

# THE SCORECARD TOOLKIT

A generic guide for implementing the Scorecard process to improve quality of services

"Participation" "Accountability" "Responsibility" "Informed decision-making"





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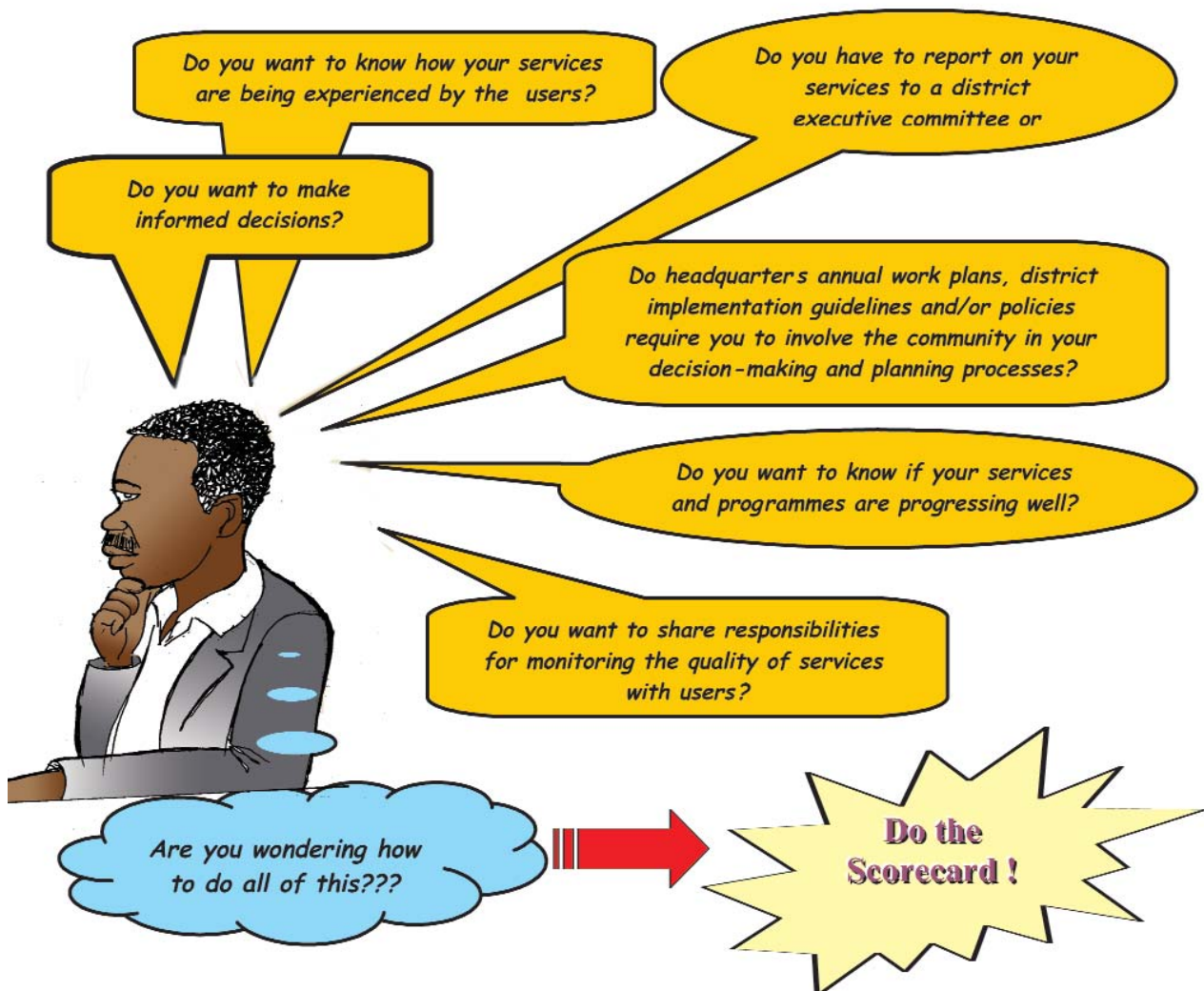
A generic guide for implementing the  
Scorecard process to improve quality of services

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**care** <sup>SM</sup>

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**A guide for implementing the Scorecard process to improve quality of public services**

*"Participation" "Accountability" "Responsibility" "Informed decision-making"*

# PREFACE

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## Abbreviations

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

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## How to use this toolkit

This tool kit has been designed to be used by many kinds of users from institutions operating in different sectors. The toolkit is generic in nature and can be applied in any sector, be it health, education, or agriculture. The tool can be used to facilitate good governance through promotion of participation, transparency, accountability and informed decision-making.

