

Community Score Cards

Anu Pekkonen
CIVICUS

Tool summary

The Community Score Card (CSC) process, sometimes also known as a community voice card, is a community based monitoring tool that enables citizens to voice their assessment of a priority public service. The CSC is an instrument used to elicit social and public accountability and increases the responsiveness of service providers.

What is it?

The Community Score Card (CSC) is a participatory, community based monitoring and evaluation tool that enables citizens to assess the quality of public services such as a health centre, school, public transport, water, waste disposal systems and so on. It is used to inform community members about available services and their entitlements and to solicit their opinions about the accessibility and quality of these services. By providing an opportunity for direct dialogue between service providers and the community, the CSC process empowers the public to voice their opinion and demand improved service delivery.

How is it done?

Key steps in implementing a CSC are:

1. *Preparatory groundwork and research:*

- Identify the subject and scope of the assessment (e.g. health provision for pregnant women in a specific district).
- Carry out preliminary research regarding current inputs, entitlements, degree of usage etc.
- Identify people or groups within the sample area who can help to facilitate the implementation of the CSC process, such as traditional leaders, NGO staff, and officials of local governments.
- Conduct an awareness campaign to inform people about the purpose and benefits of the CSC.
- Train facilitators.

2. *Help community members generate a scorecard*

- Convene community members into one or more focus groups.

- Ask each group to identify performance/quality indicators for the public service in question.
- Ask the group to score each indicator and give reasons for the scores.
- Ask the group to develop their own suggestions on how to improve the service, based on the performance criteria they have identified.

A Sample Community Score Card for a Health Centre

Sl. no.	Indicators (in order of importance)	Score out of 100	Scores after 12 months
1	Attitude of staff	20	
2	Affordability of services	50	
3	Availability of medicine	40	
4	Distance to health centre	35	
5	Equal access to the health services for all community members	25	

3. *Help service providers to generate a self-evaluation score card*
 - Hold a brainstorming session with service providers including the management and the staff to develop self-evaluation indicators.
 - Ask the service providers to score each indicator and give reasons for the scores.
 - Invite service providers to discuss and propose possible solutions.
4. *Convene an interface meeting between community and service provider*
 - Aided by the facilitators, each focus group presents its scores.
 - Reasons for scores are discussed.
 - Service providers react and give feedback.
 - All participants discuss and potentially agree possible solutions.
5. *Advocacy and follow-up*
 - Document the process and record score card results in a brief, clear and easily understandable format.
 - Disseminate results through the media and communities.
 - Feed score card results into other policy and advocacy processes.
 - Ensure the implementation and follow-up of the solutions.
 - Take steps to institutionalise the process like for example by supporting community-based organisations and/or service providers to repeat the exercise on an annual or half yearly basis.

Benefits

- Relatively easy to use and flexible in application.
- Strengthens citizen voice and community empowerment.
- Promotes dialogue and consensus building as well as information gathering.
- Establishes mechanisms of direct feedback between users and service providers.
- Enhances confidence in the service provider particularly when the score is high and/or solutions to identified problems are implemented effectively.
- Builds local capacity to hold public sector accountable and to engage effectively in public deliberations on priority issues.
- Generates performance criteria for benchmarking the quality of services that can subsequently be used by community members or the government for ongoing monitoring and evaluation.

Challenges and lessons

- Service providers and policy makers may feel threatened by the CSC initiative. It is therefore important to engage them from the very beginning and sensitizing them to the values and practical benefits of people's participation in service delivery assessment. It can also be useful to invite service providers and/or local officials to participate in training workshops and learning sessions about the CSC process.
- It is not guaranteed that service providers/government officials will be receptive to the problems identified by 'common' people and their suggestions for change. Some strategies for mitigating this problem are to: highlight both strengths and weaknesses emerging from score card findings; prepare adequately and facilitate effectively to ensure that interface meetings are rather constructive than confrontational; and focus not only on problems but also on solutions and proposals.
- Service providers at local level do not always have the capacity or leverage to make decisions or implement change. It is therefore important that senior officials and decision makers are also involved in feed back loop and interface.
- It is important to help community members develop an understanding of the constraints faced by service providers, so as to avoid creating unrealistically high expectations.
- There is a risk that the CSC process could result in disillusionment on the part of community members and service providers if proposed solutions

- are not implemented or if subsequent assessments do not find any positive change.
- The effective implementation of a CSC requires a combination of: an understanding of the local socio-political governance context; a technically competent intermediary to facilitate the process; a strong public awareness and information dissemination campaign to ensure effective community participation; participation/buy-in of the service provider; and coordinated follow up.

Key resources

Community Score Card & Citizen Report Card: Participation and Civic Engagement section of the World Bank website

<http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTSOCIALDEVELOPMENT/EXTPCENG/0,,contentMDK:20507680~pagePK:148956~piPK:216618~theSitePK:410306,00.html>

- ☛ The web link provides a comparison of concept and methodology between CSC and Citizen Report Card while listing many links to other useful resources

Janmejy Singh and Paramesh Shah. Community Score Card Process: A Short Note on General Methodology and Implementation. World Bank.

