A generic guide for implementing CSC process to improve quality of services delivered to children
This toolkit is based on the original Community Score Card (CSC) tool developed by CARE Malawi in 2002.

To learn more about CARE’s CSC work and obtain other reference materials, please visit: http://governance.care2share.wikispaces.net/Community+Score+Card+CoP http://familyplanning.care2share.wikispaces.net/

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The Community Score Card (CSC) as a Child-Centered Social Accountability (CCSA) Tool

A generic guide for implementing

CSC process to improve quality of services delivered to children

November 2018
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

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

Ensure **INFORMED** decision making

**Track if** services and programs are PROGRESSING well

**SHARE** responsibilities for monitoring the quality of services with users

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

CCSA  Child-Centered Social Accountability
CSW   Centers for Social Work
CBO   Community Based Organization
CLG   Child Led Group
CSC   Community Score Card
CSCI  Community Score Card Initiator
CSO   Civil Society Organization
CSW   Center for Social Work
CwD   Child with Disabilities
ECCD  Early Childhood Care and Development
EI    Education Institution
FG    Focus Group
FGD   Focus Group Discussion
HCF   Health Care Facility
HH    Household
INGO  International Nongovernmental Organization
JAP   Joint Action Plan
MED   Municipal Education Directorates
MEST  Ministry of Education, Science, and Technology
M&E   Monitoring & Evaluation
MHD   Municipal Health Directorates
MSWD  Municipal Social Welfare Directorates
MFMC  Main Family Medical Center
PDQ   Program Development and Quality
SA    Social Accountability
SCiK  Save the Children in Kosovo
The Community Score Card (CSC) is originally developed by CARE Malawi 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 assessment, planning, monitoring and evaluation of service delivery, aiming at improving the implementation of quality services.

Save the Children in Kosovo (SCiK) has adapted this version of the toolkit from the original CSC toolkit in order to provide CSC practitioners of various institutions (in particular local Civil Society Organizations) with practical CSC implementation guidance. The toolkit is generic in nature and can be applied in any sector including education, health, water and sanitation, and agriculture. This version of the CSC toolkit largely contains material from the original content, with a few modifications.

The CSC approach can be used to facilitate good governance through promotion of participation, transparency, accountability and informed decision-making. 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.

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1 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.

ACKNOWLEDGEMENTS

This toolkit has originally been developed by CARE staff, with this version being contextualized by Save the Children Kosovo (SCiK) staff members, with the support of SCiK implementing local Civil Society Organizations (CSO) partners in Kosovo and drawn upon practical experiences and suggestions from the communities and service providers. The CSO implementing partners, Handikos, Nevokoncept, and RROGRAEK have each applied the CSC process throughout five different municipalities (Pristina, Gjakova, Mitrovica, Prizren, Ferizaj) working within the areas of Child Protection, Education (focusing on inclusive education and discrimination), and Health and Nutrition.

Special thanks goes to the SCiK Program Development and Quality (PDQ) team for tirelessly working on the adaptation process of the toolkit, with support from the local CSO partners who took the time to share their implementation experiences, contributing toward enriching and making the tool adaptable for the Kosovo context.
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.

Accessibility and quality of service delivery is essential to the realization of child rights in any country. The CSC social accountability tool is a two-way and ongoing participatory tool for assessment, planning, monitoring, and evaluation of child services with a child-centered approach where participation of children is vital. It is easy to use and can be adapted into any sector where there is a service delivery scenario. The CSC brings together the right holder (“service user”) and the duty-bearer (“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. It furthermore, will seek to increase community ownership, collaboration, and understanding between the right-holder and the duty-bearer.

**What is the goal of the CSC process?**

By engaging both the right-holder and the duty-bearer through the use of dialogue and collaboration in a participatory way, the main goal of the CSC is to together identify issues of concern for children, and positively influence the quality, efficiency, and accountability of services provided to children at different levels. The targeted service delivery may be ones directly targeting children such as schools, classrooms, or they may be indirectly affecting the health, education, and protection of children such as lack of proper, adequate cross-roads within a given community.

**WHAT is NOT part of the CSC?**

- It is **NOT** about finger pointing or blaming.
- It is **NOT** designed to settle personal scores.
- It is **NOT** supposed to create conflict.
What are the main features of the CSC?

