The Community Score Card (CSC): A generic guide for implementing CARE's CSC process to improve quality of services
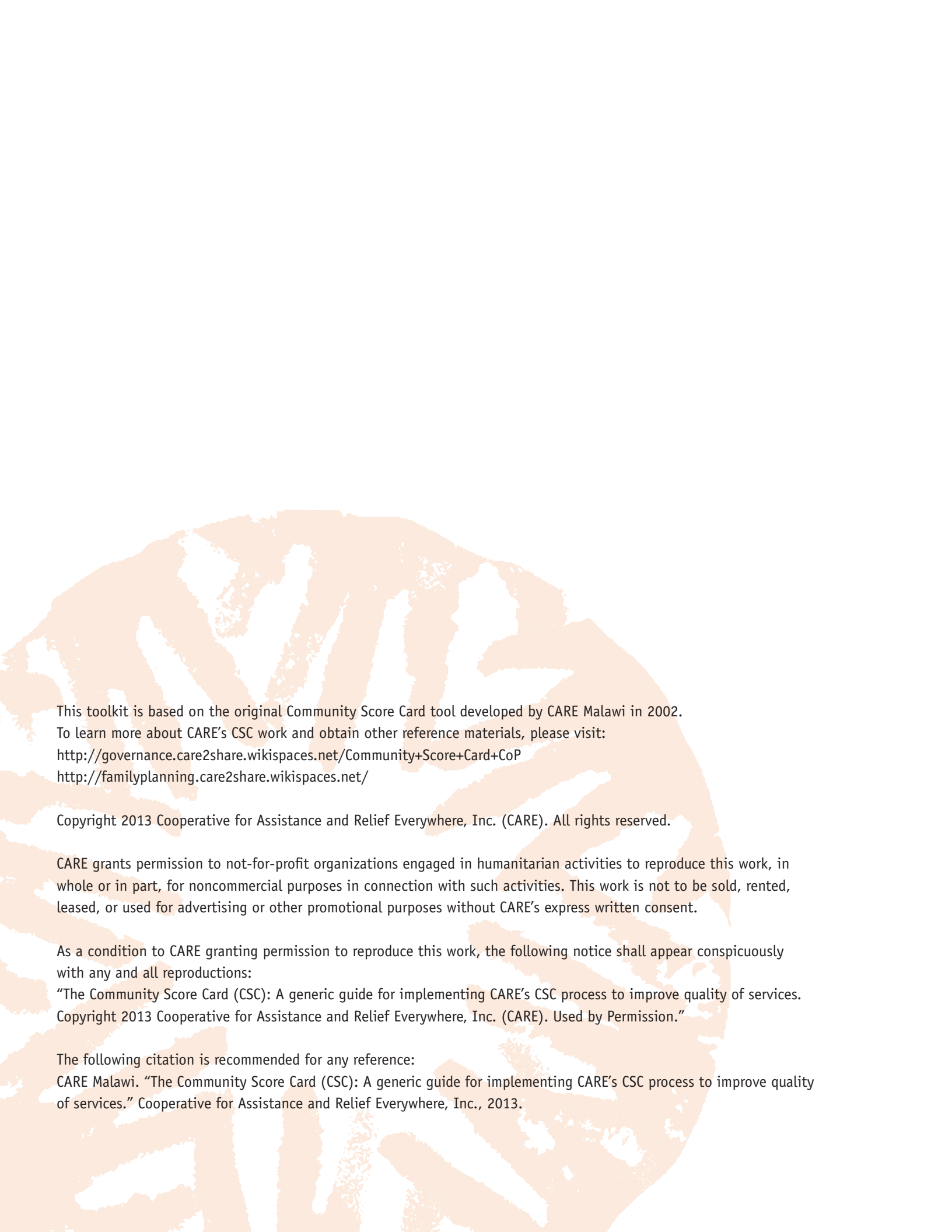
TOOLKIT

care®

The Community Score Card (CSC)

A generic guide for implementing
CARE's CSC process to improve quality of services

May 2013

The Community Score Card will help you...

Identify how SERVICES are being EXPERIENCED by the users and providers

REPORT on quality of services to a district executive committee or assembly

Ensure INFORMED decision making

Track if services and programs are PROGRESSING WELL

INVOLVE the community and service providers in joint decision-making and planning processes

SHARE responsibilities for monitoring the quality of services with users

PARTICIPATION, TRANSPARENCY, ACCOUNTABILITY, RESPONSIBILITY, INFORMED DECISION-MAKING

Table of contents

*Some of the titles for the phases have been slightly reworded from the original version to better reflect the content in the section.

Abbreviations

A-LIFH	Advocating for Local Initiatives for Health	HH	Household
LIFH	Local Initiatives for Health	INGO	International Nongovernmental Organization
CBO	Community based organization	M&E	Monitoring and evaluation
CSC	Community Score Card	MK	Malawi Kwacha
FGD	Focus group discussion	NGO	Nongovernmental Organization
FHH	Female headed household	PLWH/A	Person living with HIV or AIDS
GVH	Group village headman	TA	Traditional Authority
HSA	Health surveillance assistant	VHC	Village health committee

Preface

CARE Malawi developed the Community Score Card (CSC)[1] in 2002 as part of a project aimed at developing innovative and sustainable models to improve health services. Since then, the CSC has become an internationally recognized participatory governance approach for improving the implementation of quality services – spreading within CARE and beyond.[2] CARE now has over a decade of experience implementing the CSC in a wide variety of contexts and sectors.

This is the original CSC toolkit, created by CARE Malawi to provide CSC practitioners from various institutions with practical CSC implementation guidance. The toolkit is generic in nature and can be applied in any sector including health, education, water and sanitation, and agriculture. This version of the CSC toolkit contains the original content with a few clarifications and a new look.

The CSC approach can be used to facilitate good governance through promotion of participation, transparency, accountability and informed decision-making.[3] The CSC approach brings together community members, service providers, and local government to identify service utilization and provision challenges, and to mutually generate solutions, and work in partnership to implement and track the effectiveness of those solutions in an ongoing process of quality improvement.

The introduction of this toolkit explains in further detail what the CSC methodology is (and is not) and what benefits and challenges users might expect when implementing it. The body of the toolkit then provides step-by-step guidance for the implementation of the CSC. The appendix sections contain supporting materials, such as guidelines for facilitating participatory scoring.

We invite CSC practitioners using this toolkit to share their experiences and learning from the CSC process to enhance CARE's CSC thinking and practice. To do so, please visit the CSC Community of Practice Wiki at: http://governance.care2share.wikispaces.net/Community+Score+Card+CoP. CSC practitioners can also find other products and guidance on this site to address common CSC implementation issues.

