



Community Score Card for Community Participation approach

Quality Improvement Secretariat

Ministry of Health & Family Welfare

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Part: One

1. Introduction

The Community Score Card (CSC) is a two-way and ongoing participatory tool for assessment, planning, monitoring and evaluation of services of community participation activities. It is easy to use and can be adapted into any sector where there is a service delivery scenario. The Community Score Card brings together the demand side (“service recipient”) and the supply side (“service provider”) of a particular service or program to jointly analyze issues underlying service delivery problems and find a common and shared way of addressing those issues. It is an exciting way to increase participation, accountability and transparency between service users, providers and decision makers.

The goal and core strategy of the Score Card

The main goal of the Community Score Card is to positively influence the quality, efficiency and accountability with which services of community engagement are provided at different levels. The core implementation strategy to achieve the goal is using dialogue in a participatory forum that engages both service users and service providers.

What are the main features of the Score Card?

The Community Score Card is a participatory tool that:

- Is conducted at micro/local level and uses the community as the unit of analysis
- Generates information through focus group interactions and enables maximum participation of the local community
- Provides immediate feedback to service providers and emphasizes immediate response and joint decision making
- Allows for mutual dialogue between users and providers and can be followed by joint monitoring

WHAT is NOT part of the Community Score Card?

- It is **NOT** about finger-pointing or blaming.
- It is **NOT** designed to settle personal scores.
- It is **NOT** supposed to create conflict.

What are the benefits and challenges of using the Score Card?

There are various ways to find out what community think, but experience teaches us that the best way is to ask directly. Individual interviews, however, require a lot of time and personnel (and expense). The CSC methodology is a participatory process whereby the opinions and ideas of various groups of people can be collected at the same time.

Benefits	Challenges
<p>It promotes dialogue and improves relationship with the service provider.</p> <p>It facilitates a common understanding of issues and solutions to problems.</p> <p>It empowers service recipient leading to community monitoring of services and increased community ownership of services and projects.</p> <p>It facilitates accountability, transparency and responsibility from service providers.</p> <p>It clarifies the roles and responsibilities of the service user in service delivery.</p> <p>It promotes community participation and open dialogue and improves relationships with the service users.</p> <p>It can show the service provider how to be accountable and responsible.</p> <p>It is a tool that the service provider can use to monitor progress and service quality together with the community.</p> <p>It can improve the behavior of the service users which can assist in improved service delivery.</p> <p>It promotes a common understanding of issues and solutions to problems.</p> <p>It promotes accountability for funds and transparency of processes.</p>	<p>It requires time (holding service providers accountable might be a new concept and therefore a difficult concept to understand and get accepted by communities and service providers).</p> <p>It can sometimes lead to conflict if not facilitated well.</p> <p>It requires good facilitation skills (the CSC deals directly with issues of behavior and personalities and can be uncomfortable for those on the receiving end).</p> <p>Sometimes individuals can be targeted (“finger-pointing”).</p> <p>It can raise expectations with the service recipient if not facilitated well (creating a demand that can not be fulfilled by the service provider, need to balance between community demands and service providers ability to provide and how the two sides can support each other to improve services).</p>

Part: Two

2. Implementation Plan

During the implementation of the CSC, the implementing body will go through the following five phases:

Phase I: Planning and Preparation

Phase II: Conducting the Score Card with the Community

Phase III: Conducting the Score Card with Service Providers

Phase IV: Interface Meeting and Action Planning

Phase V: Action Plan Implementation and Monitoring and Evaluation (M&E)

Phase I: Planning and Preparation

Thorough preparation for a CSC process is crucial and should begin preferably a month prior to mobilizing a community gathering. First will be general preparations to establish the basis for a CSC program in an area. This should include:

- Identifying the facility/service input entitlements for the chosen sector,
- Identifying and training of lead facilitators, and

Second, preparations specific to each community gathering within the CSC exercise should include:

- Involving other community partners,
- Contacting and securing cooperation of the relevant service providers,
- Identifying relevant inputs to be tracked,
- Identifying the main user groups in the communities serviced by the focal facility or service,
- Developing a work plan,
- Creating a list of necessary materials (i.e., flipchart, markers, notebooks to record the process, pens) for the process, and
- Developing a budget for the full Score Card exercise