- CSC is conducted at the local level and has children and community as the unit of analysis
- Generates information through focus group discussions (FGD) and enables maximum participation of children and the local community and the service providers
- CSC is a community owned social accountability process that can include the community and children in the design and development of the process
- Child-Centeredness is guaranteed through child participation is ensured. Methods of participation can be found on page 11.

Who can use it?

- **Government institutions** on various levels, from ministries to municipal institutions: Municipal Education Directorates (MED), Health Directorates (MHD), and Municipal Social Welfare Directorates; Centers for Social Work (CSW); Main Family Medical Center (MFMC); and schools, etc.
- **Nongovernmental organizations (NGO)** (local, national, and international level) such as CSOs operating in various sectors, education, health, governance, rights, gender etc.
- **Community-based structures and committees** whose responsibility it is to represent their constituents in the community (e.g. health center committees, early-childhood care development (ECCD) centers etc.)
- **Community-based groups** self-organized in the communities, such as child-led groups (CLG’s), women groups, associations etc.

What can the Child Centered Score Card be used for?

- **For the service user (e.g., children, community):** The CSC helps service users give systematic and constructive feedback to service providers about their performance, regarding services offered to children.
- **For the service provider (e.g., government agencies/ institutions):** The CSC helps government institutions learn directly from communities and children 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.

APPLICATIONS FOR THE CSC TOOL

**Examples for Health and Education**

CSO’s profiled in Health or Education can initiate a scoring process to determine how certain services of an education institution or Health Care Institution are perceived in a targeted area and work towards the improvement of these services for children.

**Health Sector:** MFMC wants to improve services on diabetes for children provided at their HCF; therefore, they score their own services and receive feedback & scoring from diabetes patients (children and their families) frequenting the target HCF. A joint action plan (JAP) is developed to improve diabetes services for children.

**Education Sector:** A school wants to improve the inclusion of children with disabilities (CwD) and close “attached classes”. Through the two-way CSC process, the school, children, and parents/caregivers are able to agree through a JAP on ways to close the attached classes and improve the inclusion of CwD in regular classrooms.
How do you ensure sustainability of the interventions?

Community ownership of the entire process, including the implementation of the joint action plan ensures increase in social accountability and allows for repeat of the process with initiation being conducted at a local level. Sustainability if further ensured with the attainable implementation goals set by both sides (rights holder and duty bearer).

Another method of ensuring sustainability is through the integration of the process within institutions as a tool for receiving feedback on the services provided and ensuring ownership of attainable solutions. So a school can decide to include CSC as a mechanism for improvement of service delivery and increase of social accountability of parents and children attending the school.

What are the benefits and challenges of using the Child Centered 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.

<table>
<thead>
<tr>
<th>BENEFITS</th>
<th>CHALLENGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>• It promotes a mutual and open dialogue, and improves relationship with the service provider and the community</td>
<td>• 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)</td>
</tr>
<tr>
<td>• It empowers children through the increase of child participation</td>
<td>• It can sometimes lead to conflict if not facilitated well</td>
</tr>
<tr>
<td>• It promotes community participation</td>
<td>• 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)</td>
</tr>
<tr>
<td>• It facilitates a common understanding of issues and joint identification of solutions to problems and their monitoring</td>
<td>• Sometimes individuals can be targeted (“finger-pointing”)</td>
</tr>
<tr>
<td>• Provides immediate feedback to service providers and emphasizes immediate response and joint decision making</td>
<td>• It can raise expectations with the service users if not facilitated well</td>
</tr>
<tr>
<td>• It increases community ownership of services and projects</td>
<td>• (creating a demand that cannot 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).</td>
</tr>
<tr>
<td>• It is a tool that the service provider and user can use to monitor progress and service quality together</td>
<td>• Sometimes individuals can be targeted (“finger-pointing”)</td>
</tr>
<tr>
<td>• It clarifies the roles and responsibilities of the service user and service provider in service delivery</td>
<td>• It can raise expectations with the service users if not facilitated well</td>
</tr>
<tr>
<td>• It can improve the behavior of the service users and service providers which can assist in improved service delivery</td>
<td>• (creating a demand that cannot 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).</td>
</tr>
</tbody>
</table>

What are the requirements to effectively implement the Child Centered Score Card?

