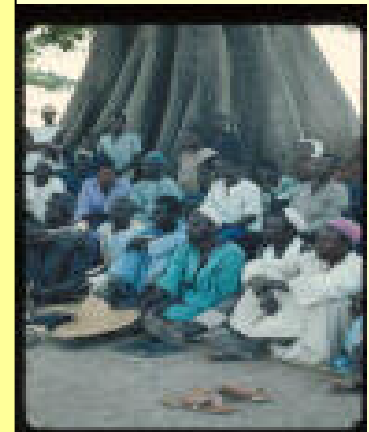
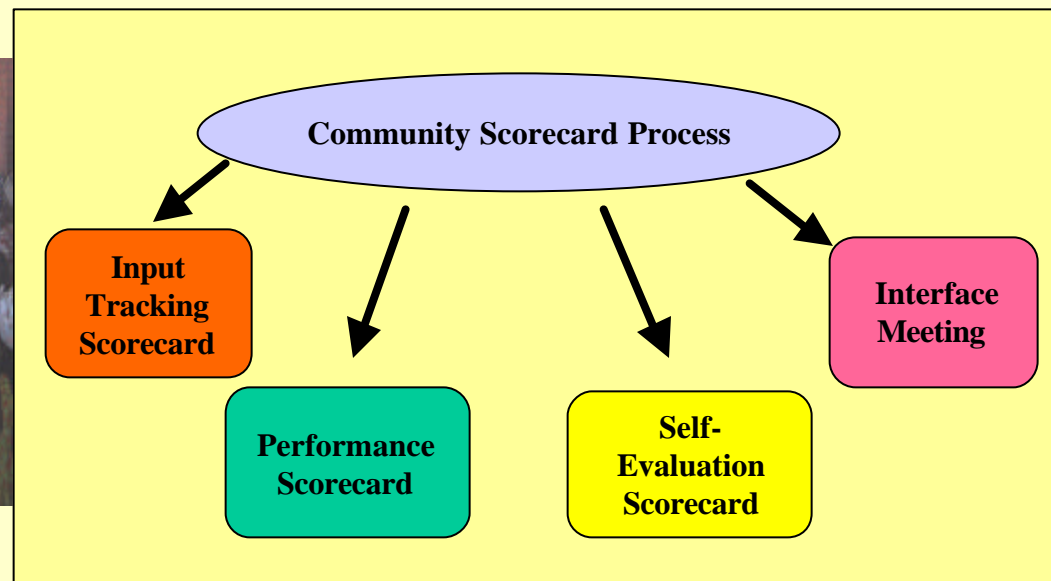




The Community Score Card Process

- Introducing the Concept and Methodology



**Participation and Civic Engagement Group,
Social Development Department, The World Bank**



THE COMMUNITY SCORECARD PROCESS

- Tool for Participatory Monitoring
- But also to exact *Accountability* and *Community Empowerment*
- Hybrid of – social audit, PPA/PRA, and citizen report card
- ‘*Process*’ not just ‘scorecard’
- Emphasis on immediate feedback and reform
- Flexible and adaptive – no one way to implement



Community Score Card Methodology Allows for...

- Tracking of inputs or expenditures (e.g. availability of drugs)
- Monitoring of the quality of services/projects
- Generating benchmark performance criteria that can be used in resource allocation and budget decision
- Comparison of performance across facilities/districts
- Mechanisms of direct feedback between providers and users
- Building local capacity
- Strengthening citizen voice and community empowerment.