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1   While commonly referred to as the Community Score Card or the CSC by practitioners, this document also uses Score Card interchangeably to refer to the tool and the process.

2   A sample of countries where CARE has introduced or used the CSC include: Malawi, Tanzania, Rwanda, Ethiopia, Benin, Mozambique, Zambia, Zimbabwe, Morocco, Egypt, India, Cambodia, and Papua New Guinea. Other NGOs and the World Bank have adopted and implemented the CSC tool.

3   The high level "theory of change" underlying the CARE's governance work is as follows: *If citizens are empowered, if power holders are effective, accountable and responsive, if spaces for negotiation are expanded, effective and inclusive, then sustainable and equitable development can be achieved. Change needs to take place and be sustained in all three domains to achieve this impact.*

Acknowledgements

This toolkit has drawn upon practical experiences and suggestions from communities, public health service providers and CARE Malawi staff members and A-LIFH team. The health providers who contributed came from government health centers in Ntchisi and Lilongwe districts, the district health officers in Ntchisi district, and officials at the Ministry of Health. Representatives from various community health committees from Ntchisi and Lilongwe districts also shared their experiences and insights about the tool and the process. CARE recognizes the valuable inputs and insights they made.

Special thanks goes to the A-LIFH team – Saskia Vossenberg, Ndasowa Chitule, Thumbiko Msiska, Joviter Mwaulemu, Ellen Mhango and Agnes Lumphezi Banda – for tirelessly contributing to the development process and to all CARE Malawi staff who contributed to the development of this toolkit, including:

- Magdalene Lagu – Technical Advisor, CARE UK
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- Erika Joubert – Development consultant
- Tom Barton – Development consultant
- Anthony Aboda – Development consultant
- Montgomery Thunde – Graphics consultant

INTRODUCTION

The Community Score Card (CSC) is a two-way and ongoing participatory tool for assessment, planning, monitoring and evaluation of services. 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 user") 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 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.

Who can use it?

- **Government institutions** on various levels, from central ministries, to local assemblies, district staff and government agencies.
- **Nongovernmental organizations** (national and international) operating in various sectors such as health, agriculture, education, governance, gender and rights.
- **Community-based structures** such as Health Center Committees and Village Development Committees; and **Community-based organizations** such as women groups and home-based care groups.
- **Community committees** whose responsibility it is to represent their constituents in the community (e.g., village health committees, village development committees, village AIDS committees, etc.)

The Community Score Card is an exciting way to increase participation, accountability and transparency between service users, providers and decision makers.

What can the Score Card be used for?

For the service user (e.g., the community): The CSC helps service users give systematic and constructive feedback to service providers about their performance.

For the service provider (e.g., government agencies/institutions): The CSC helps government institutions learn directly from communities about which aspects of their services and programs are working well and which are not. The information it generates will enable power holders to make informed decisions and policy choices and implement service improvements that respond to citizens' rights, needs and preferences.

USERS OF THE COMMUNITY SCORE CARD:
Suggestions and Examples

The CSC process can be initiated by a community-based structure such as a winter-cropping group or a health center committee to score the services provided respectively by the Ministry of Agriculture and Health.

It can form part of a government institution's monitoring and evaluation system, e.g., health assistants at a health center can lead a community process in which various groups are given an opportunity to discuss the quality and access to health center services. The health center can then use the information to identify gaps and improve services where necessary.

Nongovernmental and community-based organizations can also use the Score Card to have the project beneficiaries/clients monitor and evaluate their projects and services.

APPLICATIONS FOR THE CSC TOOL:
Suggestions and Examples

Health Sector: Health Center Committees & community groups (men, women, youth and leadership) and health centers (the health surveillance assistants, nurses, medical assistants, etc.) can facilitate a CSC process to score services at the local health center.

Agricultural Sector: Agriculture extension staff who directly provide services and support to the communities can initiate a scoring process to determine how a winter-cropping project is fairing, for example, while at the same time the community can learn about any lack of responsibility as participants in the project.

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

There are various ways to find out what people 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
It promotes dialogue and improves relationship with the service provider.	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).
It facilitates a common understanding of issues and solutions to problems.	
It empowers service users leading to community monitoring of services and increased community ownership of services and projects.	It can sometimes lead to conflict if not facilitated well.
It facilitates accountability, transparency and responsibility from service providers.	
It clarifies the roles and responsibilities of the service user in service delivery.	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).
It promotes community participation and open dialogue and improves relationships with the service users.	
It can expose corrupt officials.	Sometimes individuals can be targeted ("finger-pointing").
It can show the service provider how to be accountable and responsible.	
It is a tool that the service provider can use to monitor progress and service quality together with the community.	It can raise expectations with the service users 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).
It can improve the behavior of the service users which can assist in improved service delivery.	
It promotes a common understanding of issues and solutions to problems.	
It promotes accountability for funds and transparency of processes.	

Requirements to effectively implement the Score Card

An effective CSC implementation will require a skilled application of a combination of several techniques:

- *Understanding* of the local administrative setting, including decentralized governance and management at this level,
- Good participatory *facilitation skills* to support the process,
- A strong *awareness raising process* to ensure maximum participation from the community and other local stakeholders, and
- *Planning* ahead of time.

IMPLEMENTATION

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 sectoral scope and intended geographic coverage of the exercise,
- Identifying the facility/service input entitlements for the chosen sector,
- Identifying and training of lead facilitators, and
- Making introductory visits to local leaders to inform them of your plans.

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.

Prior to actual implementation, it is important to meet with the community and community leaders in all the areas where the process will be conducted. These meetings are the time to explain, inform and negotiate the purpose of the upcoming CSC process and other arrangements, such as:

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

Decisions should be made on the venue and materials required for the gathering, in addition to what persons/partners from outside the community could or should be invited to participate in the CSC processes.

The following flow diagram illustrates the major processes in the implementation of the CSC process.