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

• **Understanding** of the local administrative setting, including decentralized governance and management at this level,

• Good participatory and **child-friendly facilitation skills** to support the process

• A strong **awareness raising process** to ensure maximum participation from children and the community and other local stakeholders

• Efforts should be **driven by the children and community** members and only facilitated by CSCI (should that be a third party)

• Efforts can be **preventive, reactive, or responsive** but they need to be **realistic and attainable** by both parties

• Ensure the **comprehensive feedback**, recommendations and experiences of children and community members through the involvement of children from the most marginalized groups

• **Planning** ahead of time
The engagement and voice of children can occur in variety of ways ranging from consultative to child-led:

- **Consultative** – where children are consulted about problems but are not actively involved in defining the priority issues and communicating with service providers/governments
- **Collaborative** – where children and adults work in partnership over each step of the program
- **Child led** - where children set the agenda of the program, define the priorities and communicate with service providers/governments

For Child Safeguarding issues, consultations with children can be conducted separate from other participants, to give them a safe space to express themselves or written consent can be obtained from parents and children. Depending on the level of engagement of children in the process, and the in case of co-facilitating the process with adults, adults and other stakeholders should be informed on child safeguarding policy.

What are some of the important roles that need to be filled to effectively implement the Child Centered Score Card?

- **The CSC Initiator (CSCI):** The CSCI does not have to be a service provider or service receiver. The CSCI can also be a third party, such as a child led group or CSO that will organize and oversee the entire process, acting as a liaison between the service receiver and provider.
- **The Facilitators:** will be people chosen by the CSCI and will be responsible to support the CSC process within groups. People that are deemed trustworthy by the community and service providers should be sought out to participate as facilitators. However, CSCI staff can also act as facilitators, in cases where mobilization is considered difficult.
- **The Representatives:** are members of community and service providers participating in the CSC process that targets a particular service specific to them. The representatives will be selected to represent their group in the consolidation process, and will be responsible to present the findings during the interface meeting, partake in the development of the JAP, and the follow-up process.
- **Facilitation Team:** is made up of the CSCI; the facilitators, and the representatives, which are all responsible for consolidating the findings.
Which processes can children’s participation be included?

Participation of children can be included within any/or-all phases of the CSC cycle.

- **Phase I:**
  - Planning/Program design – where consultation with children and other stakeholders are conducted to select target areas or facilities/services or other needs assessment.
  - Mobilization/Sensitization/Access to Information – meetings, radio programs, or other social mobilization activities are held with community members including children, or specifically with children on targeted services, laws, budgets or entitlements.
  - Facilitators capacity development – Trainings of facilitators on the SA tool where in CSG will be covered, engagement of children, issues on children’s rights, usage and implementation of the CCSA tool, negotiation, etc.
  - Development of CSC framework and tools – Children can further be involved in refining the CSC implementation and tools to be used.

- **Phase II:**
  - Service Assessments – phase II, where children will be the only participants as service users, or will participate as a group within the scoring of the service delivery by the community.

- **Phase IV:**
  - Interface meetings – Children engage in dialogue with service providers and may present the results of the service assessments and, issues identified by their group.
  - Action Plans – Children as service users, develop or participate in the development of JAPs on key service delivery issues agreed with service providers, or they may be consulted, should they not be involved in the other phases.

- **Phase V:**
  - Follow-up meetings – Children engage in follow up dialogue with service providers, or are requested to provide feedback on the implementation of the JAP.
  - Child-led monitoring – Children may be directly involved in monitoring of the implementation of the JAP.
The CSC initiating body will go through the following five phases during CSC’s implementation:

**Phase I:** Planning and Preparation to be carried out by the CSCI in coordination with facilitators

**Phase II:** Conducting the Score Card with the children and Community is carried out with service users

**Phase III:** Conducting the Score Card with Service Providers is 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

The following flow diagram illustrates the major processes in the implementation of the CSC process
CHILD-CENTERED COMMUNITY SCORE CARD PROCESS DIAGRAM

PHASE I: PLANNING AND PREPARATION

PHASE II: CONDUCTING THE SCORE CARD WITH THE COMMUNITY

Scorecard meeting:
- Community level assessment of issues in one village - what are the barriers to delivery of quality services?
- Develop indicators for assessing priority issues
- Score against each indicator and give reason for the scores through the Score Card process
- Generate suggestions for improvement
= complete community (in groups) Score Card for the village

Cluster consolidation meeting:
- Facilitation Team meets
- 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

- Service provider level assessment of service provision – What are the barriers to delivery of quality services?
- Develop indicators for quality service provision
- Score against each indicator and give reason for the scores through the Score Card process
- Identify priority issues
- Generate suggestions for improvement

PHASE IV: INTERFACE MEETING AND ACTION PLANNING

Interface meeting:
- CSC participants, community at large, community leaders, committee members, center staff of relevant institutions, district officials, and process facilitators
- Representatives present their findings & identified priority issues from the Score Cards
- 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 facilitator

PHASE V: ACTION PLAN IMPLEMENTATION AND M&E

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

REPEAT CYCLE
Phase I: Planning and Preparation

A thorough preparation for a CSC process is crucial and should begin preferably a month prior to mobilizing a community gathering.