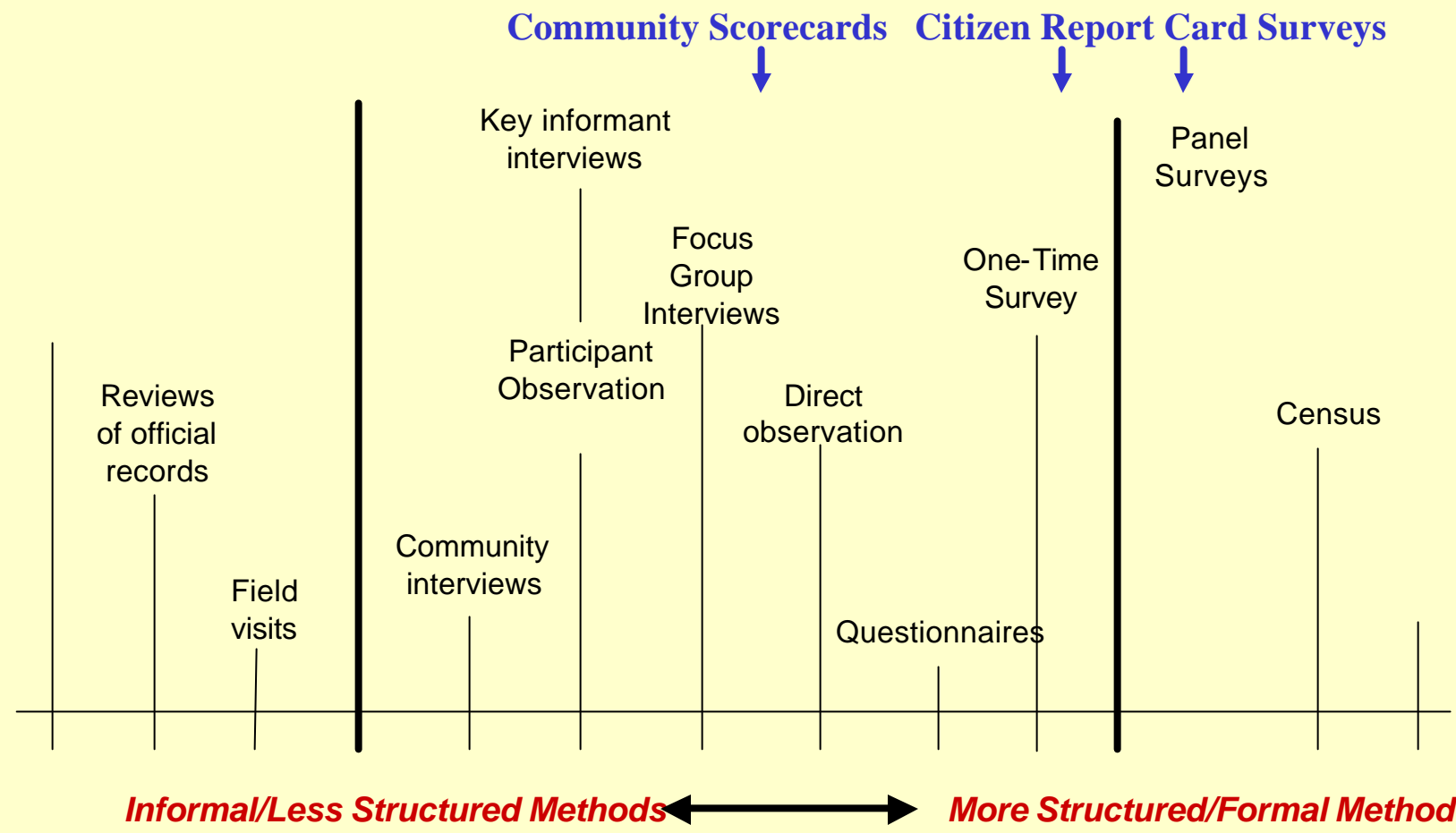


Distinguishing between Community Scorecards and Citizen Report Cards

Citizen Report Card	Community Scorecard
<ul style="list-style-type: none">• Survey instrument - data collected through questionnaires• Unit – household/individual• More for macro level• Emphasis on monitoring - demand side data on performance and actual scores/report• Implementation time longer (3-6 months)• Feedback later, through media• Requires strong technical skills	<ul style="list-style-type: none">• Participatory process - data through focus group discussions• Unit – community• Meant for local level• Emphasis on immediate feedback and accountability, less on actual data• Implementation time short (3-6 weeks)• Immediate Feedback• Requires strong facilitation skills



In terms of Data Collection Methods...

