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

<table>
<thead>
<tr>
<th>Citizen Report Card</th>
<th>Community Scorecard</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Survey instrument - data collected through questionnaires</td>
<td></td>
</tr>
<tr>
<td>• Unit – household/individual</td>
<td></td>
</tr>
<tr>
<td>• More for macro level</td>
<td></td>
</tr>
<tr>
<td>• Emphasis on monitoring - demand side data on performance and actual scores/report</td>
<td></td>
</tr>
<tr>
<td>• Implementation time longer (3-6 months)</td>
<td></td>
</tr>
<tr>
<td>• Feedback later, through media</td>
<td></td>
</tr>
<tr>
<td>• Requires strong technical skills</td>
<td></td>
</tr>
<tr>
<td>• Participatory process - data through focus group discussions</td>
<td></td>
</tr>
<tr>
<td>• Unit – community</td>
<td></td>
</tr>
<tr>
<td>• Meant for local level</td>
<td></td>
</tr>
<tr>
<td>• Emphasis on immediate feedback and accountability, less on actual data</td>
<td></td>
</tr>
<tr>
<td>• Implementation time short (3-6 weeks)</td>
<td></td>
</tr>
<tr>
<td>• Immediate Feedback</td>
<td></td>
</tr>
<tr>
<td>• Requires strong facilitation skills</td>
<td></td>
</tr>
</tbody>
</table>
In terms of Data Collection Methods...

Informal/Less Structured Methods

Reviews of official records
Field visits
Community interviews
Participant observation
Key informant interviews
Focus group interviews
Direct observation
Questionnaires
One-Time Survey
Panel Surveys
Census

Community Scorecards
Citizen Report Card Surveys

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

- Input Tracking Scorecard
- Performance Scorecard
- Self-Evaluation Scorecard
- Interface Meeting
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…)


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
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

<table>
<thead>
<tr>
<th>Name of Input</th>
<th>Entitlement/Planned Quantity/Recorded Quantity</th>
<th>Actual</th>
<th>Remarks/Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAME OF INPUT</td>
<td>ENTITLEMENT</td>
<td>ACTUAL</td>
<td>REMARKS</td>
</tr>
<tr>
<td>---------------</td>
<td>-------------</td>
<td>--------</td>
<td>---------</td>
</tr>
<tr>
<td>Teachers</td>
<td>1:45</td>
<td>—</td>
<td>Observed overcrowding.</td>
</tr>
<tr>
<td>Learning Mats. (Hab and Core Sub)</td>
<td>2 Pupils</td>
<td>—</td>
<td>Ideally 25 mats per core subject.</td>
</tr>
<tr>
<td>Furniture</td>
<td>24 Desks, 13 Desks inadequate for 72 students.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toilet</td>
<td>1: Boys, Inadequate</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Mohammedan Primary School

Input Tracking Matrix
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)

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Facial Expression</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very bad</td>
<td>😞</td>
<td>1</td>
</tr>
<tr>
<td>Bad</td>
<td>😞</td>
<td>2</td>
</tr>
<tr>
<td>Just OK</td>
<td>😞</td>
<td>3</td>
</tr>
<tr>
<td>Good</td>
<td>😄</td>
<td>4</td>
</tr>
<tr>
<td>Very Good</td>
<td>😄</td>
<td>5</td>
</tr>
</tbody>
</table>
# A Sample of a Performance Scorecard for Health Sector in Malawi (by CARE-Malawi)

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Score out of 100</th>
<th>Scores after 6 months</th>
<th>Reasons for Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Positive attitude of staff</td>
<td>40</td>
<td>50</td>
<td>Attitude change</td>
</tr>
<tr>
<td>2. Management of the health centre.</td>
<td>50</td>
<td>75</td>
<td>No favours Clean premises</td>
</tr>
<tr>
<td>3. Quality of services provided</td>
<td>35</td>
<td>50</td>
<td>Positive attitude of staff</td>
</tr>
<tr>
<td>4. Equal access to the health services for all community members</td>
<td>25</td>
<td>50</td>
<td>No discrimination in service provision</td>
</tr>
</tbody>
</table>
## A Sample of a Performance Scorecard for Health Sector in Malawi (by CARE-Malawi)...