The introduction to the Scorecard tool explains to the potential users of the tool about what the Scorecard methodology is/is not, and what can be expected as benefits and challenges of its use. The body of the toolkit provides guidance for the implementation of the Scorecard tool. The appendix section contains supporting materials for the implementation of the Scorecard process, such as guidelines for facilitating participatory scoring. The appendices also include lists of sources consulted for the development of this toolkit and web sites for further reading.





The "Scorecard" 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 Scorecard brings together the demand side ("service user") and the supply side ("service provider") of a particular service or programme to jointly analyse 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.

### 1.1 The goal and core strategy of the Scorecard

The main goal of the Scorecard tool 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.

### 1.2 What are the main features of the Scorecard?

The Scorecard 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; Enables maximum participation of the local community
- Provides immediate feedback to service providers; Emphasizes immediate response and joint decision-making
- Plans for reforms are arrived at through mutual dialogue between users and providers, and can be followed by joint monitoring

#### **WHAT is NOT part of the Scorecard?**

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



### 1.3 WHO can use it?

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

**Users of the Scorecard - Suggestions/examples:**

*The Scorecard process can be initiated by a community-based structure such as a winter-cropping group or a health centre 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 centre can lead a community process in which various groups are given an opportunity to discuss the quality and access to health centre services. The health centre can then use the information to identify gaps and improve services where necessary.*

*Non-governmental and community-based organisations can also use the Scorecard to have the project beneficiaries / clients monitor and evaluate their projects and services.*

**1.4** WHAT can the Scorecard be used for?

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

**For the service provider (e.g. government agencies/institutions):** The Scorecard helps government institutions to learn directly from communities about what aspects of their services and programmes are working well and what is not. The information it generates will enable decision-makers to make informed decisions and policy choices and to implement service improvements that respond to citizens' rights, needs and preferences.

**Applications for the Scorecard tool - Suggestions/examples:**

***In health sector:*** Health Centre Committees & community groups (men, women, youth and leadership) and health centres (the health surveillance assistants, nurses, medical assistants and so on) can facilitate a Scorecard process to score services at the local health centre.

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

**1.5** What are the BENEFITS and CHALLENGES of using the Scorecard?

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

## Benefits and challenges of the scorecard for service users and providers

Benefits of the Scorecard:	Challenges in using the Scorecard:
<ul style="list-style-type: none"> <li>• It promotes dialogue and improves relationship with the service provider.</li> <li>• It facilitates a common understanding of issues and solutions to problems.</li> <li>• It empowers service users; leading to community monitoring of services and increased community ownership of services, projects.</li> <li>• It facilitates accountability, transparency and responsibility from service providers.</li> <li>• It clarifies the roles and responsibilities of the service user in service delivery.</li> <li>• It promotes community participation, open dialogue and improves relationships with the service users.</li> <li>• It can expose corrupt officials.</li> <li>• It can show the service provider how to be accountable and responsible.</li> <li>• It is a tool that the service provider can use to monitor progress and service quality together with the community.</li> <li>• It can improve the behaviour of the service users which can assist in improved service delivery.</li> <li>• It promotes a common understanding of issues and solutions to problems.</li> <li>• It promotes accountability for funds and transparency of processes.</li> </ul>	<ul style="list-style-type: none"> <li>• Holding service providers accountable might be a new concept and therefore a difficult concept to understand and to get accepted by communities and service providers hence requires time</li> <li>• It can sometimes lead to conflict, if not facilitated well</li> <li>• It deals directly with issues of behaviour and personalities and can be uncomfortable for those on the receiving end and therefore requires good facilitation skills.</li> <li>• Sometimes individuals can be targeted (“fingerprinting”).</li> <li>• 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).</li> </ul>

### 1.6 Requirements to effectively implement the Scorecard

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

- **Understanding** of the local administrative setting, including decentralised 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



During the implementation of the Scorecard, the implementing body will go through the following five phases.

- ✓ Phase 1: Planning and Preparation (Preparatory groundwork & organisation)
- ✓ Phase 2: Implementing the scorecard with community (Using the tool)
- ✓ Phase 3: Implementing the scorecard with service providers (Using the tool)
- ✓ Phase 4: Interface meeting (dialogue)
- ✓ Phase 5: Follow-up and Institutionalisation (The way forward)

### Phase I: Planning and Preparation

Thorough preparation for a Scorecard process is crucial, and should begin preferably a month prior to mobilising a community gathering. First will be general preparations to establish the basis for a Scorecard programme 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.
- ✓ Making introductory visits to local leaders to inform them of your plans.