To understand the CSC process, an example of education institution scoring will be used throughout this toolkit. The example illustrates the CSC process where the parents and children score the delivery of services of the school.

**STAGE 1: PREPARATION**

First will be general preparations to establish the basis for a CSC program in an area. This should include:

**Step 1.1. Identifying the sectoral scope and intended geographic coverage of the exercise**

Identifying the area and institutions will help in finding the target community members and problems they are facing with a given service. This step will also further support the following step 1.2., where-in after identification, the CSCI should conduct in-depth research. Guiding questions to consider during this step:
- What particular service is of a concern?
- Which municipality should CSCI target?
- Specifically, which location/area/ neighborhood?
- Which is the target institution?

**Step 1.2. Identifying the facility/service input entitlements for the chosen sector**

Conduct research on the legislations, administrative instructions, and regulations that are in place for that target area, and the services that are provided for a more holistic understanding of the situation.

Having this information will serve to ease the entire process and also provide information to both participating parties (service provider/user), guiding as such the process towards finding indicators that are realistic, measurable, and achievable. Guiding questions to consider during this step:
- What are the actual legislations and regulations surrounding the service delivery of the target institution?
- What are the available allocated resources for that institution in regards to the particular service?

**Step 1.3. Identifying and training of lead facilitators**

It is important to identify facilitators that are neutral to both parties but that preferably are respected within the community. Secondly, ensure the cooperation of the facilitators to participate throughout the process. The facilitator should have clear information on the commitment that is required of them. Consider having children as facilitators – in particular if only children are participating as service users - or people from an NGO, local leaders, traditional leaders, community volunteers, or CSCI staff. Moreover, allocate adequate time and resources to equip the facilitators with the necessary skills.

**STAGE 2: INITIATE COMMUNITY CONTACT**

Each community will require different approaches and different preparations before initiating contact as some might require the involvement of community leaders (such as village and/or ‘mahalla’ leaders), or municipal authorities, while others might be very cooperative. Certain things to keep in mind during this stage:
- Understand the community context and norms.
Identify the main user groups in the communities serviced by the focal facility or service.

Step 2.1. Introductory visits to local leaders

Introductory meetings are important as some local leaders might require that agreements are signed in order to work in the target area, and/or service providers might request that you have such permission, before they are willing to participate in the process. The meetings will ensure that local leaders are informed of your plans, and thus reduce any possibility of them stopping the process midway. This can help in securing support and cooperation throughout the process.

For example, should a child-led group request to hold a CSC process in a school with the pupils and teachers, the principal might request that permission from the MEDs is ensured prior to the initiation of the process.

Step 2.2. Identifying children, community members & methods of mobilization

Identify methods of informing the community on the benefits of participating in the CSC process. Participation should be voluntary. As such, different mobilization methods should be tailored to the target community and presented in a child-friendly manner.

- Awareness raising campaigns (developing pamphlets, informative videos, posters)
- Door-to-door campaigning. This will require more time and man-power, but might be necessary for certain communities
- Questionnaire to identify the proper communication channels preferred by the community
- Parental approval for the participation of children is mandatory. In particular, if the parents themselves are not participating in the CSC.
- Let the community members know of the formative sessions that are planned (step 2.3).

Step 2.3. Hold information sessions with the Community

Prior to actual implementation, it is important to meet with the target beneficiaries: children and the community, as well as 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 as well as have a clear understanding of the community structure.

Discussions can cover:

- Introduction of the CSC process
- Presentation of the intended inputs to be tracked
- A suitable date for the process
- The duration of the process (be clear on the duration)
- How and where the community and leadership will gather when commencing the process
- Identify whether there are specific needs that need to be met, such as disabilities to be considered, or parents that will have no place to leave their children.

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 steps.