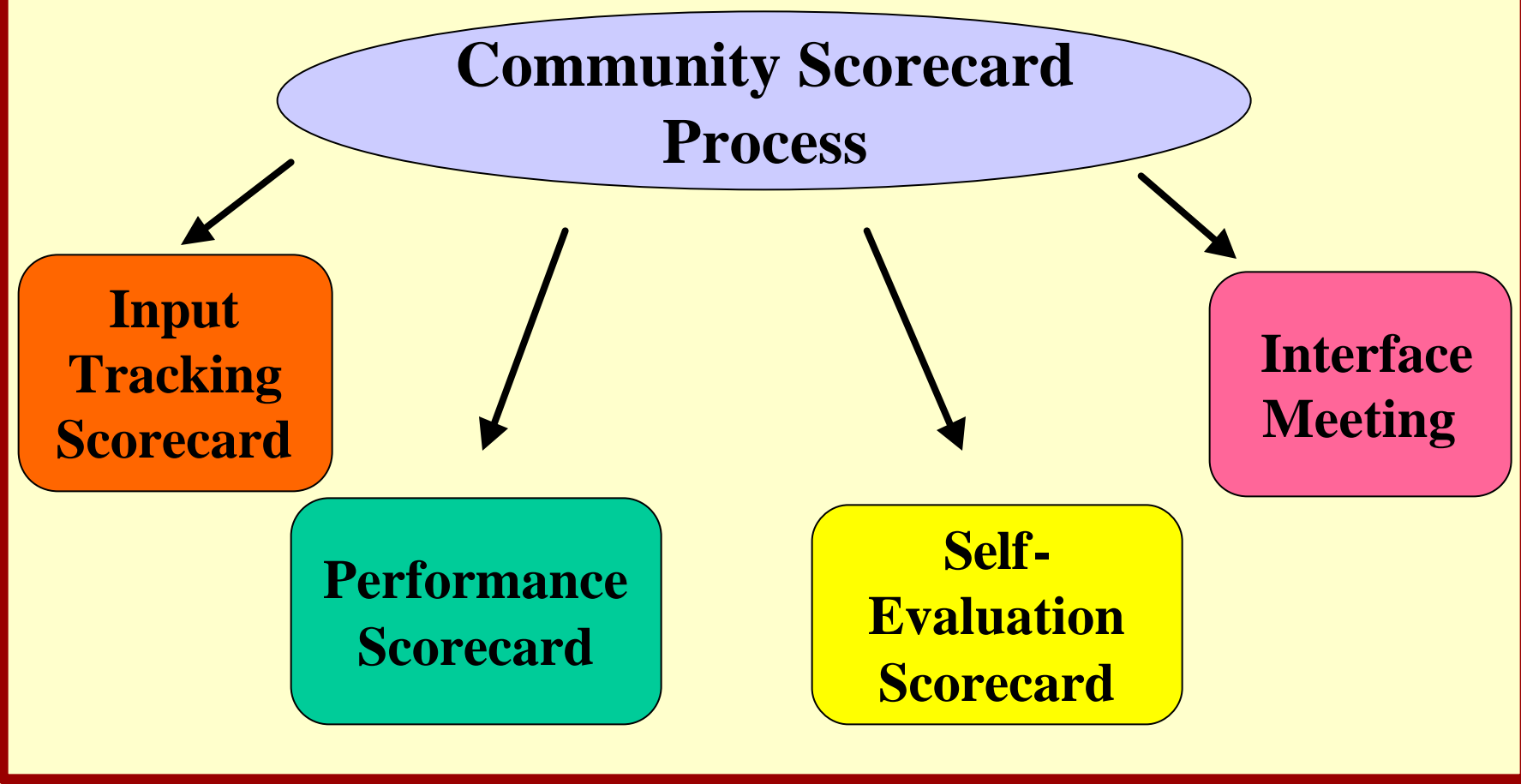


Informal/Less Structured Methods ← → **More Structured/Formal Methods**

Adapted from "Designing and Building a Results-Based Monitoring and Evaluation System: A Tool for Public Sector Management", World Bank, 2000



The Four Components of the Community Scorecard Process





Stages in the Community Scorecard Process

1. Preparatory groundwork
2. Developing the input tracking scorecard
3. Developing the performance scorecard
4. Developing the self-evaluation scorecard
5. The Interface meeting
- { 6. Follow-up and institutionalization }



Steps Involved in Each Stage

1) Preparatory Groundwork:

- Identification of Scope - e.g. District, service, sector, project, etc..
- Preliminary Stratification of Community
 - Breakdown by Gender/Ethnicity
 - Breakdown by Usage
 - Breakdown by Poverty (Poverty Mapping)
 - Breakdown by Type of Investment
- Mobilize Community – ensure participation (particularly of women)
(Field Visits, Awareness Campaign, Advocacy...)
- Logistics
(Travel, Materials – papers, pencils, Megaphone/Blackboard...)



Steps Involved in Each Stage...

2) Developing the Input Tracking Scorecard :

A. Collect Supply Side Information:

- Total budget for different programs
- National standards or targets
- Outputs envisaged and recorded – Physical, Institutional and Financial
- Cost break-up
- Contract award procedure
- Contact information of contractors
- Entitlements and Inputs



Steps Involved in Each Stage...

2) Input Tracking Scorecard (contd.)

