# CARE new logo with RAnnex 5: CARE Rwanda management score card (MSC) framework

# Overview

**CARE Rwanda and internal accountability**

CARE Rwanda has for the last two years undergone tectonic change in its management structure, program approaches, and increasingly culture of the organization. The latter is to ensure relevance, effectiveness, and impact of CARE Rwanda’s work in Rwanda. It also aligns well to CARE’s vision 2020.

Some of the major changes are: delivering close to 90% of our work through local NGO’s and taking measures to shift from transactional to strategic partnership; changing structure and reducing staff from 269 to less than 70 currently; achieving significant cost-efficiencies by removing all but one expat staff; promoting of Rwandans to senior level position and the leadership capacity development that is required of that; and deliberate investment in program quality and learning.

However, this move comes with both a demand for new systems and ways of doing business at CARE Rwanda and new competences of our staff and partners. Internal accountability is emerging as a critical organizational driver, if the changes above, specifically working through partners are to be sustained.

This working document on the MSC and social accountability (SA), builds on a previous work on the development of an internal accountability framework for CARE Rwanda. It proposes concrete approaches for implementing internal accountability at CARE Rwanda. Internal-accountability will become an integral future and competence of CARE Rwanda management. Internal accountability work will be anchored on existing formal program management processes like the AOP, program reviews, etc.

Internal accountability will be delivered through a Management Score Card (MSC) & Social-Audit (SA) tool/process.

# Objectives

1. Enable and respond to staff feedback on management (SMT) decisions through a management scorecard aimed at (i) measuring and improving the quality of working environment/relationships and decisions, within the framework of AOP and (ii) Staff Form (SF) deliberations on work-climate.
2. Enable and respond to feedback on the quality of programming and values through social audit of processes aimed at measuring and improving the quality and ethics of delivery of the country programme, within the framework of quality and impact measurement.

# Activities

Two activities shall be conducted by CARE Rwanda to implement internal accountability – the MSC and SA tools shall be implemented.

1. **Management scorecard:**

The management scorecard (MSC) aims to provide a formal avenue for gathering and responding to staff feedback on management decisions (performance quality), specifically, on set priorities and directions for the CO.

The MSC will be used as a mechanism to induce a culture of feedback and pro-active corrective action in the CO management. Proposed areas of focus for the MSC include:

* Information on CO direction and priorities
* Staff voice and participation in decision making processes
* Decision makers (managers) – staff relationship
* Accountability for delivering agreed performance targets
* Implementing and Strategic partner engagement (Shift to partnership model of work)

The MSC should be designed along (anchored or connected to) CO quarterly events such as staff forum meeting; AOP quarterly reviews; and all-staff meetings.

1. **Social audit of CO processes**

The social audit of processes aims to create an avenue for formal feedback on the programming and other operational processes in order to ensure early corrective action in the handling of CARE operational processes that underpin the quality of programs and core values of the organization.

Proposed areas of focus may include:

* Relevance and quality of partnerships at CARE Rwanda
* Timeliness and correctness of processes
* Responsiveness and dependability to internal and external relations
* Core Competence management by the HR unit

Whilst the SA can be implemented as part of regular/period internal audits of CARE operations, a specific and systematic process drawing from features of the traditional social audit tool need to be developed.

A position will be created using PPA4 funding to fund a position of Internal Accountability Manager (IAM) responsible for the MSC and SA management

The IAM is different from the orthodox internal audit processes although one can complement the other

The MSC and SA are complementary and can either be implemented concurrently or separately in phases, depending on the CO decision. Both the MSC and social audit of process aim to enhance the CO accountability by ensuring measurability of progress and ensuing improvements/changes.

The two approaches address accountability as an incentive to enhance staff commitment to quality of program and CARE core values.

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# Adaptations

**Implementation of the approaches**

The proposed approaches require a mind-set shift in the way accountability is handled at CARE Rwanda.

It will take an enormous amount of awareness raising and capacity development, but also some concrete steps in setting up the system and developing/acquiring needed competences to drive the accountability agenda/work in the CO.