Step 2.4. Develop a work plan

Based on the outcome of the meeting with the children and other community members, the CSCI will develop a work-plan identifying the necessary resources (human, capital, financial) required to implement the CSC successfully (see: Appendix 1.1: Checklist).

- Create a list of necessary materials (i.e., flip-chart, markers, notebooks to record the process, pens) that will be required for the process,
- Developing a budget for the full Score Card exercise.

Identifying and adapting to children and community needs

Suggestions and Examples:

- Children – ensure child safeguarding measures
- Community members – might have younger children thus coordinating a space to also accommodate their children might be required to be budgeted
- Literacy – consider the literacy level of the children and the community, and adapt the process to that level
- Working and school schedule – need to consider the working schedule of both service provider and the community and negotiate a time to meet that will suit the participants. Example, one CSCI met with the community at 07:00, as it was suitable time to all participants.
- Disability – whether the venue is accessible, whether the distributed material is adequate to the community
The following steps in implementing the CSC will depend on the nature of the institution initiating the process, as well as the objectives and scope of that particular CSC process. As such, it is important that the user of this toolkit adapt these steps to suit their own specific objectives and situation (see CSC diagram on page 12, as well as appendix 1.2).

For the purpose of

**Phase II: Conducting the Score Card with the Community**

**STAGE 3: ORGANIZING THE COMMUNITY GATHERING**

**Step 3.1: Introduce the community/service user to the Score Card**

As the first step of the CSC process, start the meeting to explain your purpose and the CSC methodology.

**Step 3.2: Divide into groups**

Divide the community into interest groups for participatory FGDs, such as women, men, girls, and boys, etc. Should the group only consist of children, consider dividing them into age groups where children from lower secondary education might have different issues of concern than the ones in upper secondary education.

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, including children and the most deprived/vulnerable ones. Refer to Appendix 1.3: The Social Map for a step-by-step guide on how to conduct a social map. Keep in mind the child safeguarding measures.

**Note:** The social mapping is preferred but is not required. If deciding not to complete the social mapping, then comprehensive research needs to be conducted during the preparation phase to ensure representation of all vulnerable groups. A local CSO in Kosovo while conducting the stage 1 of the CSC, identified the service providers and conducted a comprehensive social mapping to identify the community that received the specific service. This comprehensive research led to the CSCI having a clear picture of both target service providers and service users, thus a social mapping was not necessary in this case.

**Step 3.3: Assign facilitators per group**

Assign a two-person (if possible) 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.

**STAGE 4: DEVELOPING AN INPUT TRACKING MATRIX**

**Step 4.1: Track inputs**

**Inputs Entitlement** 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 school may include the teacher/student ratio, the number of available psychologists, number of maintenance staff who should be employed at the school, numbers of equipment and materials available, number of nurses available at the school, types of services offered, etc. Provide information on input entitlements of a particular service before discussion and reaching agreements on input indicators. Use matrix below (table 1) to capture discussion results.

**Actual Entitlements** are the resources that the community perceived to be available.

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 children utilizing the service, availability of learning materials in the MFMC related to child health or learning materials available in targeted school, the number of pupils to a class, the number of people to be employed on a project, etc.
Table 1: INPUT TRACKING MATRIX

<table>
<thead>
<tr>
<th>INDICATORS</th>
<th>INPUT ENTITLEMENTS (as specified by service mandate)</th>
<th>ACTUAL (community and childrens perception, what is really happening in community, or/ at service provider)</th>
<th>REMARKS/ EVIDENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Numbers of maintenance staff present</td>
<td>2 maintenance staff per school</td>
<td>1 maintenance staff available</td>
<td></td>
</tr>
<tr>
<td>2 Number of sanitation equipment's available in the school bathrooms</td>
<td>5 soap dispensers per bathroom</td>
<td>5 are available</td>
<td>on average 3 are not functioning</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

STAGE 5: DEVELOPING THE COMMUNITY’S SCORE CARD WITH THE COMMUNITY

Step 5.1: 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 5.2: 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 (table 2):

Table 2: PRIORATIZATION OF ISSUES

<table>
<thead>
<tr>
<th>ISSUE</th>
<th>PRIORITIZATION</th>
<th>REASONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not clean bathroom stalls</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Not enough staff</td>
<td>2</td>
<td>Merged with 1</td>
</tr>
<tr>
<td>No water in the bathrooms</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Step 5.3: 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.