Community Support Committee will take the initiative for this by finalization of

- A suitable date for the process
- The duration of the process
- How and where the community and leadership will gather when commencing the process

Phase I: Planning and Preparation

to be carried out by the Community Support Committee in coordination with key stakeholders

Phase II: Conducting the Score Card with the Community

to be carried out with Community Support Committee with service users

Phase III: Conducting the Score Card with Service Providers

to be carried out with service providers

Phase IV: Interface Meeting and Action Planning

to involve both service users and providers

Phase V: Action Plan Implementation and Monitoring and Evaluation (M&E)

repeat cycles to ensure institutionalization

Part: Three

3.1 Phase I: Planning and Preparation

to be carried out by the Community Support Committee in coordination with key stakeholders

3.2 Phase II: Conducting the Score Card with the Community

3.2.1 Stage 1: Organizing the community gathering

Step 1: Introduce the community/service user Score Card

As the first step of the CSC process the Community Support Committee will select a focal person for this and the focal person will take the initiative for holding a community meeting to explain purpose and the CSC methodology.

Step 2: Divide into groups

Divide the community into interest groups for participatory focus group discussions (FGDs), such as: women, men, youth, children, community leaders, PLWH/A, healthcenter committee, etc.

Among the groups, it will be important to choose a group of 4 to 6 people to draw a **social map** of the community and/or service coverage area to ensure all households are represented.

Step 3: Assign facilitators per group

Assign a two-person team of facilitators for each group and let the groups meet in separate areas (at least one of the facilitator will have a relationship of trust with the community). One facilitator leads the exercise and the other should provide support and take notes of all discussions in a notebook.

3.2.2 Stage 2: Developing the community's Score Card

Step 1: Generate issues

After inputs have been identified and tracked, groups need to share ideas about service related issues to be reviewed. Elicit issues by asking questions like, *"How are things going with service here? What service works well? What does not work well?"* etc. Note all the issues generated by groups on flipchart paper and in notebook, BUT only when a group has agreed on which issues they want listed. Help groups cluster similar issues. For all problems, ask for suggestions about how to improve the delivery; and for all strong points, discuss how to maintain them.

Step 2: Prioritize issues

Often there are quite a number of issues generated, and not all are relevant to service or project. Ask the group to agree on the most important and urgent relevant issues to deal with first. Let the groups give reasons for their choice. Use the following matrix:

Issue	Priority	Reasons

Step 3: Close first meeting

After prioritization has been done, reconvene as a big community group, and thank the community for their time and inputs. Explain that you will now take the information (general issues generated by all the groups) back with you to the office to develop indicators for the high priority issues and agree on a date for the follow up visit when the issues (to be presented as indicators) will be scored. Make it clear that the same groups with the same people need to be available for the scoring exercise.

Step 4: Develop indicators

After completion of step 3, the facilitation teams need to meet and share the various issues generated by their respective groups and will mix issues from the different groups (men, women, leadership and youth) to come up with common issues representing that location or area. Identify the major issues and from those, develop indicators and list the issues related to each indicator under it.

Step 5: Develop a matrix for scoring

After generating the indicators, develop a matrix for scoring the indicators. Make copies to give to each of the focus groups for the next meet with them for the scoring.

Group name: Date: Village: Catchment area:						
Indicator	Score					Reasons
Indicator 1	Very bad Reasons = 1	Bad = 2	Just okay = 3	Good = 4	Very good = 5	
Indicator 2						
Indicator 3						

Step 6: Create the Score Card with the community

When indicators and matrices have been developed, again go back to the community (on the days agreed to in your first meeting) to start the proceedings again with a community meeting, prior to doing the scoring.

6.1 Open the community meeting in the same manner as in **Stage 1** to ensure everyone is clear about the process and what has been done so far and what the next steps are. Inform the community that the facilitation teams have transformed their issues (as generated by the different groups) into common indicators for all the groups – these indicators are representative of the community as a whole. And that these now need to be scored to identify the extents of the prioritized issues.