Second, preparations specific to each community gathering within the Scorecard 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.
- ✓ Develop a workplan,
- ✓ List of necessary materials (i.e., flipchart, markers, notebooks to record the process, pens) for the process
- ✓ Develop a budget for the full Scorecard 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 Scorecard process and other arrangements, such as:

- ✓ A suitable date for the process
- ✓ The duration of the process and how and where the community and the leadership will need to gather when commencing the Scorecard 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 scorecard processes.

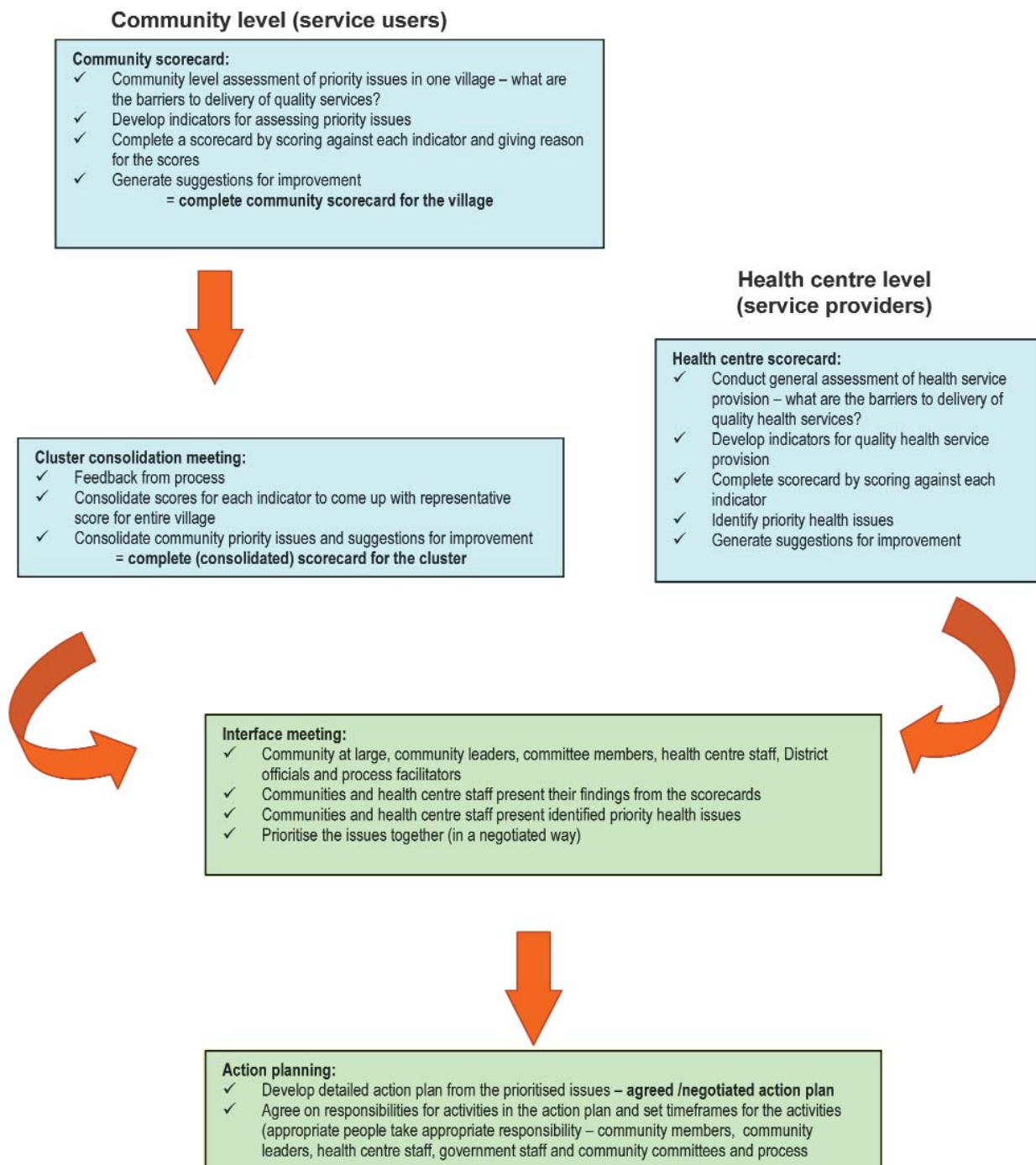
The following flow diagram illustrates a summary of the Scorecard process.