Phase I: Planning and Preparation
    to be carried out by the CSC practitioners in
    coordination with key stakeholders

Phase II: Conducting the Score Card with the Community
    to be carried out 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**
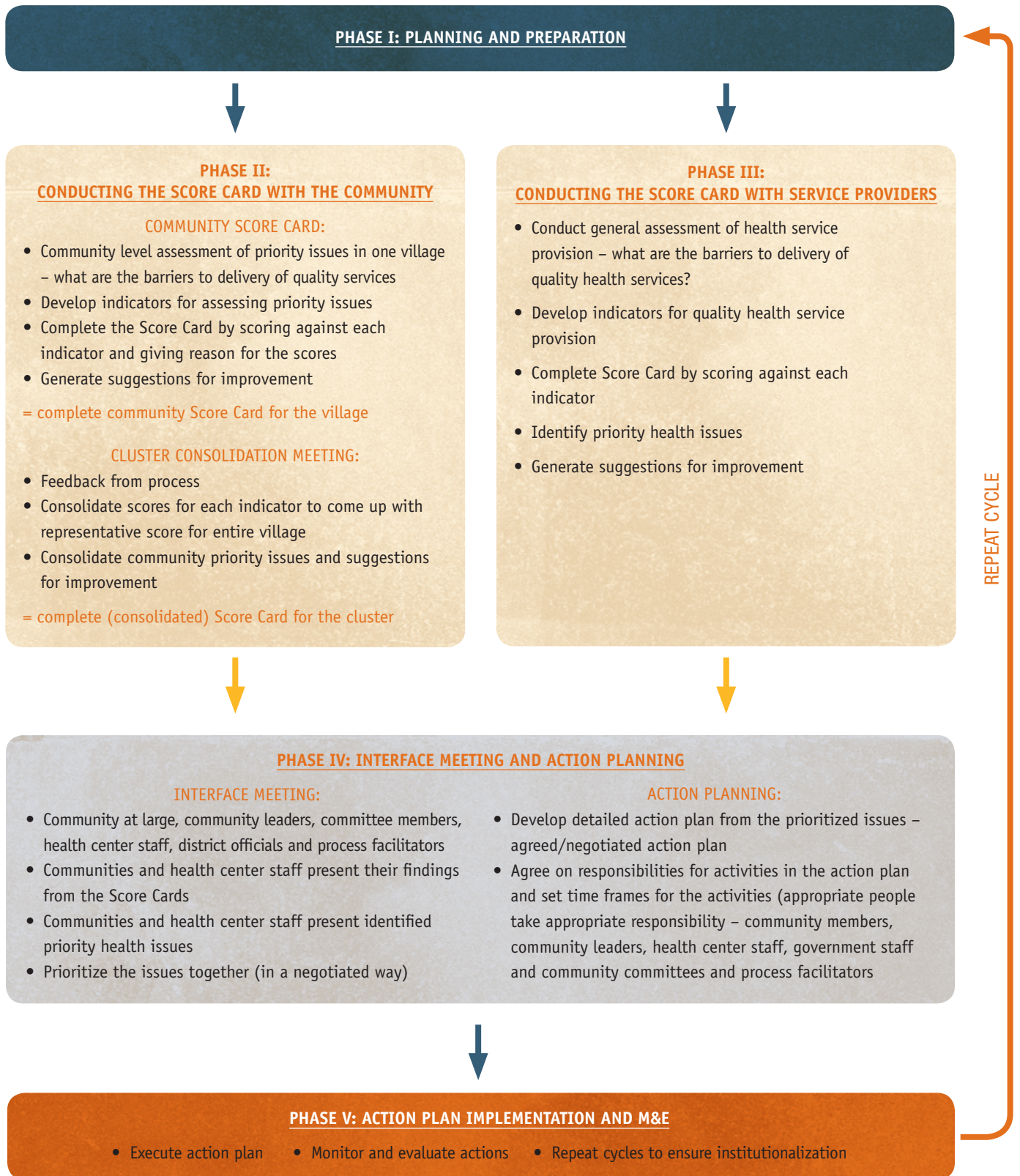   to involve both service users and providers

**Phase V: Action Plan Implementation and
    Monitoring and Evaluation (M&E)**
    repeat cycles to ensure institutionalization

COMMUNITY SCORE CARD PROCESS DIAGRAM

PHASE I: PLANNING AND PREPARATION

PHASE II:
CONDUCTING THE SCORE CARD WITH THE COMMUNITY

COMMUNITY SCORE CARD:

- Community level assessment of priority issues in one village – what are the barriers to delivery of quality services
- Develop indicators for assessing priority issues
- Complete the Score Card by scoring against each indicator and giving reason for the scores
- Generate suggestions for improvement

= complete community Score Card for the village

CLUSTER CONSOLIDATION MEETING:

- Feedback from process
- Consolidate scores for each indicator to come up with representative score for entire village
- Consolidate community priority issues and suggestions for improvement

= complete (consolidated) Score Card for the cluster

PHASE III:
CONDUCTING THE SCORE CARD WITH SERVICE PROVIDERS

- Conduct general assessment of health service provision – what are the barriers to delivery of quality health services?
- Develop indicators for quality health service provision
- Complete Score Card by scoring against each indicator
- Identify priority health issues
- Generate suggestions for improvement

REPEAT CYCLE

PHASE IV: INTERFACE MEETING AND ACTION PLANNING

INTERFACE MEETING:

- Community at large, community leaders, committee members, health center staff, district officials and process facilitators
- Communities and health center staff present their findings from the Score Cards
- Communities and health center staff present identified priority health issues
- Prioritize the issues together (in a negotiated way)

ACTION PLANNING:

- Develop detailed action plan from the prioritized issues – agreed/negotiated action plan
- Agree on responsibilities for activities in the action plan and set time frames for the activities (appropriate people take appropriate responsibility – community members, community leaders, health center staff, government staff and community committees and process facilitators

PHASE V: ACTION PLAN IMPLEMENTATION AND M&E

- Execute action plan
- Monitor and evaluate actions
- Repeat cycles to ensure institutionalization

The structure of this diagram has been modified from the original version to better reflect and align with the phases outlined in this toolkit. Note that Phase II and III can be conducted concurrently.

PHASE II: Conducting the Score Card with the Community

The following steps in implementing the CSC will depend on the nature of the institution is initiating the process, as well as the objectives and scope of that particular CSC process. As such, it is important that any user adapts these steps to suit their own specific objectives and situation (see CSC diagram on the previous page as well as appendix 1.2).

STAGE 1: Organizing the community gathering

STEP 1: Introduce the community/service user Score Card
As the first step of the CSC process, hold a community meeting to explain your 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, health center 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 (see the tips from experience). Refer to appendix 1.3 for a step-by-step guide on how to conduct a social map.

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.

TIPS FROM EXPERIENCE:
Vulnerable and marginalized in the community

To ensure the vulnerable households and poorest of the poor are also represented in the groups, conduct a social map exercise with a separate community group consisting of a mix of older and younger people who know the community well. Use the social map to identify female headed households (FHHs), HHs with orphans, child-headed HHs, etc., and invite these people to the FGDs.

STAGE 2: Developing an Input Tracking Matrix

STEP 1: Track inputs
Inputs are the resources allocated to a service delivery point in order to ensure the efficient delivery of that particular service. Explain to the groups about the purpose of tracking inputs to the services. Inputs of a health center may include the number of staff who should be employed at the center, numbers of equipment, types of services offered, number of houses for staff, etc. Provide information on input entitlements of a particular service before discussion and reaching agreements on input indicators. Use matrix below to capture discussion results.