B. Steps during meeting with Community/Providers:

- Orient Community/Providers
- Give Information on Entitlements or Budgets
- Divide Participants into Focus Groups/Key Informants
 - Based on Involvement in Project/Program
- Collect Input Details
 - Validate with material or anecdotal evidence
 - Compare information with other participants
- Joint Physical Inspection of Project Output
 - “Transect Walk”



What a Input Tracking Scorecard Looks Like

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

INPUT TRACKING MATRIX

MOHAMMEDAN PRIMARY SCHOOL

NAME OF INPUT	ENTITLEMENT	ACTUAL	REMARKS
TEACHERS	1:45	—	Observed over crowding
LEARNING MATS. (KATIB) (CORE SUB)	2 Pupils	—	Ideally 25 mat bks / core subj.
FURNITURE	24 DESKS	13 DESKS	inadequate fin. to provide for these.
	24 CHAIRS	15 BENCHES	
TOILET	1: BOYS	—	inadequate



Examples of Qualitative Evidence Obtained in Pilot CSC Focus Groups

- Malawi PWP - No wages/Less wages given to many; ‘Ghost workers’; Money put on interest!
- Sri Lanka Irrigation Project – 5 tanks officially built, but actually only 2 of which one incomplete and other used to store pumpkins!
- Malawi Health – Clinic Drugs sold privately by doctors through their children!
- Gambia Education – National Policy of 2 textbooks/pupil; actual only .5/child
- Malawi Education – Teachers go on strike on average for a week every month in order to get salaries!



Steps Involved in Each Stage...

3) Developing the Performance Scorecard :

- Divide Participants into Focus Groups
 - Based on Involvement or Usage
- Develop Performance Criteria
 - Should be developed by community
 - Should be 'positive'
 - 5-8 is optimal
 - Allow sufficient time
- Performance Scoring
 - Scale can be 1-5, 0-10, 0-100, etc...
 - Voting versus Consensus approach
- Explanations of Scores and Suggestions for Reform



Examples of Focus Group Discussions to Develop the Performance Scorecard





Symbols Used to Help Scoring Process (from The Gambia)

<u>Criteria</u>	<u>Facial Expression</u>	<u>Score</u>
- Very bad		1
- Bad		2
- Just OK		3
- Good		4
- Very Good		5



A Sample of a Performance Scorecard for Health Sector in Malawi (by CARE-Malawi)

	Indicators	Score out of 100	Scores after 6 months	Reasons for Change
1	Positive attitude of staff	40	50	Attitude change
2.	Management of the health centre.	50	75	No favours Clean premises
3.	Quality of services provided	35	50	Positive attitude of staff
4	Equal access to the health services for all community members	25	50	No discrimination in service provision



A Sample of a Performance Scorecard for Health Sector in Malawi (by CARE-Malawi)...

Sub-indicators for ‘positive attitude of staff’

	Indicators	Score out of 100 – August 2002	Score out of 100- March 2003	Reasons for changes
1.1	Punctuality of staff	25	50	Observe working hours but staff too mobile
1.2	Polite behaviour	15	50	Numbering system and consultation with patients
1.3	Listening to patients’ problems	40	90	Attentive staff
1.4	Respect for patients	50	60	Improved except for one member
1.5	Respect for patients’ privacy	75	95	Always been positive
1.6	Honest and transparent staff (in terms of dealing with drugs, food, etc.)	25	45	Drugs now available. Displayed on board



A Sample of a Performance Scorecard from the Malawi Food Distribution Program

Quality Criteria	Score Focus Group 1 (Men Only)	Score Focus group 2 (Women)	Score Focus group 3 (Non-Beneficiary Male)
Timely receipt of food	5	5	5
Adequate food availability at depots	2	5	0
Adequate food availability at household level	1	3	5
Behavior and Attitude of District Staff	5	3	2
Transparency of decision making and accounts	5	2	3
Quality of food delivered	5	5	0



Steps Involved in Each Stage...