**The community process** ⇨ carried out with service users

**The health service process** ⇨ carried out with service providers

**The interface meeting/joint dialogue and planning process** ⇨ involves both service users and providers

## Scorecard process diagram



## Phase 2: Implementing the Scorecard with the community

The following steps in implementing the Scorecard will depend on the nature of the institution that is initiating the process, as well as the objectives and scope of that particular Scorecard process. As such, it is important that any user adapts these steps to suit their own specific objectives and situation [see scorecard diagram and appendix 2.2].

### Stage 1: Organizing the community gathering

#### Step 1: Starting the community / service user Scorecard

In the first morning of the Scorecard process, hold a community meeting to explain your purpose and the Scorecard methodology.

#### Step 2: Division into groups

Divide the community into interest groups for participatory focus group discussions (FGDs).

The community can be divided into groups, such as: women, men, youth, children, community leaders, PLWH/A, and health centre 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. See the tips from experience below.

#### **Tips from experience: Vulnerable and marginalised in the community**

*To ensure that 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 - 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. Refer to appendix 2.3 for step-by-step guideline 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 has a relationship of trust with the community). One facilitator leads the exercise and the other one should provide support and take notes of all discussions in a notebook.

### Stage 2: Developing an Input Tracking Matrix

#### Step 1 : Tracking inputs

Inputs are the resources that are 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 centre may include, number of staff who should be employed at the centre, 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	Entitlement (as specified by service mandate)	Actual (community perception, what is really happening in community, or at health centre)	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	
Etc.			

### Stage 3: Developing Community Scorecard

#### Step 1 : Generating 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 programme here? What service or programme works well? What does not work well, etc?" Note down 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 to be listed. Help groups to 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: Prioritising issues

When all the issues have been generated, there might be quite a number of them, and not all relevant to your service or project. Ask the group to agree on relevant ones that are the most important and urgent to deal with first. Let the groups give reasons for their choice. Use the matrix on the right.

Issue	Priority	Reasons

#### Step 3: Closing of first meeting

After prioritisation 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: Developing 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 (the men, the women, leadership and the 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 2.4 and stage 6).

#### **Tips from experience:**

*Rating and discussing the indicators one by one encourages open and critical dialogue, stimulates reflection and creative ideas, and catalyses joint action to improve conditions, relationships, procedures and activities*

#### Step 5: Develop a matrix for scoring

After having generating the indicators, then develop a matrix ("the Scorecard matrix") for scoring the indicators. Make copies of it 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 2.5 for other types or modes of scoring that can be used. Each can be suitable depending on the type and level of literacy of the people you are working with.

<b>Examples - Scoring matrix:</b>						
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: Conducting the Scorecard with the community

When indicators and matrices have been developed, you will go back to the community on appointed days as agreed in your first meeting, where you will 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 prioritised issues;
- 6.2 Divide the community into the same focus groups that they were in on the first day of the community Scorecard 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 the results of the social mapping process which occurred during the first meeting. (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 of the participants, including such 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 village, as well as other villages from the same *catchment* area.(being serviced by the same service delivery point e.g. health centre, Agricultural office, school e.t.c.)
- 6.5 In each group explain how the scoring works. (See how to explain scoring, appendix 2.5).



**Tips from experience:**  
**REMEMBER:** The groups are scoring services or a project, NOT people.

- 6.6 Then, starting with the first indicator, ask the group to give it a score. Use one methodology of scoring which the groups will be conversant with for uniform results.. Make sure the group has agreed on the score before writing it up on the matrix (see matrix in step 5, appendix 2.4). 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 2.4).
- 6.8 If it is a low score, ask for any suggestions for improvement and similarly, ask for suggestions on how to maintain those aspects of the project or services that have been awarded high scores. *Note all these discussions down in your notebook.*
- 6.9 Repeat the process (6.5 - 6.7) for all the other indicators on the scoring matrix.

### Step 7: Closing of 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 appointed day and date (ensure that you agree on the day and date and it should not be far apart from the scoring day to avoid loss of information from discussions) to come up with consolidated scores that will represent the village or area. Remember to balance genders among these representatives.

Inform the people that after the community collectively analyses their scores for the services, the service providers will also be rating the services and then there will be a joint meeting at the service centre 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 about the date and time for the meeting, because this will already have been planned and appointments booked with the service providers.