INPUT TRACKING MATRIX			
Indicators	**Input Entitlement** (as specified by service mandate)	**Actual** (community perception, what is really happening in community, or at health center)	**Remarks/ evidence**
Numbers of service provider staff present	4 providers with certification or qualification for this level of care	2 qualified providers available	
Number of beneficiaries employed	100 per village/GVH	50 are employed on the project	

STAGE 3: 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 or program here? What service or program works well? What does not work well?"* etc. Note all the issues generated by groups on flipchart paper and in your 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 your 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

Back at the office, facilitation teams need to meet and share the various issues generated by their respective groups. Here you 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 (see example in appendix 1.4 and stage 6).

STEP 5: Develop a matrix for scoring

After generating the indicators, develop a matrix ("the Community Score Card matrix") for scoring the indicators. Make copies to give to each of the focus groups when you next meet with them for the scoring. See the example of a scoring matrix below (for scoring purposes, it is usually easier to give higher numbers for better performance). Refer to appendix 1.5 for other types or modes of scoring that can be used. Each is suitable depending on the type and level of literacy of the people you are working with.

EXAMPLE – SCORING MATRIX

Group name: ....   Date: ....   Village: ....   Catchment area: ....

Indicator	Score					Reasons
	Very bad = 1	Bad = 2	Just okay = 3	Good = 4	Very good = 5	
Indicator 1						
Indicator 2						
Indicator 3						

STEP 6: Create the Score Card with the community

When indicators and matrices have been developed, you will 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.

REMEMBER
The groups are scoring services or projects, NOT people.

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 village, as well as other villages from the same *catchment area* (being serviced by the same service delivery point, e.g. health center, agricultural office, school).

6.5 In each group explain how the scoring works. (See appendix 1.5 on how to explain scoring).

6.6 Then, starting with the first indicator, ask the group to give it a score. Use one methodology of scoring for uniform results (see appendix 1.5 for different techniques). Make sure the group has agreed on the score before writing it up on the matrix (see matrix in step 5, appendix 1.4). 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 (see matrix in step 5, appendix 1.4).

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.

> **TIPS FROM EXPERIENCE:**
> **Rating and discussing the indicators**
>
> Rating and discussing the indicators one by one encourages open and critical dialogue, stimulates reflection and creative ideas, and catalyzes joint action to improve conditions, relationships, procedures and activities.

STEP 7: Close the day

After scoring has been done, reconvene as a big community group and thank the community once again for their time and ideas. Select 2 or 3 representatives from each group that were active and can represent their groups' views to meet on an agreed day and time in order to consolidate the scores for the village or area. Remember to balance genders among these representatives.

Inform the people that after the community collectively analyzes their scores for the services, the service providers will also be rating the services. There will then be a joint meeting at the service center where the users and providers will present and discuss their results together. The name of this joint meeting is the "**interface meeting**." The facilitators should inform the community of the date and time for the meeting, because this will already have been planned and appointments booked with the service providers.

Facilitators and community leaders should confirm the invitations to local chiefs, politicians and any other stakeholders the groups feel should be present. If any of these people have not yet been invited, the process should start now.

NOTE: The score consolidation day should not be too long after the scoring day to avoid loss of information from discussions, but it should also allow time for the community to go about their normal businesses of life. (Negotiations of such nature allow the community to feel part of the process and shows that the facilitators respect the communities daily schedules as well.) However, the consolidation day should be negotiated and allocated in such a way that it does not interfere with the upcoming interface meeting which is usually booked in advance to allow service providers to plan for it.

TIPS FROM EXPERIENCE:
Interface meeting invitation checklist

- Who needs to be invited? What levels of government need to be represented?
- Who are the people who can take decisions about the issues raised so far?
- Who has a mandate to take the issues forward, including budgeting for certain activities?
- Which community leaders and institutions (committees, CBOs, etc.) need to be invited?
- Have any issues been raised that are relevant for other stakeholders, including international NGOs and churches?
- Who can explain why certain services are being done badly and others not?

STEP 8: Consolidate the community Score Card

8.1 At the office, 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 from one catchment area. (See example below.)

8.2 On the appointed date, facilitators will meet with the representatives from the focus groups. At the meeting, the representatives share scores from each of their groups, and the scores are inserted in the matrix. The facilitators guide the discussions by asking questions such as; *"Looking at the different scores, what is the real picture? Which score can represent all scores and the real situation?"* to come up with representative scores. *Key point – The representatives should speak on behalf of their own groups.*

8.3 When the big group has agreed on a consolidated score for that indicator, fill it into the matrix (see below). Facilitators should challenge the groups to be clear about their reasons for the scores and to write these reasons down on the matrix.

8.4 Be on the look-out for indicators with very different scores in one village to the next and find out from the representatives why that is the case. The final consolidated score can be a different score after probing and agreeing on the realistic situation OR it can be an average score agreed upon to represent all concerns, if the scores are varying and each of the groups seem to be convinced of their scores and are backing them up with valid reasons.

EXAMPLE – MATRIX FOR A CONSOLIDATED SCORE CARD

Indicator	Focus groups	Catchment 1: Village 1 Scores	Catchment 1: Village 2 Scores	Catchment 1: Village 3 … etc.	Consolidated score	Reasons
Indicator 1	Men	50	20		30	
	women	20	0		20	
	boys	10	5		30	
	girls	80	50		60	
Consolidated score		**45**	**25**		50	**At least 50% of the work is done**
Indicator 2	Men	20	3		15	
	women	30	40		40	
	Boys	40	50		50	
	Girls	30	100		80	
Consolidated score		**30**	**70**		45	**Still inadequate staff**

STAGE 4: 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.

Nominate two representatives, gender balanced, who will present the consolidated scores for the catchment area to the service providers during the interface meeting. These representatives should be literate and active in the community. Both the nominated representatives and the facilitators should keep copies of the consolidated scores; the representatives will use them to prepare for their presentation and facilitators will have them in case the representatives lose them.

Facilitators and community representatives should follow up on invitations to ensure good attendance. At a minimum, the people at the interface meeting should include:

- Local chiefs
- Community people who were involved in the process
- Community development committees concerned with the scored service

- Service provider staff and district officials responsible for delivering the service
- Local politicians (if possible)
- Local NGOs and CBOs concerned with the service
- As many community people as can be mobilized (see tip on invitation **checklist** from step 7 on page 15).

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.