With the decision on the IAM made, it is clear that CARE Rwanda is introducing a new paradigm to its audit culture. Audit is going beyond the traditional compliance to policy oversight, to cover aspects of program quality and impact measurement. The latter has been termed SA, augmented by the MSC

The IAM will require enough authority and power to enforce agreed upon corrective and improvement actions. Hence the need to attach this function to the country director with direct dotted management relations with all managers.

# Pilot the MSC to initiate a mid-set shift and build the approach IA system for the CO

CARE Rwanda intends to pilot the MSC approach in FY15 to design, test and refine a CO tailored tool and implementation process, and a system to sustain full integration of the IA in the CO management processes. CARE Rwanda’s SMT will take the lead in showing leadership-for-accountability – Internal accountability (via the MSC) will be one of the standing agendas at all SMT meetings starting July 2014.

The proposed roadmap for the MsC pilot is as follows:

Period: July 14 to June 15 (1st cycle)

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| **FRAMEWORK** |
| **Outcome** | **Tasks** | **Date** | **Responsible** | **Resource** |
| CARE Staff understand the rationale behind Internal Accountability and the MSC process | Organize all staff meeting to explain the MSC exercise (head office) | Tuesday, 17th June 14 | Jeannette & Theo | Staff time |
| Organize all Sub office staff meeting to explain the MSC exercise  | Thursday, 19th June 14 | Jeannette | Staff time |
| Brief staff forum committee on their special role in the internal accountability management | Thursday 26thFrom 8h15-9:00am | Jeannette  | Staff time |
| Present and discuss with SMT the MSC as an element of the internal accountability and get feedback | Tuesday, 24th June | Jeannette & Apollo | SMT |
| Hold staff meeting to deeply understand MSC and set foundation for animators to take over:* Explain FY AOP to staff
* Discuss SMT ToR with staff
* Explain MSC process
* Define roles and responsibilities of MSC animators in the MSC process
* Select MSC internal animators and facilitate group formation for MSC sessions
 | June 30th from 8h15 to 1pmVenue: offsite | Jeannette & Theo | * Meeting room
* Snacks
* Lunch
* Flip charts
* Markers
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| Train MSC animators on MSC process | 9th July 14From 9am to 1pm | Jeannette  | Lunch |
| Prioritise scoring areas : AOP themes + others  | 11th July | Internal animators | Animators’ time  |
| CO management provides inputs on issues prioritized as requested by animators | 11th July  | SMT/SPMT |  |
| Scoring criteria for MSC agreed upon and understood by all CARE staff | Design the scoring matrix | 14th July (Morning) | MSC Animators |  |
| SMT and Staff agree on the scoring matrix | 14th July from 4pm to 5pm | MSC Animators |  |
| **IMPLEMENTATION: 1ST CYCLE JULY-SPTEMBER 2014** |
| At the end of each quarter, staff will come together for a quarterly scoring exercise. 3 meetings will be held: Staff scoring, SMT scoring and then interface meeting bringing together staff and SMT to agree on findings and development an improvement action plan) |
| Final quarterly scores agreed upon during the interface meeting | Animators collect needed information from SMT and SPMT members |  |  |  |
| Staff organize the scoring session | October 8th  | MSC Animators |  |
| SMT score itself (management)  | October 10th  | SMT/Jeannette |  |
| Staff and the Management gets together to discuss and agree on scores | 15th October | MSC Animators | * Meeting room
* Snacks
* Lunch
* Flip charts
* Markers
 |
| Develop an improvement action plan with clear roles and responsibilities to address issues raised | Develop an action plan to address all the issues poorly scored. | 15th October | MSC Animators |

The meetings that require attendance/presence of all staff:

* Meeting to get familiar with AOP and SMT mandate
* Meeting to select MSC animators
* Meeting to prioritize scoring areas
* Scoring meeting
* Interface meetings

Required Resources:

* Venue (conference room outside CARE office for at least 3 meetings) + Snacks/soft drinks
* Materials (flip charts, markers…)
* Coordination (Staff will gradually own MSC process with support from PQL team)