**NOTE:** *The score consolidation day does not have to come immediately after the scoring to give 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 it should be negotiated and allocated in such a way that it does not interfere with the upcoming joint meeting which is usually booked in advance to allow service providers to plan for it.*

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

#### **Tips from experience - Checklist for invitations to the interface meeting:**

- *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, incl. international NGOs and churches? (Invite those if relevant to the process.)*
- *Who can explain why certain services are being done badly and others not?*

### Step 8: Consolidating the community Scorecard

- 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 and 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.

**Example - matrix for a consolidated Scorecard:**

Indicator	Focus groups	Catchment :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	
<b>Consolidated score</b>		<b>45</b>	<b>25</b>		<b>50</b>	<b>Atleast50% of the work is done</b>
Indicator 2	Men	20	3		15	
	women	30	40		40	
	Boys	40	50		50	
	Girls	30	100		80	
<b>Consolidated score</b>		<b>30</b>	<b>70</b>		<b>45</b>	<b>Still inadequate staff</b>

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.

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 Scorecard 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 people. 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 persons at the interface meeting should always include:

- ✓ Local chiefs,
- ✓ Community people who were involved in the process,
- ✓ Community development committees concerned with the scored service,
- ✓ Concerned service provider staff and district officials responsible for delivering the service.
- ✓ Ideally, it should also include local politicians
- ✓ Local NGOs and CBOs concerned with the service,
- ✓ As many community people as can be mobilised (see invitation **checklist** above, step 7).

**Purpose of the interface meeting:**

The main purpose of the interface meeting is to share the Scores generated by service users and service providers to ensure that feedback from the community is taken into account, and that concrete measures are taken to improve services and/or maintain good practices. The meeting should 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.



Stage 5: Starting the service provider Scorecard

**Note:** A service provider Scorecard is generally conducted after the community Scorecard has been completed; 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 almost 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., 1 institution). It is however important to clearly explain to the service providers that the scorecard process is not to finger point at individuals but to improve service delivery problems and this needs a shift or change in attitude of the staff to be open minded and critical and take part in the scoring process..

**Tips from experience: purpose of the Scorecard:**

It is a stepping stone to improve service delivery and communication between service users and service providers. It is not meant to be a confrontation. Therefore, do not look at people or individuals, but at systems, structures, policies and processes.

**Step 1: Organising the service provider Scorecard**

- 1.1 Choose a facilitator who is most suited to lead the Scoring exercise - 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 that the staff will not be disturbed and called out to attend to other issues or problems.
- 1.3 Explain the benefits and purpose of the Scorecard to all staff and make sure everyone understands and does not feel threatened.
- 1.4 If the community Scorecard process has already been conducted, let the facilitators explain to the rest of their colleagues what was done, how and why.

Stage 6: Developing service provider Scorecard

**Step 1: Generating issues**

- 1.1 Explain to the group that they will start their session by sharing some general issues about certain aspects of their programme or service. For instance respond to such questions as ;
  - ✓ what are the types of services that we offer?
  - ✓ How do we offer them?
  - ✓ What are the main challenges?
  - ✓ What is the role of the community in serviced 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 Scorecard process (see

- checklist appendix 2.1).
- 1.2 Note down all the issues generated by the group on flipchart paper, BUT only when it has been agreed upon. For all the problems / challenges listed, ask for suggestions to improve it and for all the strong points, discuss how to maintain them. Note all the discussions down.

### Step 2: Developing 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 towards clients, availability of equipment to deliver the service e.t.c. [see appendix 2.4 ]

#### ***Example - developing indicators from clusters of issues:***

<b>Issues</b>	<b>Indicator</b>
<p>"The community leaves litter in the grounds of the health centres."</p> <p>"There is not always water to wash the floors in the centre and bed linen."</p> <p>"Our cleaner has left and the ministry has not given us permission to appoint a new one."</p> <p>And so on...</p>	<p>Cleanliness of the health facility and surroundings.</p> <p>And so on...</p>

### Step 3: Conducting the service provider Scorecard

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 with community scorecard and appendix 2.5) and agree on a method. (preferably use a method similar to that used in the community)

<b>Indicator</b>	<b>Score</b>	<b>Reasons</b>
Indicator 1		
Indicator 2		
Indicator 3 and so on		

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.