Sub-indicators for ‘positive attitude of staff’

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Score out of 100 – August 2002</th>
<th>Score out of 100– March 2003</th>
<th>Reasons for changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Punctuality of staff</td>
<td>25</td>
<td>50</td>
<td>Observe working hours but staff too mobile</td>
</tr>
<tr>
<td>1.2 Polite behaviour</td>
<td>15</td>
<td>50</td>
<td>Numbering system and consultation with patients</td>
</tr>
<tr>
<td>1.3 Listening to patients’ problems</td>
<td>40</td>
<td>90</td>
<td>Attentive staff</td>
</tr>
<tr>
<td>1.4 Respect for patients</td>
<td>50</td>
<td>60</td>
<td>Improved except for one member</td>
</tr>
<tr>
<td>1.5 Respect for patients’ privacy</td>
<td>75</td>
<td>95</td>
<td>Always been positive</td>
</tr>
<tr>
<td>1.6 Honest and transparent staff (in terms of dealing with drugs, food, etc.)</td>
<td>25</td>
<td>45</td>
<td>Drugs now available. Displayed on board</td>
</tr>
</tbody>
</table>
### A Sample of a Performance Scorecard from the Malawi Food Distribution Program

<table>
<thead>
<tr>
<th>Quality Criteria</th>
<th>Score Focus Group 1 (Men Only)</th>
<th>Score Focus Group 2 (Women)</th>
<th>Score Focus Group 3 (Non-Beneficiary Male)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timely receipt of food</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Adequate food availability at depots</td>
<td>2</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Adequate food availability at household level</td>
<td>1</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Behavior and Attitude of District Staff</td>
<td>5</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Transparency of decision making and accounts</td>
<td>5</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Quality of food delivered</td>
<td>5</td>
<td>5</td>
<td>0</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>No.</th>
<th>Performance Criteria</th>
<th>Score (1-5)</th>
<th>Reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accessibility by pupils</td>
<td>4</td>
<td>Most come from municipality</td>
</tr>
<tr>
<td>2</td>
<td>Accessibility by teachers</td>
<td>2</td>
<td>Very far; Delays in payment of salary; Transport difficult and expensive</td>
</tr>
<tr>
<td>3</td>
<td>Quality - Performance of Pupils</td>
<td>3</td>
<td>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</td>
</tr>
<tr>
<td>4</td>
<td>Quality - Performance of Teachers</td>
<td>5</td>
<td>Highly qualified (Most are grade V teachers); Lesson plans and schemes of work are up to date; Continuous assessment of pupils; Make use of learning aids (real charts were visible in room); Some teachers are examiners; Motivated; Encourage pupils by giving prizes</td>
</tr>
<tr>
<td>5</td>
<td>Efficiency - Academic Dropout Rate</td>
<td>3</td>
<td>Few dropouts</td>
</tr>
<tr>
<td>6</td>
<td>Efficiency - Repetition</td>
<td>5</td>
<td>Government policy of automatic promotion; parents request</td>
</tr>
<tr>
<td>7</td>
<td>Administration</td>
<td>3</td>
<td>Allocation of responsibilities is up to date; supply of materials not up to date; prompt payment of salary; allocation of work; supply of materials</td>
</tr>
<tr>
<td>8</td>
<td>Usage of facilities</td>
<td>4</td>
<td>No charges; Religious factor</td>
</tr>
</tbody>
</table>
A Sample of a Provider Self-Evaluation Scorecard for Health from Malawi (by CARE)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Score out of 100</th>
<th>Scores after six months</th>
<th>Scores after 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Health Centre Management</td>
<td>60</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Infrastructure and Equipment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Services offered at the Health Centre.</td>
<td>50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Relations between staff and patients</td>
<td>45</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Staff motivation</td>
<td>50</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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...

<table>
<thead>
<tr>
<th>What can we do to make things better?</th>
<th>Who will do this?</th>
<th>When will they do this? (short run or long run)</th>
<th>Actions Proposed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
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<tr>
<td>5</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
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

Preparatory Groundwork

Input Tracking Scorecard
- Divide into focus groups
- Information on entitlements/budgets
- Develop input indicators
- Collect evidence on input use
- “Transact Walk”
- Record data

Self-Evaluation Scorecard
- Divide into focus groups
- Develop performance indicators
- Finalize indicators (5-8 max.)
- Performance scoring by groups
- Verify High/Low Scores
- Record data

Performance Scorecard

Interface Meeting

Feedback and Dialogue

Accountability

Efficiency

Transparency

Empowerment

Reform

Development
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?