6.2 Divide the community into the same focus groups they were in on the first day of the CSC process (with as many of the same people as possible and with the same facilitators to maintain the position of trust).

6.3 Inform the groups of the results of the social mapping process which occurred during the first meeting (i.e. what types of vulnerabilities or vulnerable groups have been identified in the area). Ask the groups to assess whether they know any people who fall under such vulnerable groups and whether these people are actually present in the groups. Encourage all the participants, including vulnerable persons, and the facilitators to consider and speak for the concerns of the vulnerable even if they are not present at the scoring meeting.

6.4 Present the indicators that have been developed and check that they represent the issues generated on the first meeting. Make it clear that the indicators are the same for all the groups in this area, as well as other villages from the same *catchment area*.

6.5 In each group explain how the scoring works.

6.6 Then, starting with the first indicator, ask the group to give it a score. Use one methodology of scoring for uniform results. Make sure the group has agreed on the score before writing it up on the matrix. Also check that each score represents the views of the more quiet people.

6.7 After they have given the score to the first indicator, ask for the reason(s) for the score, and write it on the matrix.

6.8 If it is a low score, ask for any suggestions for improvement and, similarly, for high scores, ask for suggestions on how to maintain those aspects of the project or services. *Make notes of all these discussions in your notebook.*

6.9 Repeat the process (steps 6.5–6.7) for all the other indicators on the scoring matrix.

Step 7: Consolidate the community Score Card

7.1 After completing step 7, develop a matrix that will record scores from all the focus groups so that the scores can be consolidated (to have a combined score for each indicator). This consolidated matrix will present a general consensus for the indicators.

3.2.3 Stage 3: Preparing for joint dialogue (the “interface meeting”)

Step 1: Set up the interface meeting

At the end of the consolidation exercise, once again remind the representatives about the purpose of the CSC tool and about the interface meeting – confirming the dates, venue and participation for the meeting.

Purpose of The interface meeting Ensuring Improvement

- To share the scores generated by service users
- To ensure service providers take feedback from the community into account and concrete measures are taken to improve services and/or maintain good practices
- To provide a “conducive environment” for the service users/community to provide feedback to service providers and to negotiate agreements on improving the services together with relevant stakeholders.

Part : Four

4. PHASE III: Conducting the Score Card with Service Providers

4.1 Stage4: Starting the service provider Score Card

A service provider Score Card can be conducted after the community Score Card has been completed or it can be conducted concurrently. The process for the providers is essentially the same as that for the users.

Step 1: Organize the service provider Score Card(Focal person of QIC will take the lead)

- 1.1** Choose a facilitator who is most suited to lead the Scoring exercise. This should be someone who is trusted by other staff and is sufficiently mature to lead. Use participatory facilitation methods with the service providers as with the community.
- 1.2** Agree on a date and venue for the exercise; try to meet somewhere the staff will not be disturbed to attend to other issues or problems.
- 1.3** Explain the benefits and purpose of the Score Card to all staff to make sure everyone understands and does not feel threatened.

4.2 Stage 5: Developing the service provider Score Card

Step 1: Generate issues

1.1 Explain to the group that they will start their session by sharing some general issues about certain aspects of their program or service. For instance, they will respond to such questions as:

- What are the types of services we offer?
- How do we offer them?
- What are the main challenges?
- What is the role of the community in service delivery, and do they take part? why?
- What can be done to improve the situation?

Step 2: Develop indicators

After the general issues have been generated, identify the major issues and from those, develop indicators and list the issues related to each indicator under it. Similar issues might generate related indicators which can be clustered under one “theme”; e.g. indicators concerning management of the services, delivery of the service, staff attitudes toward clients, availability of equipment to deliver the service, etc.

example – developing indicators from clusters of issues	
ISSUES	INDICATOR
“There is not always water to wash the floors in the center and clean the bed linens.” “Our cleaner post has vacant hospital authority don’t any option for appointed a new one.”	Cleanliness of the health facility and surroundings.

Step 3: Create the service provider Score Card

3.1 After the indicators have been developed (byfacilitators at the office), the service provider groupwill now have to score each indicator. Explain thedifferent scoring methods and agree on a method

3.2 Starting with the first indicator, ask the serviceprovider group to give it a score using the identifiedtechnique. Make sure the group has agreed on thescore before writing it on the matrix. Check that each score includes the viewsof the quieter staff members in the group. Includereasons for the scores.