#### ***Tips from experience - conducting the service provider scorecard:***

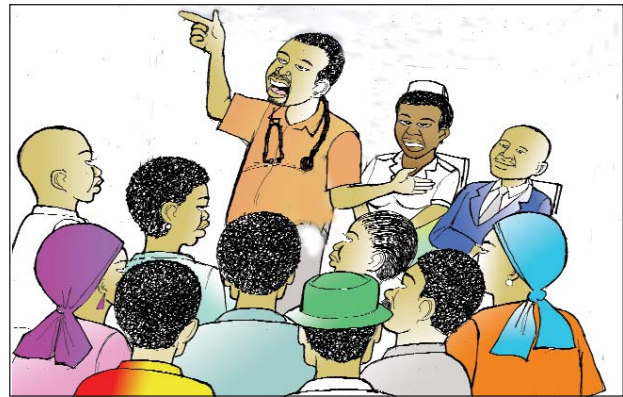
*Communities may tend to attack and score everything low because they are scoring personalities. Service providers, on the other hand, tend to be defensive and therefore tend to score themselves high, which is usually not a true picture. The facilitators should remind them that this is not about persons but about the service and systems that affect services. Everyone should try as much as possible to probe and get realistic scores. The input tracking matrix (see stage 2) will also help enable them to give realistic scores as they will have a list of entitlements for comparison.*

3.4 Repeat the process (3.1 - 3.2) for all the other indicators on the scoring matrix.

**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 and way forward



**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.*

**Step 1: Starting 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 below for important points to emphasise 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 Thereafter, the service providers would 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 prioritise into action for change.

**Step 2: Developing the joint action plan.**

2.1 After the discussions let the members jointly prioritise which indicators/issues to be dealt with first to the least and list them in order of priority on a separate flipchart with their suggestions for improvement. But also 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 (name/ heading).

2.3 Discuss each priority theme as follows and record in the planning matrix below.

***Planning matrix (put on flipchart for all to see):***

<b><i>Priority theme (list each issue)</i></b>	<b><i>Action (activities needed to address the issue)</i></b>	<b><i>Who will lead it (name &amp; institution)</i></b>	<b><i>With whom (name &amp; institution)</i></b>	<b><i>By when should it be done (be realistic)</i></b>	<b><i>Resources (what is needed to do the action)</i></b>	<b><i>Notes</i></b>
Cleanliness of health centre	- more staff - community to use bins	-District official - Health centre committee	Health centre clinician - Health centre grounds cleaner	1 <sup>st</sup> August 2007 1 <sup>st</sup> June 2007		
Punctuality of staff	- staff to observe official hours	Health centre clinician	Health centre committee	2nd March 2007	none	
Attitude of staff towards clients	- staff to understand concerns of clients	Nursing sister	Health centre committee	e.t.c	e.t.c	e.t.c

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..



It is important to recognise that the Scorecard process does not stop immediately after generating a first round of scores and a joint action plan. **Follow-up steps** are required to jointly ensure implementation of plans and collectively monitor the outcomes. **Repeated cycles** of the Scorecard are needed to institutionalise 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 scorecard is a good tool that generates issues that can be advocated to help integrate some solutions into local policies and systems for sustainability of results.

**Some of the key follow-up activities may include but not limited to:**

- Facilitators should compile a report on the Scorecard process; including the joint action plan. Most of the information is already recorded in the note books (refer to appendix 2.6 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 implementation of the action plan. It is the responsibility of the service providers and community to implement the plan, they have to own it.
- Facilitators to plan a repeat scorecard 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 as participants to check if the joint action plan has been implemented and if there are improvements in the service delivery process. Repeat scorecard processes are best done at 6 month or one year intervals similar to the duration of the joint action plans.

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World Bank (2004), "Citizen Report Card Surveys - a note on the concept and methodology" *Social Development Notes* No.91 / February.

World Bank (2005), "The community Scorecard process in Gambia" *Social Development Notes* No.100 / March.