<http://siteresources.worldbank.org/INTPCENG/1143333-1116505690049/20509286/comscorecardsnote.pdf>

- ☛ This article gives a concise introduction to the Community Score Card Process while also delineating differences between the CSC and the Citizen Report Card

Robinson Orozco Associates, Canada: Steps in a Community Score Card Process

<http://www.roboroz.ca/scorecard/steps.html>

- ☛ This webpage describes seven steps involved in a Community Card Score process

The Community Score Card Approach for Performance Assessment: Pro Net North's Experience. A Water Aid Ghana briefing Paper (2004).

http://www.wateraid.org/documents/plugin_documents/communityscorecarding.pdf

- ☛ The article describes Pro Net North's experience of implementing a CSC process in five communities of Wa in Upper West region of Ghana while also giving a short introduction to the CSC methodology.

The Organization for Social Science Research in Eastern & Southern Africa, Rwanda branch: Pilot projects on Citizen Report & Community Score Cards on health & education services, in Rwanda (2005).

http://www.ansa-africa.net/uploads/documents/publications/Rwanda_Citizen_Report_Community_Score_Card2006.pdf

- ☞ This 127 page report, downloadable in pdf format gives a detailed description of the methodology of both CRC and CSC implemented to assess the quality of health and education services. The study covered 8 districts across 4 provinces of Rwanda with a sample size of 707 households.

Supplementary resources

Bosnia and Herzegovina: Social Accountability Capacity Building Program-Social Audit of local governance. Qualitative Research, Version 3. Prism Research (2006)

http://siteresources.worldbank.org/INTSOCACCDEMSIDEGOV/Resources/Prism_SocialAuditofLGinBiH_QualitativeReport.pdf

- ☞ Community Score Cards are typically used to assess a specific public service. Whereas under the Social Accountability Capacity Building Program in Bosnia and Herzegovina, as the report describes, the CSC methodology was used to evaluate and compare four local governments.

City Government of Johannesburg, South Africa: City Score Cards (2006)

<http://www.joburg-archive.co.za/2004/budget/ch6.pdf>

- ☞ Community score cards have most been used in rural areas, since the process relies on the use of a clearly demarcated cluster of people, i.e. 'community', as the unit of analysis. However, this web link provided information on application of CSC methodology by the city government of Johannesburg in South Africa to generate citizen driven City Score Cards.

Case studies

CSC of rural health centres in Malawi

[CARE Malawi](#) was the first to use CSCs to assess rural health centres. The central objective of the project was to improve the provision of health services to the rural poor through the empowerment of user communities. Evidence shows significant improvement attributable to the implementation of the CSC process.

CSC in Gambia for monitoring the effectiveness of poverty reduction strategy

Community Score Cards have been used in Gambia to monitor the effectiveness of the national poverty reduction strategy. The CSC process was carried out in two priority sectors – health which received an overall satisfaction rating of less than 30 % and education where teachers received more than 70% approval ratings in all regions but school facilities received only 40% approval ratings. Both processes created awareness of the situation, promoted better understanding of the strengths and weaknesses of the service providers and ultimately empowered the community to give more input into local-level service delivery processes. For more information visit:

<http://siteresources.worldbank.org/INTPCENG/Resources/CSC+Gambia.pdf>

Improving health services through CSCs in Andhra Pradesh, India

The Center of Good Governance, Hyderabad, in partnership with the World Bank-sponsored Andhra Pradesh Rural Poverty Reduction Project (APRPRP), undertook a pilot project in March 2006 which the community score card (CSC) was applied to assess the performance of two primary health centers (PHCs) in two Mandals of Visakhapatnam District, Andhra Pradesh, in the context of primary health care service delivery. The CSC brought about the disparity between community evaluation and self evaluation of staff on a number of parameters such as staff behavior, medicine dispensing, quality of infrastructure, availability of medical staff etc.

The encouraging results from the pilot have led the Society for Elimination of Rural Poverty (SERP), the APRPRP Project Management Unit, to scale up the CSC to all health Mandals. Proactive community participation in health activities has enabled SERP to introduce several other community-managed health interventions, most of which have been now institutionalized through the issuance of operational guidelines by the Health Department of the Government of Andhra Pradesh. For more information visit:

http://www.sasanet.org/documents/Newreport/AP/Case1_Andhra%20Pradesh_SAc_CSC%20Health_August%202007.pdf

CSC on primary education services in Ghana

The CSC process was used in the Information Flow, Accountability and Transparency (INFAT) project, managed by the Northern Ghana Network and three of its member organizations with financial assistance from the Commonwealth Education Fund. The project assisted citizens from sixteen communities across two districts in Northern Ghana to assess the performance of the primary school(s) in their communities and to express their concerns to the service providers (teachers, headmasters, and Ghana Education Service personnel) and to other stakeholders (especially district assemblies). For more information visit:

<http://openurl.ingenta.com/content?genre=article&issn=1357-938X&volume=56&issue=1&spage=21&epage=27>