The Community Scorecard Process

An Introduction to the Concept and Methodology

Good Governance and Social Accountability Tools Course
Coady International Institute, May 2013
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The Community Scorecard is…

- A participatory, community-based process to simultaneously (i) evaluate and improve public services and (ii) inform and empower local actors.

- First developed by CARE Malawi in 1990s. Now used successfully in dozens of countries around the world and in many different sectors.

- Flexible and adaptable.

It is:

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

Community scorecards serve to:

- Inform users (and providers) about their entitlements, rights and responsibilities.
- Improve communication and relations between providers and users.
- Build local capacity and clarify roles.
- Monitor and improve the quality of public services.

Step 1 - Preparation

1. Determine objectives, focus, scope and location.
2. Work with key stakeholders (e.g. government authorities, community leaders) to mobilize their cooperation & support.

3. Identify and train facilitators.

4. Inform and mobilize local actors (service users and providers).

- Through field visits, awareness campaign, advocacy…

5. Identify priority social groups (by gender, age, ethnicity, poverty, usage) and priority issues/problems.

6. Organize logistics.

- Travel, venue, equipment (blackboard, megaphone), materials (flipchart, paper, pencils, voting cards).

Step 2 – Input tracking

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

1. Identify priority inputs and collect relevant supply side information.
    - National standards or targets
    - Budget information
    - Entitlements and inputs (e.g. allocated staff, equipment, drugs)
    - Outputs envisaged and recorded (timesheets, service records, expenditures)
2. Meet with service providers and community members.
    - Share information about official entitlements
    - Collect information on actual inputs and resources
    - Validate with material or anecdotal evidence
    - Compare information from different sources
3. Inspection of infrastructure/outputs/accounts
4. Prepare an input tracking matrix (leave original matrix with community, record findings for use by implementing team)

Step 3 – Generating a community scorecard

1. Convene community meeting.

2. Divide participants into focus groups.
   - Ideally, 8-20 people per group.
   - Women-specific group recommended.

3. Use "facilitated brainstorming" with 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 group collectively scores each criteria/indicator. - Scale of 1-5, 0-100, etc., choose appropriate voting method

5. Summarize and/or calculate average scores

6. Ask participants to explain scores, discuss and record explanations. Why did you give this rating? What is responsible/what is the problem?

7. Solicit practical suggestions for how to improve. What can be done by (i) community members, (ii) service providers and (iii) other actors to improve the service?

Outputs:

- Completed Community Scorecard, explanation of scores and proposed actions (to be left with the community) – Take photos!
- Comprehensive narrative report (prepared and used by implementing team) – Important to designate a notetaker!

Step 4 – Self-evaluation scorecard

- Similar process to community generated scorecard, completed by service providers (facilitated by implementing team).

1. Convene service providers and divide into ‘focus groups’ (if appropriate).
2. Facilitated brainstorming to identify performance criteria and indicators.
3. The group collectively scores each indicator.
4. Participants explain scores and suggest practical suggestions on how to improve.

Step 5 – Interface meeting

- Face to face meeting of community members, service providers and other key stakeholders.

1. Sensitize/prepare all groups.
2. Encourage broad participation (including community leaders, officials and elected representatives).
3. Community and service provider groups present their results – analyze commonalities and differences.

4. Facilitate productive dialogue and generate a joint concrete action plan.

5. Identify volunteers to ensure follow up.

Outcomes:

- Enhanced transparency
- Empowerment of local service users
- Enhanced “downwards” accountability of service providers
- Enhanced sensitivity of users to providers’ constraints
- Assessment of service performance (for secondary analysis and presentation to higher levels)
- Collectively agreed action plan for improvement (by community members, service providers, public officials)

Step 6 – Follow-up and institutionalization

- Publicly disseminate findings and action plan.
- Service providers and community members implement the plan.
- Form a joint follow-up committee to monitor the implementation of the action plan .
- Institutionalize the scorecard process (e.g. repeat at 6-12 month intervals).
- Use the action plan to inform and influence planning, budgeting, implementation and reform.
- Scorecard findings can also be used for purposes of comparative analysis or to inform policy reforms, etc.

Effective implementation of a community scorecard requires:

- A participatory mindset and good facilitation skills.
- Thorough preparation.
- Attention to social inclusion and gender issues.
- Active participation of local actors.
- Teamwork and partnership.
- Commitment to follow up.

Some limitations and challenges

- Input tracking requires access to supply side data.
- Cultural barriers may be a challenge (e.g. where there is no tradition of holding service providers accountable or speaking out in public).
- Social inclusion can be challenge.
- Interface can become confrontational/conflictual (if not well facilitated).
- Small sample size can bias perceptions.
- Some standardization usually required to scale up.

Key Benefits

- Improved quality of public services (focusing on those specific aspects of greatest important to local people).
- Greater transparency, responsiveness and accountability of health services.
- Improved relationships between service users, providers and government officals.
- Empowerment of local actors (enhanced knowledge, rights-awareness and influence).
- Increased use of public services and improved outcomes.