PHASE III: Conducting the Score Card with Service Providers

STAGE 5: Starting the service provider Score Card

NOTE: 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. The pace, however, for generating issues of concern and indicators with service providers is often much quicker because of the literacy levels of service providers. The indicators generated by the providers are usually similar to those of the community because the service providers often identify the same issues but from a different angle. One common difference is that the providers may have one or two additional indicators not mentioned by the community. The pace is also quicker because it is usually not necessary to consolidate scores since the service provider generally come from only ***one group*** (i.e., one institution). However, it is important to clearly explain to the service providers that the Score Card process is not to point fingers at individuals but to improve service delivery problems. This requires a shift or change in attitude of the staff to be open minded and critical thinkers while taking part in the scoring process.

> **TIPS FROM EXPERIENCE:**
> **Purpose of the Score Card**
>
> It is a stepping stone to improve service delivery and communication between service users and service providers. It is not meant to be confrontational. Therefore, do not look at people or individuals but at systems, structures, policies and processes.

STEP 1: Organize the service provider Score Card

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.

1.4   If the community Score Card process has already been conducted, let the facilitators explain to the rest of their colleagues what was done, how and why.

STAGE 6: 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?

Issues raised could be positive or negative. Remind yourselves as service providers about the possible issues you thought might be good to review or discuss when you originally planned the Score Card process (see checklist appendix 1.1).

1.2   Note all the issues generated by the group on flipchart paper, BUT only when they have been agreed upon. For the problems or challenges listed, ask for suggestions to improve them and for the strong points, discuss how to maintain them. Note all the discussions.

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. (see appendix 1.4).

EXAMPLE – DEVELOPING INDICATORS FROM CLUSTERS OF ISSUES

Issues	Indicator
"The community leaves litter in the grounds of the health centers." "There is not always water to wash the floors in the center and clean the bed linens." "Our cleaner has left and the ministry has not given us permission to appoint 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 (by facilitators at the office), the service provider group will now have to score each indicator. Explain the different scoring methods (see stage 3 on page 13 and appendix 1.5) and agree on a method (preferably use a method similar to that used in the community).

Indicator	Score	Reasons
Indicator 1		
Indicator 2		
Indicator 3		

3.2 Starting with the first indicator, ask the service provider group to give it a score using the identified technique. Make sure the group has agreed on the score before writing it on the matrix (see matrix on right). Check that each score includes the views of the quieter staff members in the group. Include reasons for the scores.

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

PHASE IV: Interface Meeting and Action Planning

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.

The interface meeting brings service users, service providers and other interested/relevant parties together. It is important that key decision makers (chiefs, group village headmen, district officials, ministry officials, local politicians, etc.) are present to ensure instant feedback on the issues and responsibility to take issues and the plan of action forward.

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.

> **TIPS FROM EXPERIENCE:**
> **Managing the Interface Meeting**
>
> The interface meeting might become confrontational if not handled carefully and correctly. It is important that a **skilled facilitator with negotiation skills and a strong personality** is in charge of this meeting. Make sure that service users, as well as service providers, are well prepared for this meeting and understand its purpose. Avoid personal confrontations.

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?*

2.2 Group similar priorities together and agree on an overall theme or name/heading for group.

2.3 Discuss each priority theme as follows and record in the planning matrix (see example below).

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.

EXAMPLE – PLANNING MATRIX

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			

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.

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. Most of the information is already recorded in the note books (refer to appendix 1.6 for a proposed report format).

- **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 service providers 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.

APPENDIX 1

APPENDIX 1.1: A Checklist for undertaking the Score Card technique

The following questions aim to guide the organization through a decision-making process about implementing the Score Card tool and methodology. The questions will also remind the organization what issues to take into consideration and what activities to plan for in the implementation of the Score Card tool.

NOTE: Choose only questions and activities that are relevant to your own process.

Questions about implementing the Score Card

What do we want to know about our current interventions, programs, services? (e.g., attitude of staff towards communities and vice versa, access, management style, etc. *Create a list.*

What is the purpose of doing the Score Card? Is it to assess our performance, the quality of our services or assess community knowledge about our services, including funds available? Being clear on the purpose will define the scope of the exercise and assist with the generation of relevant issues (while also keeping the discussions focussed).

How do the results anticipated from the Score Card link with our current monitoring & evaluation framework? Where does it fit in? *Create a list.*

Do we know which other service providers operate in the areas where we work and where we want to implement the Score Card? *YES or NO*

- If *yes*, list them down.
- If *no*, how will we determine who they are? (e.g., use a social map exercise)

Invite those service providers that are relevant to our services and Score Card process to the upcoming interface meeting.

In which areas do we want to implement the Score Card? (e.g., catchment area, TA, GVH/villages, districts, etc.) To get a balanced view of your service or project, choose sites away and close to your service. *Create a list.*

Do we have the resources to cover all the areas where we operate? *YES or NO*

- If *no*, do a sampling to select villages or service centers to cover in the Score Card process.

Who will drive our Score Card process? Which person? *List the name.*

Who else needs to be on the Score Card facilitation and support team? (e.g., drivers, administrative assistants, etc.) *List the names.*

Action steps for implementing

The team should familiarize itself with the step-by-step guidelines for implementation of the Score Card process.

Draw up a work plan for implementing the Score Card:

- **Where** will Score Card be implemented?
- **What** are the activities? (include preparation steps)
- **Who** will do what?
- **When** will we do it and what is the duration? (from when to when) (e.g., The usual duration of the process per area can last from 5 to 10 days depending on the number of villages and areas to be covered.)
- **How** will we do it? (What resources will be required)

Set up a meeting with the various communities and leadership to explain the Score Card methodology, as well as how it works.

Note all the expenses for the Score Card process and draw up a budget.

Check availability of the necessary supplies usually required for the implementation of the Score Card process: flipchart paper; marker pens; masking tape; pens and paper, etc. If not available, make use of locally available materials (e.g., writing with chalk or charcoal on a cement floor or on the school's black board).

Reflection questions prior to implementation

Do we have a good understanding of participatory methods and rights-based approaches? *YES or NO*

- If *no*, what will we do about it?

Do we have sufficiently trained staff to facilitate the Score Card? *YES or NO*

- If *no*, what will we do about it?

What possible issues might be raised about our interventions or services?

What scores do we anticipate getting for the various issues, and how will we react to the scores?

How will we use the information collected during the Score Card process? (e.g., planning for the next District Implementation Plan and budgeting process.)

Who will document and write the report on the Score Card process?

To whom should the report be disseminated?

When will we hold the interface meeting? This meeting is best conducted before any major district/local government planning processes for that particular year to accommodate some issues that need allocation of funds, ie. staffing, equipment.

Who will we invite to the interface meeting? (See the checklist for arranging the interface meeting: Stage 3, step 7, Implementation of the Score Card.)

Who will facilitate the interface meeting? Who is a mature, experienced facilitator? (See Stage 3.)

How do we ensure ownership and implementation of the joint action plan that will come from the interface meeting?

Reflection questions after implementation

When and how will we follow up on planned actions?