## Further reading

For further reading on Scorecard method, <http://www.careinternational.org> and [www.caremalawi.org](http://www.caremalawi.org)

AccountAbility	<a href="http://www.accountability.org.uk">http://www.accountability.org.uk</a>
Ciet	<a href="http://www.ciet.org">http://www.ciet.org</a>
CIVICUS	<a href="http://www.civicus.org">http://www.civicus.org</a>
Eldis Development Gateway	<a href="http://www.eldis.org/">http://www.eldis.org/</a>
ID21 website	<a href="http://www.id21.org">http://www.id21.org</a>
IDS site	<a href="http://www.ids.ac.uk">http://www.ids.ac.uk</a>
Participation and civic engagement (World Bank)	<a href="http://www.worldbank.org/participation/">http://www.worldbank.org/participation/</a>
Public Affairs Centre (PAC) in Bangalore, India	<a href="http://www.pacindia.org">http://www.pacindia.org</a>
UNDP	<a href="http://capacity.undp.org">http://capacity.undp.org</a>
World Bank	<a href="http://www.worldbank.org">http://www.worldbank.org</a>
World Vision	<a href="http://www.worldvision.com.au/">www.worldvision.com.au/</a>

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

Note: Choose only questions / activities that are relevant to your own process:

### **Decision questions about implementing the Scorecard**

- What do we want to know about our current interventions, programmes, 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 Scorecard? Is it to assess our performance, the quality of our services or assess community knowledge about our services, incl. funds available? Being clear on the purpose will define the scope of the exercise and assist with the generation of relevant issues (whilst also keeping the discussions focussed).
- How does the results anticipated from the scorecard 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 Scorecard? **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 Scorecard process to the upcoming interface meeting.
- In which areas do we want to implement the Scorecard? [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 centres to cover in the Scorecard process.
- Who will drive our Scorecard process? Which person? **List the name**
- Who else needs to be on the Scorecard facilitation and support team? [e.g., drivers, administrative assistants etc.] **List the names**

### **Action steps for implementing**

- The team should familiarise itself with the step-by-step guidelines for implementation of the Scorecard process.  
Draw up a work plan for implementing the Scorecard:
  - **Where** will scorecard be implemented?
  - **What** activities? (including preparation steps)
  - **Who** will do what?
  - **When** will we do it and what 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, areas that will 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 Scorecard methodology, as well as how it works
- Note down all the expenses for the Scorecard process and draw up a budget.
- Check availability of the necessary supplies usually required for the implementation of the Scorecard process: [e.g., Flipchart paper; Marker pens; Masking tape; Pens and paper] (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 Scorecard?  
**YES or NO**
- If NO, what will we do about it?
- What possible issues might be raised about our interventions, services?
- What scores do we anticipate to get for the various issues and how will we react to the scores?
- How will we use the information collected during the Scorecard process? [E.g., planning for the next District Implementation Plan and budgeting process]
- Who will document and write the report on the Scorecard 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 Scorecard.)  
Who will facilitate the interface meeting? Who is a mature, experienced facilitator? (See Stage3.)
- 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 Scorecard process and where?
- Are we expanding the Scorecard to other catchment areas?
- How do we increase our responsibility and accountability?

The service user Scorecard (community)		The service provider Scorecard	
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 Scorecard process.		
First day in the community	In the community <ul style="list-style-type: none"> <li>- Explain purpose of the Scorecard.</li> <li>- Divide community into groups and assign facilitators to each team.</li> <li>- Each group to share their knowledge about the project, service – to track inputs.</li> <li>- Each group to generate issues about the service.</li> <li>- Each group to prioritise the issues generated.</li> <li>• After scoring, all groups to reconvene for closure of the day and confirmation of date for next phase.</li> </ul>		
First day back in the office	At the office <ul style="list-style-type: none"> <li>• Develop the indicators: Facilitators to develop indicators as based on issues generated by community groups.</li> <li>• Develop the Scorecard matrix: Facilitators to place the indicators in matrix format for scoring purposes with the community.</li> <li>• Set up the interface meeting: Let other colleagues organise it whilst indicators and the Scorecard matrix are being developed.</li> </ul>		
Second day in the community	In the community <ul style="list-style-type: none"> <li>• Do the scoring with the groups: Community to score the indicators as in the Scorecard matrix.</li> </ul>	First day for the service provider	With the service provider <ul style="list-style-type: none"> <li>• Do the Scorecard: <ul style="list-style-type: none"> <li>- Explain Scorecard purpose to all staff.</li> <li>- Staff to generate issues about their service, project.</li> <li>- Staff to prioritise issues generated.</li> </ul> </li> <li>• After scoring, develop the indicators as based on the issues generated.</li> </ul>
Second day in the office and	At the office Develop a consolidation matrix to record the various scores from the different groups. and	Second day for the service provider	• Do the scoring: <ul style="list-style-type: none"> <li>- Staff to score the indicators as in the Scorecard matrix.</li> </ul>
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: <ul style="list-style-type: none"> <li>• Hold the interface meeting: The service users and service provider representatives to respectively present their consolidated scores and recommendations for improvement.</li> <li>- Open and participatory discussion of scores and recommendations.</li> <li>• Develop joint action plan.</li> </ul>	Third day for the service provider	Joint interface meeting: <ul style="list-style-type: none"> <li>• 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 &amp; recommendations.</li> <li>• Develop joint action plan.</li> </ul>

Note: Also see Scorecard process flow diagram , on page 5

### 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, i.e., 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 does one facilitate the development of a social map?