4) Developing the Self-Evaluation Scorecard :

- Similar to community generated scorecard
- Contact Service Providers or Project Officers
- Orient and Ensure Participation
- Divide into ‘focus groups’
- Develop Performance Criteria
- Performance Scoring
 - Ask Providers to Explain High/Low Scores
- Reflection on Scores and Suggestions for Reform



A Sample of a Provider Self-Evaluation Scorecard from a Primary School in Uganda

No.	Performance Criteria	Score (1-5)	Reasons
1	Accessibility by pupils	4	Most come from municipality
2	Accessibility by teachers	2	Very far; Delays in payment of salary; Transport difficult and expensive
3	Quality - Performance of Pupils	3	Overcrowding of class; Education is not a priority; Absenteeism; Inadequate textbooks; Inadequate teaching and learning materials; Children come tired after heavy domestic chores; hunger and sickness
4	Quality - Performance of Teachers	5	Highly qualified (Most are grade V teachers); Lesson plans and chemes of work are upto date; Continous assessment of pupils; Make use of learning aids (real charts were visible in room); Some teachers are examiners; Motivated; Encourage pupils by giving prizes
5	Efficiency - Academic Dropout Rate	3	Few dropouts
6	Efficiency - Repetition	5	Government policy of automatic promotion; parents request
7	Administration	3	Allocation of responsibilities is upto date; supply of materials not upto date; prompt payment of salary; allocation of work; supply of materials
8	Usage of facilities	4	No charges; Religious factor



A Sample of a Provider Self-Evaluation Scorecard for Health from Malawi (by CARE)

	Indicator	Score out of 100	Scores after six months	Scores after 12 months
1	Health Centre Management	60		
2	Infrastructure and Equipment	50		
3	Services offered at the Health Centre.	50		
4	Relations between staff and patients	45		
5	Staff motivation	50		



Steps Involved in Each Stage...

5) The Interface Meeting:

- Prepare both sides
- Ensure participation
- Show both the community and providers each others' results
- Having an intermediary group helps; can also invite outside people like district officials and MPs
- Facilitate productive dialogue
 - Come up with some concrete reforms
 - Obtain some commitment for follow-up





An Interface Meeting in Action...





One option is to produce an Action Planning Matrix...

What can we do to make things better?	Who will do this?	When will they do this? (short run or long run)	Actions Proposed
1			
2			
3			
4			
5			



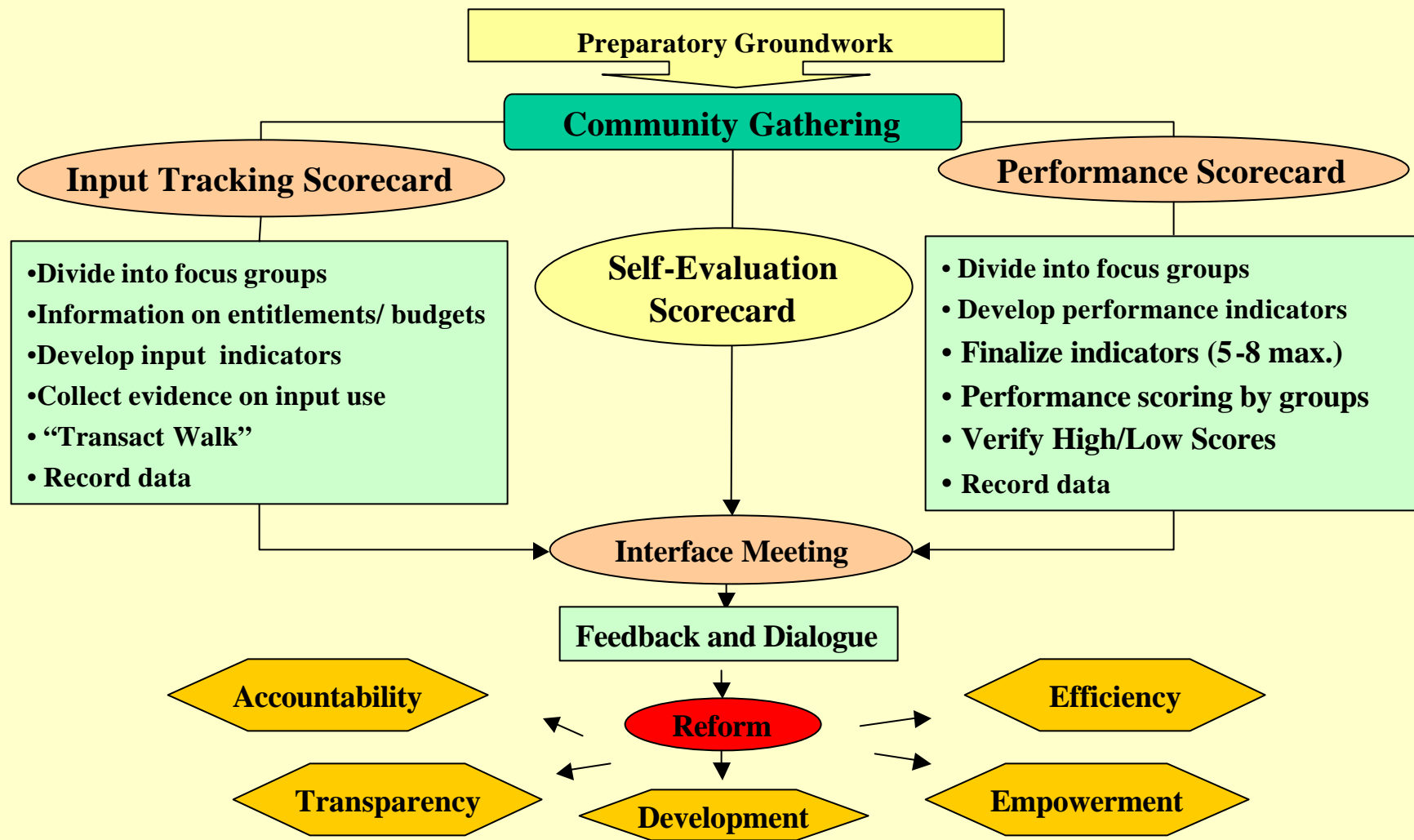
Steps Involved in Each Stage...