When will we conduct the next Score Card process and where?

Are we expanding the Score Card to other catchment areas?

How do we increase our responsibility and accountability?

The service *user* Score Card (community)		The service *provider* Score Card	
Days/Duration	**Step/Activity**	**Days/Duration**	**Step/Activity**
One preparatory day with community leaders	Preparatory/introductory visit to community and leadership prior to implementation of Score Card process.		
First day in the community	In the community • Explain purpose of the Score Card. • Divide community into groups and assign facilitators to each team. • Each group to share their knowledge about the project, service – to track inputs. • Each group to generate issues about the service. • Each group to prioritize the issues generated. • After scoring, all groups to reconvene for closure of the day and confirmation of date for next phase.		
First day back in the office	At the office • Develop the indicators: Facilitators to develop indicators as based on issues generated by community groups. • Develop the Score Card matrix: Facilitators to place the indicators in matrix format for scoring purposes with the community. • Set up the interface meeting: Let other colleagues organize it while indicators and the Score Card matrix are being developed.		
Second day in the community	In the community • Do the scoring with the groups: Community to score the indicators as in the Score Card matrix.	First day for the service provider	With the service provider • Do the Score Card: - Explain Score Card purpose to all staff. - Staff to generate issues about their service, project. - Staff to prioritize issues generated. • After scoring, develop the indicators as based on the issues generated.
Second day in the office	At the office • Develop a consolidation matrix to record the various scores from the different groups.	Second day for the service provider	At the Office • Do the scoring: Staff to score the indicators as in the Score Card matrix.
Third day with the community with representatives	In a separate exercise with a group of representatives from the village, go through all the scores and agree on ONE representative score for each indicator.		
fourth day in the community	Joint interface meeting: • Hold the interface meeting: The service users and service provider representatives to respectively present their consolidated scores and recommendations for improvement. • Open and participatory discussion of scores and recommendations. • Develop joint action plan.	Third day for the service provider	Joint interface meeting: • Hold interface meeting: The service users and provider representatives to respectively present their consolidated scores and recommendations for improvement. Open and participatory discussion of scores & recommendations. • Develop joint action plan.

Note: Also see Score Card process flow diagram on page 10

What is the social map?

It gives a picture (visual presentation) of the arrangement of households (HH) in a given section(s) of a community. The information generated about the well-being of each HH will show how HHs differ from each other; and can therefore be viewed as different HH categories (well-being differentiation).

Examples of what the map can tell us about the HHs:

- Where each HH is located
- Socio-economic arrangements within HHs
- Activities of HHs (e.g., livelihood activities)
- Capacities (skills) within a HH
- Resources/assets within a HH
- The head of the HH
- Shocks & stresses experienced by a HH
- Vulnerabilities faced by each HH

Why do we use the social map?
- To get a deeper understanding of social, economic and political issues affecting HHs.
- To understand the different livelihood patterns of different HHs, as well as the coping strategies.
- To help identify vulnerable HHs/groups and develop appropriate services for them.
- To generate data about specific HHs.

With whom does one conduct a social map?
- Community members who know their area well so they can be comfortable drawing the map.
- It can be a mix of people: young men and women, older people, children, etc.
- Or, it can be conducted with a specific target group, e.g., young women of child-bearing age (all depending on the objective of collecting the information).
- A facilitator to implement the tool and guide the discussions.
- The best size of group is 6-10 people.

How to facilitate the development of a social map?

STEP 1: Introduce the tool to the community
Inform the community you wish to conduct a social map with them. That your organization needs to understand how the different HHs survive and exist in the community. This contributes to a better understanding of the community and its needs and issues.

STEP 2: Explain what will be done
In order to gain this understanding, a facilitator should draw a social map together with a community group of maximum 6 people, gender balanced as well as age balanced. The group will plot a sample of HHs, indicating each HH's name. (Remember that the community's definition/understanding of what a HH will apply.)

Check with the community whether mapping exercises have been implemented before and what their experience of it was.

It will not be possible to draw all the HHs; only a sample. The sample depends on the number of HHs in the community, but usually not more than 50 HHs will be drawn; in a smaller area, 20 to 30 HHs only. If there are only 20 HHs in an area, all 20 HHs can be drawn.

Explain the sampling procedure to them by using the example of cooking rice. In order to taste if the rice requires salt, one does not eat the whole pot as it is cooking but only takes a bite to determine if more salt is required.

The HHs from this sample will be grouped into categories of well-being [e.g. from most to least vulnerable, or from poorest to richest]. A representation from each category will then be interviewed.

STEP 3. Drawing the map

Ask someone from the group to draw her/his HH (on a sheet of paper, on a cement floor or in the sand) and write their name next to the HH and number it (1, 2, 3, 4, etc.).

From the position of this person's house, let the group draw any key features in the village/community: school, cemetery, roads, paths, water points, shops, etc.

Ask the person to add her/his immediate neighbors (HHs) with their names; the others should help him/her recall names and positions of HHs.

Let the person continue adding HHs until there are about 30 to 40 HHs (depending on the size of the community).

Ask questions about each HH and use keys (see step 4) to note the information on the map. Once agreement within the group is reached on these details, record the discussion in notebooks.

Once all the HHs on the map have been dealt with, check for any gaps or additions from the group.