#### Steps:

#### 1. Introduce the tool to the community

Inform the community that you wish to conduct a social map with them. That your organisation needs to understand how the different HHs survives, exist in the community; this contributes to a better understanding of the community and its needs, issues.

#### 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 is will apply.)
- Check with the community whether mapping exercises have been implemented before and what their experience of it was.
- It will not be practically 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 - 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 take a bite to determine if more salt is required.
- The HHs from this sample will all be categorised into well-being categories from which a representation of the various categories will be interviewed.



### 3. Drawing the map

- Ask someone from the group to draw her/his HH (on the sheet of paper or on cement floor or in the sand) and to 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. E.g. school, cemetery, roads, paths, water points, shops etc.
- Ask the person to add her/his immediate neighbours (HHs) with their names, the others should help him/her recall names and positions of HHs.
- Let the person carry on adding HHs until there are about 30 - 40 HHs (depending on the size of the community).
- Ask questions (see below) about each HH and use keys (see further below) to note the information on the map, and note the detail of the discussion in notebooks.  
Ensure agreement within the group before noting down the information.  
Once all the HHs on the map have been dealt with, check for any gaps, additions from the group.

### 4. Record to remember - Documentation / note-taking

While the group is drawing the map, the facilitator will be taking notes of all the discussions. This will assist that no information is lost and can be considered by the facilitators when conducting the scorecard.

#### 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 is a HH child headed?
  - Why are there orphans in a HH?
  - 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)? Or any other vulnerable groups that we are concerned with?
- The details need to be noted / documented by the facilitator while the group is drawing on the flipchart.
- The focus of the scorecard process is to find out who is not able to access the service being scored and why ; therefore the information required 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 (FHH) or a flower
- child headed (CHH) or a small pebble
- livestock (L) or a piece of dung/animal dropping
- poultry (P) or a feather and so on
- and so forth.

**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.



Example: issues developed into 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 centre (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 centre (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

Example: developing indicators from similar issues:

**Overall theme: "Management of the health facility"**

Highest priority issues	Indicator
"The health centre is generally clean." "Some of the floors in the health centre are sticky with dirt." "There is rubbish around the health centre."	Cleanliness of the health facility and surroundings.
"Some of the health workers prioritise 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.



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 a technique of scoring) - 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 it gets. 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:**

The lower the score (for example 1 - 4), the worst the service or project is. The higher the score, the better the service or project is (for example 6 - 10). '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, 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 emphasise their point.

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

- **Using faces to show feelings** (see diagram at right):

Ask the group to choose a face 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 Scorecard 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/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 (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 Scorecard matrixes what 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.

This technique requires the facilitator to be very focused and able to explain clearly the analogy for the community members to understand and give correct scores representing the situation and not be confused.

### 1. Brief background to the service, project

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

### 2. Scorecard methodology / approach

Explain the sampling process (if any), the areas covered in the Scorecard 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 prioritisation (if any was required) used, period of the scoring (dates), who facilitated the process, any constraints experienced etc.

### 3. General issues generated

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

This is the supply side data generated on entitlements e.g., funds and components approved for the service, sector standard norms for various services e.g., number of pupils to a classroom, availability of learning materials, the number of people to be employed on a project etc. See below for matrix.

Indicators	Entitlement	Actual	Remarks

### 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 Scorecard Matrix** and **Service Provider Indicator Scorecard Matrix** showing scores from different groups and different villages in a specific catchment.

Example of a **Service Users Indicator Scorecard 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 Scorecard matrices for all the other overall themes with their indicators, e.g., Management of the health facility and so on.

## 6. The consolidated Scorecard

Record the consolidated Scorecard for the service provider and service users. [see example below]

### Example of a Service Users Consolidated Scorecard Matrix based on an overall theme:

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 give it back before one has finished explaining about their 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 as in 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 scorecard and recommend ways of using this information to improve service delivery and sustain way forward agreed in the interface meeting.

The main findings should include:

- Service user satisfaction with services.
- Challenges the service provider experiences with the service users.
- 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 does the district or local government or responsible ministry for the service 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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