STAGE 6: CONSOLIDATION OF CSC WITH THE COMMUNITY

Step 6.1: Develop indicators

Back at the office, CSCI needs to meet and share the various issues generated by their respective groups. After general issues have been noted, identify the highest priority issues and group those that are similar. Then develop a single indicator 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 and children.
TABLE 3: DEVELOPING INDICATORS WITH SERVICE USER

<table>
<thead>
<tr>
<th>HIGHEST PRIORITY ISSUES</th>
<th>INDICATOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>The bathrooms are generally unclean</td>
<td>Cleanliness of the bathrooms in the school and surroundings</td>
</tr>
<tr>
<td>Some of the floors in the area sticky with dirt</td>
<td></td>
</tr>
<tr>
<td>Rooms are not child-friendly (some children find it hard to reach the sinks)</td>
<td>Functioning sanitation equipment available for the children</td>
</tr>
<tr>
<td>There is rubbish around the classrooms</td>
<td></td>
</tr>
<tr>
<td>Not enough available toilet paper</td>
<td></td>
</tr>
<tr>
<td>Soap dispensers are available but not functioning properly</td>
<td></td>
</tr>
<tr>
<td>Children have low awareness on how to properly wash their hands</td>
<td></td>
</tr>
<tr>
<td>Children do not know who to notify if there is lack/disfunctioning sanitation devices</td>
<td></td>
</tr>
</tbody>
</table>

**Step 6.2: 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 (FG) 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 1.4: Explaining scoring to service users and providers’ 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. Do not score the indicators at this phase. Scoring will be conducted during the second meeting. For the purpose of continuing the example, the scoring method used here is from 1 to 5 – see table 4: Community Scoring Matrix in step 7.2.

**STAGE 7: 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 conduct the scoring.

**Note:** Some community members might find it difficult to attend several times. Should there be enough time during Meeting I, consider consolidating the scores (stage) in meeting I, rather than back at the office, and present the findings then. However, do not forcefully speed up the process in order to conduct steps 3-7 in one day as this might cause dissatisfaction, and it could discourage community members from providing inputs.

**Step 7.1: Present findings**

- 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.
- Divide the community into the same FG, which 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).
- Inform the groups of the results of the social mapping (if you have conducted 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 to consider and speak for the concerns of the vulnerable even if they are not present at the scoring meeting.

**TIPS FROM EXPERIENCE:**

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 7.2: Present the Scoring Matrix Template and Score the indicators

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 (that receive service by the same service delivery point, e.g. health center, school). See Appendix 1.4 on how to explain scoring and the different techniques that can be used.

- In each group explain how the scoring works
- Then, starting with the first indicator, ask the group to give it a score. Use one methodology of scoring for uniform results. Make sure the group has agreed on the score before writing it up on the matrix. Also check that each score represents the views of the more quiet people.
- After they have given the score to the first indicator, ask for the reason(s) for the score, and write it on the matrix
- 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.
- Repeat the process (stage 7) for all the indicators on the scoring matrix.

Step 7.3: 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 - Consolidation Day. 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.

Step 7.4: Consolidate the Community Score Card

At the office, the facilitation team will develop a matrix that will record scores from all the FG 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.

On the appointed date, facilitators will meet with the representatives from the FG. 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.

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.

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.

**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.

**Step 7.5: Prepare for interface meeting**

Nominate two representatives, gender balanced, from the group facilitators who will present the consolidated scores for the community/area to the service providers during the interface meeting. These representatives should be literate and active in the community. The CSCI should ensure that both the nominated representatives and the facilitators have copies of the consolidated scores; the representatives will use them to prepare for their presentation and facilitators will have them in case.