EXAMPLE – SOCIAL MAP
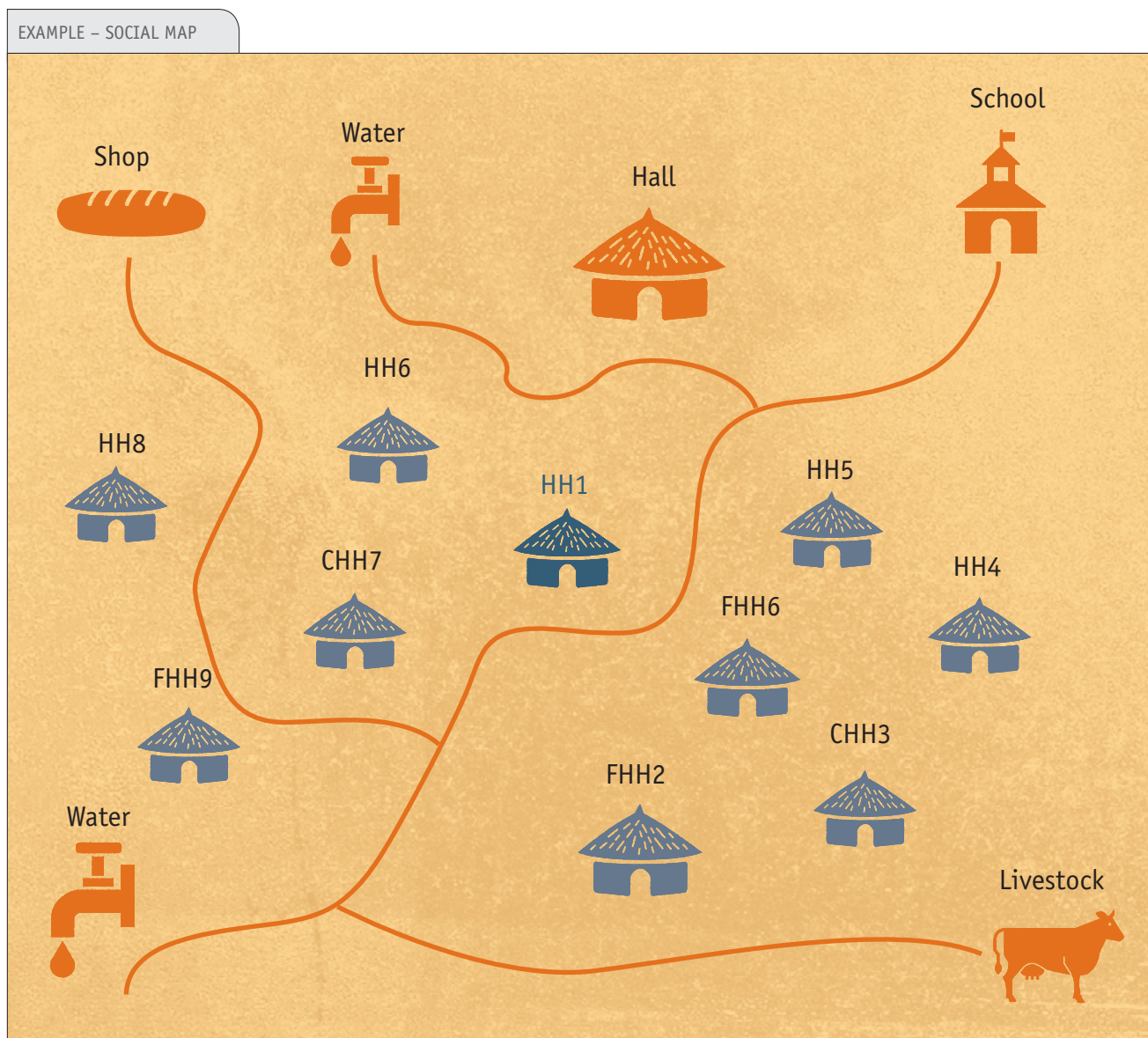
STEP 4. Record to remember – Documentation and note-taking

While the group is drawing the map, the facilitator should take notes of all the discussions. This will ensure no information is lost and can be considered by the facilitators when conducting the Score Card.

What do we want to know from the social map?

Examples of the type of information a facilitator might require from the social map include:

- Which HHs are female headed (FHH) or child headed (CHH)?
- Which HH have orphans?
- Why are there orphans in a HH?
- Why is a HH child headed?
- Which HH has disabled members?
- Which HH is headed by the elderly?
- Has it always been this way? (A follow up question to always ask!)
- How does that HH cope with the situation?
- How does the HH access the service that is about to be scored?
- Which HHs have a member who is chronically ill (CI)? Are there any other vulnerable groups we are concerned with?

The focus of the Score Card process is to find out who is not able to access the service being scored and why; therefore the information sought should be related to these issues.

Using keys/symbols

When the participants are low literate or non-literate, it is very important to involve them in creating understandable and memorable keys or symbols for the main pieces of information that will be noted on the map. Even where the participants are highly literate, symbols will facilitate the inclusion of larger amounts of information on the map.

Keys can include:

- female headed household (FHH) or a flower
- child headed household (CHH) or a small pebble
- livestock (L) or a piece of dung/animal dropping
- poultry (P) or a feather, etc.

Record to remember – The detail from the discussions about each HH needs to be written down by the facilitators in notebooks. The keys can be developed by the facilitators beforehand or with the community group. Write the keys on flipchart paper for all to see.

Materials required:

- Markers, pens, and big sheets of paper; otherwise participants can draw on the ground in the sand and use symbols such as stones, leaves, twigs to be the keys for poultry, bicycle, etc.

Record to remember – If drawing in the sand, remember to copy the map onto paper at the end.

APPENDIX 1.4: Developing indicators

These charts provide example matrices for the indicator generation and scoring steps detailed in Phase II and III.

After general issues have been noted, identify the highest priority issues and group those that are similar. Then develop a single indictor that reflects the issue group e.g. indicators concerning center cleanliness, management of the services, delivery of the service, etc. Note that some indicators may fall under a general "theme", such as management of the health facility, or dialogue and collaboration between health workers and communities.

EXAMPLE: Developing indicators from similar issues

OVERALL THEME: "MANAGEMENT OF THE HEALTH FACILITY"

Highest priority issues	Indicator
"The health center is generally clean." "Some of the floors in the health center are sticky with dirt." "There is rubbish around the health center."	Cleanliness of the health facility and surroundings
"Some of the health workers prioritize serious cases, while others insist that everyone gets in the queue."	Giving priority to serious cases
"Some health workers help their friends first, even if they come late." "Sometimes those working at the research station and their families are helped first."	Maintaining the first-come first served rule

After the indicators have been developed, each indicator is scored. Ask the group to give each indicator a score using the agreed upon scoring method. Make sure that the score includes everyone's view and that everyone has agreed upon the score. Include the reasons for the score that is chosen.

EXAMPLE: Score Card with indicators under an overall theme

OVERALL THEME: DIALOGUE AND COLLABORATION BETWEEN HEALTH WORKERS AND COMMUNITIES

Indicator		Score out of 100 (Apr 04)	Reasons for the score
6.1	Two-way communication and dialogue between communities and health center (HSAs)	70	There are some HSAs who communicate and dialogue well and frequently hold meetings with their communities, while others do not.
6.2	Two-way communication and dialogue between health center (HSAs) and village health committees	90	Most of the HSAs dialogue and communicate well with VHCs in their catchments.
6.3	Two-way communication and dialogue between village health committees and community members	50	Some of the VHCs communicate very well with their community members; while some of the VHCs have just been formed and cannot be assessed.

Check the literacy levels in each group and adapt the method of scoring to suit the literacy levels as well as the community's understanding of what scoring is.

NOTE: Make sure that the community does not view the service provider as a child that needs to be awarded a mark (despite this being used to illustrate the "percentage" technique of scoring outlined below), as this can lead to the service providers being undermined by the community and even mocked. Also, explain the implications of the scores.

