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For further details and cases on Social Accountability and governance, please visit:
http://governance.care2share.wikispaces.net/The+Community+Score+Card+CoP

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June 2014 : CARE INTERNATIONAL

SOCIAL ACCOUNTABILITY FOR POST-2015: ETHIOPIA

Getting Ahead Project

Effective, participatory governance mechanisms will be critical in ensuring and measuring the full implementation of the post-2015 Sustainable Development Goals (SDGs). This paper outlines a "social accountability" approach that **brings together** community members – especially women, service users and providers, and local authorities to assess the quality of services provided, identify problems, **jointly** design solutions and enable systematic data collection needed at all levels. The model, **adaptable to a wide range of contexts**, aims to improve access to, and quality of, services, and **ultimately to improve the development outcomes** across the SDG framework.

The HIV/AIDS epidemic in Ethiopia has placed considerable stress on both the state and traditional community-based safety net mechanisms. In 2009, an estimated 1,162,216 adults and children were living with HIV and AIDS, with women disproportionately affected by infection (Federal Ministry of Health of Ethiopia).

Infection rates were significantly higher in urban areas, where prevalence reached over 12 percent compared 2.6 percent in the rural areas; centres such as Addis Ababa experienced an infection rate of over 15 percent. In 2009, the number of orphans due to AIDS alone stood at 855,720. The Ethiopian Government regards HIV and AIDS as a key challenge to socio-economic development, and has worked to implement a multi-sectoral approach to the prevention and control of the disease (Ethiopian Strategic Plan for Intensifying Multi-Sectoral HIV/AIDS Response of 2004-2008). Using the Community Score Card (CSC) social accountability mechanism, the Getting Ahead Project (GAP) was designed to support existing government strategies for HIV/AIDS control, focusing in particular on women, orphans and vulnerable children (OVC), in highly affected areas within Addis Ababa and Bahir Dar.

OBJECTIVE: 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.

APPROACH

GAP aimed to promote community and household **resilience** to HIV/AIDS through **strengthening communication channels** and trust between service users and service providers and providing training on income-generating activities**.**

GAP took a **rights-based approach**, in that it employed the use of social accountability mechanisms as a means of a) improving community members' awareness of their rights and responsibilities in relation to service providers, b) building confidence for community members to approach service providers on non-delivery of entitlements, and c) creating mechanisms to allow for service improvement through dialogue with providers. CARE took a largely supportive role in the CSC implementation process, working in partnership with community-based organizations (CBOs) and local government to select CSC facilitators from within target communities themselves.

INTERVENTION

GAP ran from 2007 to 2010 with co-financing from the European Union and CARE International-UK. CARE Ethiopia was responsible for implementation, having signed an agreement with the HIV/AIDS Prevention and Control Secretariat office. CARE worked with local partners to manage the impact of HIV/AIDS on 132,000 women and OVC in twelve of the most vulnerable *kebeles* (districts) of Addis Ababa and Bahir Dar.

In addition to promoting social accountability mechanisms, CARE provided training in areas such as business management, employment creation mechanisms and income generating activities; **62 percent of evaluation respondents cited this as the most effective support offered by GAP.**

The CSC process was implemented in six stages:

1. **Preparation**: Within the project's focus on HIV and AIDS, specific services and organisations were identified for evaluation. This involved piloting the CSC with partner organisations to assess how it might best be applied; assessing the services provided by *kebele* administrations; and holding CSC workshops to establish workable implementation systems. In both Addis Ababa and Bahir Dar, the Micro and Small Enterprise Development (MSED) office was selected, as this was a priority for both government and target women's groups. Facilitators were identified from within the communities themselves; these individuals then participated in training to develop facilitation skills.

2. **Community scorecards**: Facilitators arranged community gatherings in their respective *kebeles*, sharing information on the CSC rationale and process. Participants were divided into groups, according to GAP's target groups and in line with MSED users. With the help of facilitators, participants brainstormed and prioritised issues surrounding HIV-related service provision; **developed 5 to 8 measurable performance indicators for each issue**; and **numerically scored each service**. Where low scores were assigned, participants made suggestions for improvement.