---

**TABLE 5: CONSOLIDATED SCORECARD MATRIX**

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>Focus Groups</th>
<th>Community 1</th>
<th>Community 2</th>
<th>Community 3</th>
<th>Consolidated score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator 1: Cleanliness of the bathrooms in the school and surroundings</td>
<td>Men</td>
<td>4</td>
<td>2</td>
<td>...</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Women</td>
<td>1</td>
<td>1</td>
<td>...</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Boys</td>
<td>3</td>
<td>4</td>
<td>...</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Girls</td>
<td>2</td>
<td>3</td>
<td>...</td>
<td>2</td>
</tr>
<tr>
<td>Consolidated score</td>
<td>2</td>
<td>3</td>
<td>...</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Indicator 2: Functioning sanitation equipment available for the children</td>
<td>Men</td>
<td>4</td>
<td>5</td>
<td>...</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Women</td>
<td>2</td>
<td>2</td>
<td>...</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Boys</td>
<td>2</td>
<td>3</td>
<td>...</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Girls</td>
<td>2</td>
<td>2</td>
<td>...</td>
<td>2</td>
</tr>
<tr>
<td>Consolidated score</td>
<td>3</td>
<td>4</td>
<td>...</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Indicator 3: Awareness materials are made available to children and their parents</td>
<td>Men</td>
<td>2</td>
<td>1</td>
<td>...</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Women</td>
<td>2</td>
<td>1</td>
<td>...</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Boys</td>
<td>2</td>
<td>3</td>
<td>...</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Girls</td>
<td>2</td>
<td>2</td>
<td>...</td>
<td>2</td>
</tr>
<tr>
<td>Consolidated score</td>
<td>2</td>
<td>2</td>
<td>...</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

*Cases communities, only if CSC is being conducted in more than one place for the same situation

---

**TIPS FROM EXPERIENCE:**

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

- Representatives of the groups (required)
- Facilitators (required)
- Service providers participating in phase III (required)
- CSCI (required)
- Community members that participated in phase II (recommended)
- Local chiefs (recommended)
- Community people who were involved in the process (recommended)
- Community development committees concerned with the scored service (recommended)
- Service provider staff and district officials responsible for delivering the service (recommended)
- Local politicians (recommended)
- Local NGOs and CBOs concerned with the service (recommended)
- As many community people as can be mobilized (recommended)
Phase III: Conducting the Score Card with Service Providers

STAGE 8: STARTING THE SERVICE PROVIDER SCORING

NOTE: A service provider scoring can be conducted after the community scoring 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.

Step 8.1: Organize the service provider scoring

• 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.
• 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.

• Explain the benefits and purpose of the Score Card to all staff to make sure everyone understands and does not feel threatened.
• 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 9: DEVELOPING THE SERVICE PROVIDER SCORE CARD

Step 9.1: Generate issues

9.1.1. 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).

9.1.2. 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 9.2: Develop indicators

After the general issues have been generated, identify the major issues, 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.

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.
### Table 6: DEVELOPING INDICATORS WITH SERVICE PROVIDERS

<table>
<thead>
<tr>
<th>Issues</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 The children leave litter on the grounds of the school</td>
<td>Indicator 1 Cleanliness of the bathrooms in the school and surroundings</td>
</tr>
<tr>
<td>2 There is not always water to wash the floors in the school</td>
<td>Indicator 2 Functioning sanitation equipment available for the children</td>
</tr>
<tr>
<td>3 We only have one maintenance person, and the ministry has not given us</td>
<td>Permission to hire a second one</td>
</tr>
<tr>
<td>4 School maintenance is not informed when children notice a broken soap</td>
<td></td>
</tr>
<tr>
<td>5 dispenser or lack of toilet paper</td>
<td></td>
</tr>
</tbody>
</table>

### Step 9.3: Create the service provider Score Card

#### 9.3.1. After the indicators have been developed, the service provider group will now have to score each indicator. Explain the different scoring methods and agree on a method (preferably use a method similar to that used in the community).

<table>
<thead>
<tr>
<th>INDICATORS*</th>
<th>SCORING</th>
<th>REASONS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Very Bad</td>
<td>Bad</td>
</tr>
<tr>
<td></td>
<td>#1</td>
<td>#2</td>
</tr>
<tr>
<td>Lack of funds for maintenance</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>High number of children enrolled</td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>

#### 9.3.2. 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.

#### 9.3.3. Repeat the process for the other indicators on the scoring matrix.
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 10.1: Start the Interface Meeting**

10.1.1. Open the meeting and welcome everyone.

10.1.2. Explain the purpose of the meeting and expected duration for the meeting.

10.1.3. 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.

10.1.4. 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.

10.1.5. 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.

10.1.6. 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.

**Example – overall theme: CSC of health services and concerns in a school**

**Table 8: INTERFACE MEETING CONSOLIDATED SCORE**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Score 1 out of 5</th>
<th>Reasons for the score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleanliness of the bathrooms in the school and surroundings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Functioning sanitation equipment available for the children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Awareness materials are made available to children and their</td>
<td></td>
<td></td>
</tr>
<tr>
<td>parents</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Step 10.2: Develop the joint action plan

10.2.1. 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?