Examples of scoring techniques

On a scale of 0% to 100%

This works the same as a teacher giving a mark at school for a pupil's test or exam. 50% is a pass, but anything below 50% is a fail and the lower the score goes down, the worse the service is. If however the work is such that it is more than just a pass, then the score will be above 50%: anything from 51% to 100%. The higher the mark given, the better the service is. This technique is preferred because most villagers can associate it with how their children are given grades at school with 50% being the average score and it is easier for them to understand and negotiate and increase or reduce scores according to their discussions.

On a scale of 1 to 10

In this technique, the lower the score (1–4), the worst the service or project is; the higher the score (6–10), the better the service or project is. "5" is the middle point of a range of 1 to 10. That would imply a position of in the middle, therefore, a medium score. This technique will require slightly higher analytical skills; for most villagers to grasp the concept of a 1–10 scale it is difficult as they still see the numbers as too small to represent the kind of successes they see. They may want to go beyond the mark of 10 to emphasize their point.

The following two techniques are helpful for when the group is low literate or illiterate.

Using faces to show feelings

Ask the group to choose a face (see diagram) that shows how they feel about the various indicators (Thindwa et al, 2005). This technique is simple and straight forward but it might not be able to represent the gravity of the issues as compared to scoring with numbers on a scale of 0% to 100%. It does not allow the community to express the situations found in between each pair of two faces.

CRITERIA	FACIAL EXPRESSION	SCORE
Very Bad		1
Bad		2
Just OK		3
Good		4
Very Good		5

Using example of holes in the ground

Communities know about holes/pits in the ground – and that they can be a problem because children or animals can fall in and hurt themselves or get killed. Each issue (now made into an indicator) can be seen as an open pit. Some pits can be bigger or deeper than others; the bigger (size) and deeper (depth) the pit, the more serious the problem. The objective of the Score Card process is to fill all the open pits and thereby reduce the problems. The group should assign a size and depth to each indicator by answering the following question: *From 1 to 10, how many pails or buckets of soil will you need to fill this pit to make it level with the ground?* The more pails, the bigger and deeper the pit is and therefore, the bigger and more serious the problem is. Alternatively, using the same pit analogy, tell them that to be able to get out of the pit, a ladder will be required. The guiding question is then: *How many steps (from 1–10) would there need to be on a ladder for you to get out of the pit?*

Record to remember – It is important to show in your report and on your Score Card matrices which method was used since 1 pail required means it is not a big problem where a score of 1 (on a scale of 1 to 10) implies the lowest score, and therefore a very big problem.

These techniques require the facilitator to be very focused and able to explain clearly the analogy in order for the community members to understand and give correct scores representing the situation.

1. Brief background to the service/project

Include project information such as service/project objectives and main activities, geographical coverage, etc.

2. Score Card methodology/approach

Explain the sampling process (if any), the areas covered in the Score Card process (TA, catchment area/s, name of villages, etc.), number of projects covered, they type of groups, the method for scoring (e.g., 0% to 100%) and technique for prioritization used (if required), period of the scoring (dates), who facilitated the process, any constraints experienced, etc.

3. General issues generated

Include issues generated during the first exercise with the service provider and service users.

3.1 Service Provider: priority issues

3.2 Service Users: priority issues

4. Input tracking

In a matrix (see sample below), record the supply side data generated on input entitlements. For example, funds and components approved for the service, sector standard norms for various services, number of pupils to a classroom, availability of learning materials, the number of people to be employed on a project, etc.

EXAMPLE: INPUT TRACKING MATRIX

Indicators	Input Entitlement	Actual	Remarks

[1] Also includes information from the PACE (CARE Malawi report format) and MASAF's Summary Local Assembly report Format for the comprehensive Score Card process (CCSCP).

5. Indicators developed and scored

5.1 Service Provider: list the indicators developed and scored by the service provider

5.2 Service Users: list the indicators developed and scored by the service users

Also include the **Service Users Indicator Score Card Matrix** and **Service Provider Indicator Score Card Matrix** showing scores from different groups and different villages in a specific catchment.

Example of a **Service Users Indicator Score Card Matrix** for a first overall theme:

THEME: "CONDUCT AND ATTITUDE OF HEALTH WORKERS"													
Indicator		Score out of 100 (April '04)											
		Village #1		Village #2		Village #3		Village #4		Village #5		Village #6	
	Type of groups ▶	M	F	M	F	M	F	M	F	M	F	M	F
1.1	Punctuality of staff	50	50	75	30	40	40	70	40	80	35	50	70
1.2	Reception of patients	100	50	50	100	50	30	50	60	30	50	5	50
1.3	Attitude of health workers	75	70	45	30	40	20	25	50	40	30	15	40
1.4	Observing official working hours and days	50	100	75	50	60	50	70	80	30	50	50	80
1.5	Attention and listening to patients problems	100	80	100	70	70	30	50	20	50	70	35	50
1.6	Respect for patients' privacy	100	90	100	100	100	100	90	100	80	50	95	100

Record the Score Card matrices for all the other overall themes with their indicators, e.g., Management of the health facility, etc.

6. The consolidated Score Card

Record the consolidated Score Card for the service provider and service users (see example below).

THEME: "CONDUCT AND ATTITUDE OF HEALTH WORKERS"

	Indicator	Score out of 100 (April '04)	Reasons for the score
1.1	Punctuality of staff	40	They start work late. Sometimes they start after 9 am.
1.2	Reception of patients	50	Some staff members receive patients politely, while others are rude to patients.
1.3	Attitude of health workers	30	Some of the health workers at times neglect patients and chatter around with their friends.
1.4	Observing official working hours and days	60	The Health Centre is open on all proper days, but the health workers sometimes do not observe working hours, especially after lunch.
1.5	Attention and listening to patients' problems	70	Sometimes the medical assistant writes in the health passport and gives it back before one has finished explaining about the patients' ailment.
1.6	Respect for patients' privacy	80	There is a considerable amount of privacy, but patients are despised, especially at the maternity section, where some women are mocked.

7. Main findings from the process

Give a summary of the main findings by using the information from sections 3, 4 and 5 of the report, including main issues raised, scores given and reasons provided for the scores. Link this information with your objectives for implementing the Score Card and recommend ways of using this information to improve service delivery and sustain the way forward agreed to in the interface meeting.

The main findings should include:

- Service user satisfaction with services
- Challenges the service provider experiences with the service users
- Community's level of access to services
- Challenges experienced by staff in service delivery
- Main suggestions for improvement from the interface meeting

- The joint action plan: actions required, by whom, by when, etc.
- How the district or local government or responsible ministry for the service can take into consideration the concerns raised by both staff and communities

8. Conclusions and Recommendations

What are your main conclusions?

What are the main recommendations and way forward?

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Further reading

For further reading on Score Card method visit
http://governance.care2share.wikispaces.net/Community+Score+Card+CoP

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