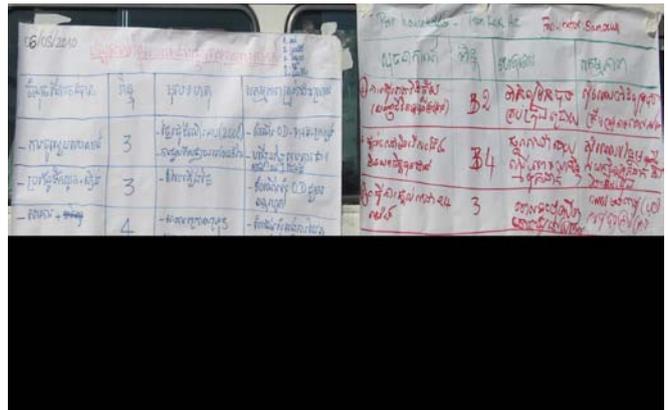
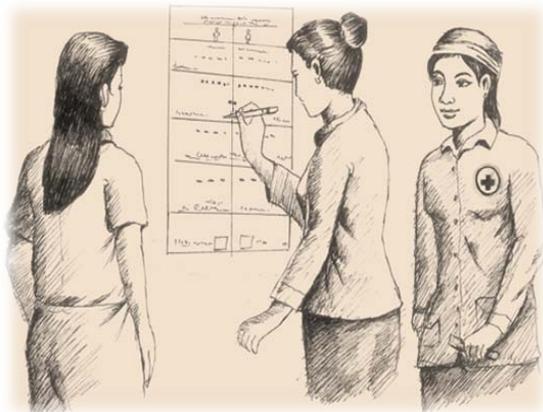


Handout

Module 4: Social Accountability Tool

Community Score Cards



Module 4: SOCIAL ACCOUNTABILITY TOOLS

4.4 Community Score Cards

Contents

1. DEFINITION 2

2. PURPOSE 2

3. THE SPECIFIC STEPS FOR THE CSC PROCESS INCLUDE: 2

4. WHERE HAVE COMMUNITY SCORE CARDS BEEN USED? 4

5. KEY LEARNING: 4

1. Definition

The Community Score Card (CSC) process is a community based monitoring tool that is a hybrid of the techniques of a social audit and citizen report cards. Like the citizen report card, the CSC process is an instrument to enact social accountability, public accountability and responsiveness from service providers. By linking service providers to the community, citizens are empowered to provide immediate feedback to service providers.

2. Purpose

The CSC solicits user perceptions on quality, efficiency and transparency. This includes:

- tracking inputs or expenditures (e.g. availability of drugs),
- monitoring the quality of services/projects,
- generating benchmark performance criteria that can be used in resource allocation and budget decisions,
- comparing performance across facilities/districts,
- generating direct feedback mechanisms between providers and users,
- building local capacity
- Strengthening citizen voice and community empowerment.

3. The specific steps for the CSC process include:

Step 1: Preparatory Groundwork

Step 2: Input tracking

- Objective: To raise awareness about entitlements and inputs on the part of community members (and service providers).

Example of input tracking matrix

Name of Input	Entitlement/Planned Quantity/Recorded Quantity	Actual	Remark/Evidence

Step 3: Community Scorecards

- 1- Convene community meeting
- 2- Divide participants into focus groups
 - Ideally, 8-20 people/group
- 3- Use "brainstorming" with the focus groups to identify key performance indicators.
 - How will someone know that this facility is operating well? How will you judge the performance of the facility (what specifically do you look for)?
 - Criteria should be 'positive', 5-8 indicators are optimal, allow sufficient time
- 4- Focus groups collectively score each
 - Introduce **criteria/indicators**- Scale of 1-5, 0-100, etc. choose appropriate voting method

Criteria	Facial Expression	Score
Very bad		1

Bad		2
Just OK		3
Good		4
Very Good		5

- Summarize and/or calculate average scores.
- Ask participants to explain scores, discuss and record explanations.
- Why did you give this rating? What is responsible/what is the problem?
- Solicit practical suggestions for how to improve.
- What can be done now to improve the service? What support is needed from the community and from outside to improve?

No	Indicator	Score					Seasons	Action to improve/Support
		1	2	3	4	5		

Step 4: Self-evaluation scorecard

- **Similar process to community generated scorecard, completed by service providers (facilitated by implementation team).**
 - 1- Convene service providers and divide into 'focus groups' (if appropriate)
 - 2- Facilitate a brainstorming session to identify performance criteria and indicators
 - 3- The group collectively scores each indicator
 - 4- Participants explain their scores and suggest practical suggestions on how to improve.

Sample Self-evaluation Scorecard from Armenia

Criteria	Score (1-5)	Reasons/justifications
Facilities	3	The facilities are not renovated, no heating, the water closets and sewerage need to be renovated
Medical specialists	4	There are few specialists, the specialists do not speak foreign languages and are not literate with computers
Material-technical base (equipment, laboratory)	2	The equipment is not new and modern
Financial-economic conditions	1	Under financed, low salaries, ambulances are very old

Professional training	4	Training not accessible because of financial situation, distance from capital, impossible to learn new things on medicine (no internet)
-----------------------	---	---

Step 5: Interface Meeting

- Face to face meeting of community members, service providers and other key stakeholders
 - 1- Prepare all groups.
 - 2- Encourage broad participation (including community leaders, officials and elected representatives)
 - 3- Community and service provider groups present their results and analyze the commonalities and differences
 - 4- Facilitate productive dialogue and generate a joint action plan.
 - 5- Identify volunteers to ensure follow-up

A sample Action Planning Matrix

What can we do to make things better?	Who will do this?	When will they do this? (short or long run)	Actions proposed
1			
2			
3			

Step 6: Follow and Institutionalization

4. Where have Community Score Cards been used?

A recent effort in the Gambia serves as an example of application of the CSC process for evaluating and monitoring the effectiveness of poverty reduction strategies (The World Bank 2005). The CSC process focused on health and education sectors and involved nearly 3,500 stakeholders. Representatives of the communities and service providers identified the key issues and jointly discussed how to improve the quality of services. There are number of other examples where CSCs have been applied, including Ghana, Malawi, Tanzania, Zimbabwe, and Sri Lanka.

5. Key Learning:

- Conducted by and for primary stakeholders (e.g. health service users and providers).
- Facilitated by "neutral" intermediaries (most often CSOs).
- Emphasizes immediate feedback and reform.
- Relatively simple, fast and cost-effective.

Reference

1. Social Accountability An Introduction to the Concept and Emerging Practice_pdf_Eng.PDF, World Bank