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

10.2.3. 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.

Table 8: INTERFACE MEETING CONSOLIDATED SCORE

<table>
<thead>
<tr>
<th>PRIORITY THEME</th>
<th>ACTION</th>
<th>WHO WILL LEAD IT?</th>
<th>WITH WHOM?</th>
<th>COMPLETION DATE</th>
<th>RESOURCES</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleanliness of the bathrooms in the school and surroundings</td>
<td>more staff</td>
<td>Principal, School</td>
<td>MED</td>
<td>1st August 2019</td>
<td>Principal to lobby for the increase of funding to hire another maintenance staff</td>
<td></td>
</tr>
<tr>
<td>Children to use bins</td>
<td>Children, Student Government</td>
<td>Health center grounds cleaner</td>
<td>1st June 2019</td>
<td>none</td>
<td>Children will pick up litter, and increase awareness in classrooms on the importance of throwing litter in bins</td>
<td></td>
</tr>
<tr>
<td>Functioning sanitation equipment available for the children</td>
<td>Soap dispensers to be functioning</td>
<td>Maintenance staff</td>
<td>School principal</td>
<td>ongoing</td>
<td>Weekly checks of soap dispensers</td>
<td></td>
</tr>
<tr>
<td>Awareness materials are made available to children and their parents</td>
<td>Awareness materials to be made available</td>
<td>Student Government, Child-led groups</td>
<td>School</td>
<td>2nd February 2019</td>
<td>Children to design the awareness raising materials</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Principal, Teachers, Schools, MED, and INGO</td>
<td>MEd, and INGO</td>
<td>2nd March 2019</td>
<td>Awareness material designed</td>
<td></td>
</tr>
</tbody>
</table>

TIPS FROM EXPERIENCE: Reviewing recommendations

Be realistic: The community should be encouraged to think about “services” and not to have unrealistic demands on service delivery staff.

Be responsible & accountable: Service providers, especially government, have a constitutional responsibility to provide services in a manner that is respectful of the service users and will facilitate equal access for all. Similarly, communities have responsibilities in addition to their rights and should take responsibility and be accountable as well.
Phase V: Action Plan Implementation and Monitoring and Evaluation (M&E)

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

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 1.1: A Checklist for undertaking the Score Card technique

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.

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

**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 focused).

- 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**

**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?
## Appendix 1.2: Suggested steps for service user & provider Score Card

### The service user score card (community)

<table>
<thead>
<tr>
<th>Days/Duration</th>
<th>Step/Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>One preparatory day with community leaders</td>
<td>Preparatory/introductory visit to community and leadership prior to implementation of Score Card process.</td>
</tr>
</tbody>
</table>
| 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. |
| Second day in the office | At the office  
  - Develop a consolidation matrix to record the various scores from the different groups. |
| 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. |

### The service provider score card

<table>
<thead>
<tr>
<th>Days/Duration</th>
<th>Step/Activity</th>
</tr>
</thead>
</table>
| 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 for the service provider | At the Office  
  - Do the scoring: Staff to score the indicators as in the Score Card matrix. |
| 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. |
Appendix 1.3: The Social Map

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 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 an 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, flip-chart, or board) 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 HH’s.
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.

**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.

**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** – 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.

**Appendix 1.4: Explaining scoring to service users and providers**

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.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Facial Expression</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Bad</td>
<td>😞</td>
<td>1</td>
</tr>
<tr>
<td>Bad</td>
<td>😞</td>
<td>2</td>
</tr>
<tr>
<td>Just OK</td>
<td>😊</td>
<td>3</td>
</tr>
<tr>
<td>Good</td>
<td>😊</td>
<td>4</td>
</tr>
<tr>
<td>Very Good</td>
<td>😊</td>
<td>5</td>
</tr>
</tbody>
</table>
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 straightforward 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.

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.
Appendix 1.5: Format for recording/documenting Score Card process

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, 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. Input tracking

4. General issues generated and prioritized

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

- Service Provider: priority issues
- Service Users: priority issues

5. Indicators developed and scored

- Service Provider: list the indicators developed and scored by the service provider
- Service Users: list the indicators developed and scored by the service users

6. The consolidated Score Card & interface meeting

- Service Users Indicator Score Card Matrix and Service Provider Indicator Score Card Matrix
- Joint Action Plan

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?