6) The Interface Meeting... Examples of Recommendations – Malawi Food Distribution Program

- Food distribution committees should be changed on each distribution to avoid corruption
- Committee should be elected by the needy people themselves and not the village headman
- Non-beneficiaries should not be asked to assist in development work – let those who get the maize do the development work as well
- Distribution exercise should be continuous



Summary of Steps in Community Scorecard Process





6. Follow-up and Institutionalization:

A. Making an Impact...Disseminating Information

Public interest films

Listening clubs on Local Radio

Orientation for Journalists

Publicity Campaign

Media Consultant

Internet Kiosks





6. Follow-up and Institutionalization:

B. Making an Impact...Using Information

- Introducing regular monitoring system
- Generating performance benchmarks
- Comparing levels of government
- Choosing best level to target funds
- Performance based resource allocation
- Reducing corruption
- Improving Quality of Community Projects



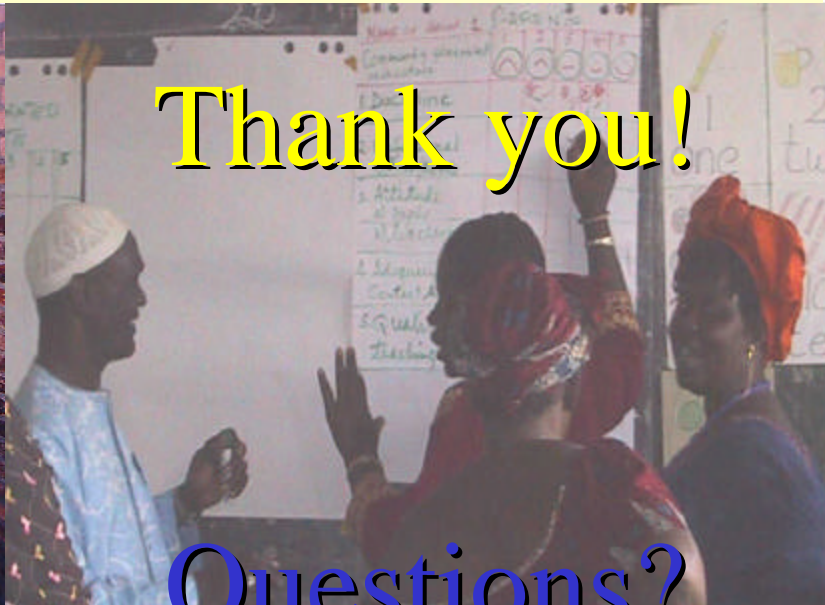
Some Key Points in the Methodology

- Four stages of Focus Group Discussions:
 - To identify criteria
 - To prioritize and finalizing criteria
 - To explain scores
 - To suggest recommendations for improvement
- Needs adequate mix of users and non-users
- Supply side information needed for input tracking
- Performance criteria should be objective
- Evidence is provided for high/low scores – claims are cross checked
- Process tries to facilitate a reform agenda – gives legitimacy, ensures future participation



Limitations of the Community Scorecard

- Depends a great deal on quality of facilitation
- Input tracking dependent on supply side data
- Interface can get confrontational
- Standardization needed when scaling up
- Small sample size can bias perceptions
- Scoring not always applicable



Thank you!

Questions?

