the success of the scorecard has come to the attention of the head of sub-city, who has now instructed other service providers to use the tool. However, this is not systemic and in those kebeles where there is not yet commitment from higher levels there remain concerns that government commitment will wane after the end of the Getting Ahead project.

Communities and service providers both identify the wider potential for the community scorecard in other sectors and other kebeles, but recognise that buy-in at kebele management or sub-city level is required for scale-up to be possible.

Committed service providers have been encouraged to seek ways to present evidence of their success to key policy decision makers. But, this ad-hoc approach should be replaced with a formal advocacy and awareness strategy to influence and win institutional commitment. This could focus first on taking evidence to higher levels of government with which we have already strong relationships.

"It was something that we thought was impossible, but it is possible, and we have brought good governance"

Hirut Hailemariam, Mary Joy

9.2 Aligning with government accountability tools

The Government has its own accountability and governance mechanisms, such as its citizen report card and budget tracking. The community scorecard complements these mechanisms, particularly by offering strong dialogue- and relationship-building elements. However, the scorecard was not designed through the government and some perceive it as in competition or conflict with government tools. Seeking to align more closely and consciously with government tools could help with gaining institutional commitment and replication.



Service user in Shumabo kebele, Bahir Dar using the complaints box that installed after the scorecard process

Thanks

With special gratitude to the CARE staff, partners, service users and service providers who gave their time to share their experience and learning of the community scorecard, especially those who have allowed their words and images to be used.

In particular, to CARE Ethiopia's partners, Bright Hope Organisation, Organisation for Social Services for AIDS (OSSA), Mary Joy – AID Through Development and National Network of Positive Women in Ethiopia (NNPWE) for their able assistance.

Thanks to the Government of Ethiopia Finance and Economic Development Bureau in Addis Ababa and Amhara, Bole sub-city, Gulele sub-city, Addis Ababa HAPCO and the 12 kebeles in Addis Ababa and Bahir Dar and 36 Iddirs that participated in the Getting Ahead project.

Special thanks to the CARE Ethiopia project team, particularly Dr. Assefa Amenu, Gobena Seboka, Megerssa Fida and Yordanos Zelalem.

To CARE International UK for their financial and technical support.

And finally with thanks to the donors who have supported the Getting Ahead project: the European Union, Isle of Man Overseas Aid Committee and George and Ann Fisher.

Glossary & Acronyms

Kebele	The smallest administrative unit in Ethiopia, equivalent to a ward or township
Woreda	The next larger administrative unit, equivalent to a district
Iddir	A membership based CBO, traditionally responsible for organising funeral services of their members, but recently taking on development activities
AIDS	Acquired Immune Deficiency Syndrome
CBO	Community Based Organisation
CSO	Civil Society Organisation
HIV	Human Immunodeficiency Virus
NGO	Non-Governmental Organisation
OVC	Orphans and Vulnerable Children
PLHIV	People Living with HIV



care[®]
Defending dignity.
Fighting poverty.

Published by CARE Ethiopia – June 2010

Written by Amber Meikle

Cover image by Amber Meikle: community facilitators in Bahir Dar

10 – 13 Rushworth Street, London, SE1 0RB, Telephone: 020 7934 9334, Fax: 020 7934 9335

Email: info@careinternational.org www.careinternational.org.uk Registered charity number: 292506