3. **Clustering the community-generated scorecard:** Individual indicators and scorecards were aggregated in consultation with focus group representatives, facilitators and NGO partner staff. This allowed community facilitators to understand the perspective, rationale and priorities of each user group in preparation for the interface meeting.

4. **Service provider scorecards**: Service providers took part in the same process as community members, although the process was completed more quickly as a result of higher literacy levels.

5. **Interface meeting:** This brought together users and providers to discuss their respective scores, identify shared priorities and develop joint action plans. Participants were primed to ensure constructive, non-antagonistic dialogue.

6. **Follow-up and institutionalisation**: 6-month action plans were followed up with a repeated CSC process in order to monitor progress and identify emergent issues.

KEY SUCCESSES

Community understanding and awareness: CSCs raised the base level of community understanding around rights and responsibilities, encouraging previously less-informed individuals to engage in discussions and make demands based on an awareness of their rights and of service-provider constraints.

Service provider accountability and commitment: Many *kebeles* have used the strengthened relationship between communities and providers to improve accountability – for example, by involving communities in budgeting processes. Many service providers have promoted the CSC to local governments after benefiting from an improved understanding of user needs.

Improved services: In basing planning and delivery on an informed awareness of user needs, all *kebeles* showed improvement in service delivery, with informal and formal safety nets demonstrably more participatory, inclusive and transparent.

ENABLING FACTORS

National decentralisation policy: Although the Ethiopian government is traditionally centralized and hierarchical, the state's decentralisation policy has provided a promising legal framework for lower levels of government on which GAP was able to build.

Local government responsibilities: As part of the decentralisation process, *kebeles* have been given responsibility for organising and mobilizing communities around HIV and AIDS-related issues; local government actors proved highly supportive of the CSC process and its outcomes. Thus, in spite of common issues of limited local government capacity, GAP was nevertheless aligned with existing local governance trends relating to HIV and AIDS.

DISABLING FACTORS

Scope: In spite of the project successes, public sector feedback noted its 'limited coverage', with outcomes a 'drop in the ocean' in terms of coverage and beneficiaries

Lack of rights awareness: In spite of government's commitment to improving accountability, lack of familiarity with engaging in social accountability processes meant that many individuals were reluctant to evaluate services for fear of retribution. This was mitigated through sensitization, reassurance from facilitators and supportive local government actors.

Restrictive legislation: 2009 legislation restricting national and I-NGOs led some government partners to question GAP's legitimacy, resulting in delayed (and, in two *kebeles*, terminated) implementation.

High staff turnover: Frequent changes in staffing caused problems for sustaining the CSC mechanism, as individuals trained to facilitate early scoring were often absent by the second round. This was particularly problematic given the importance of effective facilitation to the CSC process.

Losing sight of overall objective: Participants were often distracted by technicalities that reinforced a negative perception of 'accountability', thus losing sight of the overall objective of building dialogue and creating accountability entry points.

KEY LESSONS

Establish strong relationships with decision-makers: Given the hierarchical nature of Ethiopian society, the CSC process should work to establish strong, consultative relationships with higher-level decision makers and local government actors who can empower service providers, provide potential for scaling up and promote sustainability in spite of high staff turnover.

Secure institutional as well as personal commitments: While good relations with government and informal lobbying can generate important personal commitment to CSC mechanisms, official, institutional commitments are necessary to ensure sustainability and to prevent individuals from becoming barriers to the process.

Raise process awareness: The relative novelty of social accountability mechanisms should be addressed through awareness raising and sensitization at community/local government level. This should promote an awareness of rights as well as how participation can lead to empowerment through involvement in decision-making processes.

Capture diversity through community disaggregation: Splitting communities into separate focus groups can help in addressing diverse individual needs, overcoming power imbalances and creating a secure environment for participants.