Indicator	Score	Reasons
Indicator 1		
Indicator 2		
Indicator 3		

3.4 Repeat the process (steps 3.1–3.2) for the other indicators on the scoring matrix.

Part : Five

Phase IV: Interface Meeting and Action Planning

5.1 Stage 7: Conducting the joint interface meeting

When all the previous steps are completed, there will be scores from the service users, as well as the scores from service providers. The interface meeting is where the service users and providers share and discuss the matrices, their scores and the reasons for the scores. This is also where a joint action plan will be developed.

Step 1: Start the Interface Meeting

- 1.1 Open the meeting and welcome everyone.
- 1.2 Explain the purpose of the meeting and expected duration for the meeting.
- 1.3 Explain the methodology – this will be a participatory dialogue between service users and providers. See the tips from experience above for important points to emphasize in the introduction to the meeting.
- 1.4 Call the representatives of community service users to present the consolidated scores for that catchment area. Presentations should include recommendations for how to improve where there were low scores and suggestions about how to maintain the high scores.
- 1.5 Next, the service providers will present their scores and suggestions for improvement or sustaining performance, as well as their recommendations based on the suggestions for improvement made by the service users.
- 1.6 At this point, allow for an open and participatory dialogue/discussion and questions for clarity with each side given ample time to respond to and question the other. Out of the discussions, identify burning issues to resolve and prioritize into action for change.

Step 2: Develop the joint action plan

2.1 After the discussions let the members jointly decide the order in which the indicators/issues should be dealt with, and list them in order of priority on a separate flipchart with their suggestions for improvement. Remember to be realistic about any suggestions for improvement. *What is the most possible and realistic? What is short-term and what is long-term?*

It is best to keep the duration of the action plan to a minimum of 6 months and a maximum of one year for proper follow up and evaluation.

Priority theme (list each issue)	Action (activities needed to address the issue)	Who will lead it (name & institution)	With whom (name & institution)	Completion date (be realistic)	Resources (what is needed to do the action)	Notes
Cleanliness of health center	- more staff - community to use bins	- District official - Health center committee	- Health center clinician - Health center grounds cleaner	1st August 2007 1st June 2007		
Punctuality of staff	- staff to observe official hours	Health center clinician	Health center committee	2nd March 2007	none	
Attitude of staff towards clients	- staff to understand concerns of clients	Nursing sister	Health center committee			

Part :Six

6. Phase V: Action Plan Implementation and M&E

It is important to recognize that the Score Card process does not stop immediately after generating a first round of scores and joint action plan. **Follow-up steps** are required to jointly ensure implementation of plans and collectively monitor the outcomes. **Repeated cycles** of the Score Card are needed to institutionalize the practice – the information collected needs to be used on a sustained basis, i.e., to be fed back into the service providers current decision-making processes as well as its M&E system. The Score Card tool generates issues which can be used in advocacy efforts to raise awareness of the problems and push for solutions. These advocacy efforts can also help integrate the solutions into local policies and systems for the sustainability of results. Focal person of Community Support Committee will monitor the activities

Some of the key follow-up activities may include, but are not limited to, the following:

- **Compile a report** on the Score Card process including the joint action plan.
- **Use the outcomes and action plan** to inform and influence any current plans concerning delivery of the concerned service (e.g., planning processes for the district implementation plan, as well as budgeting processes to take into consideration the needs of the people and the staff).
- **Monitor the action plan implementation.** It is the responsibility of the Quality Improvement Committee (QIC) and community to implement the plan – they have to own it.
- **Plan a repeat Score Card cycle** ahead of time and inform both service providers and communities. The repeat cycle will provide an opportunity to assess if there has been any improvement from implementing the joint action plan. The repeat cycle involves the same process with the same communities and service providers. Ask participants to check if the joint action plan has been implemented and if there are improvements in the service delivery process. Repeat Score Card processes are best done at 6 month or one year intervals similar to the duration of the joint action plans.