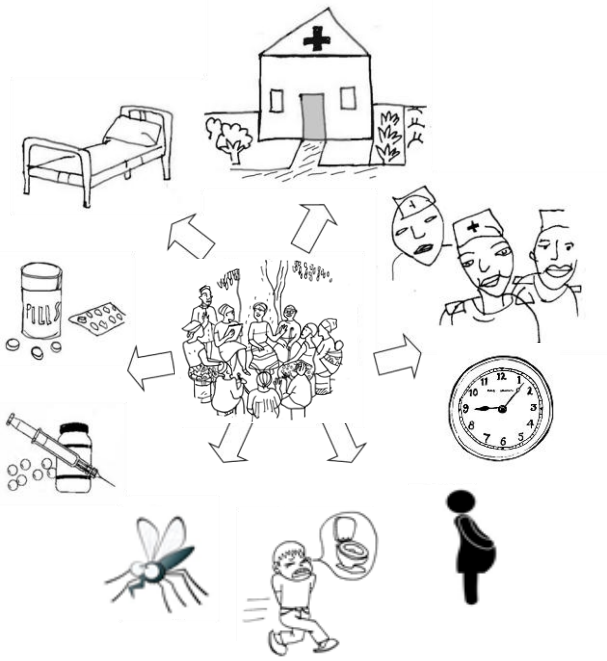
TECHNICAL BRIEF
PATHS2 COMMUNITY SCORE CARD

This technical brief aims to provide a comprehensive guide to those who are interested in using Community Score Cards as a participatory tool to monitor and improve service delivery as well as promote citizens' voices. The Community Score Card is one of the front-line tools applied under the DFID funded Partnership for Transforming Health Systems Phase II (PATHS2) Programme in Enugu, Jigawa, Kaduna, Kano and Lagos States.

WHAT IS A COMMUNITY SCORE CARD?



Community Score Cards (CSC) bring community members and service providers together to discuss their perceptions of, and give feedback on service delivery, leading to joint decisions on action points to improve services. The PATHS2 Community Score Card asks community members and service providers about the quality and accessibility of a health facility and the services provided. Scoring is agreed through discussions between different groups of community members and compared to scores given by service providers during an interface meeting. Joint decision-making follows between community members and service providers to agree how to improve the health facility and its services.

Hence, instead of serving an auditing process or a fault finding mission, it is a tool that points out which aspects of the health services are perceived by communities to be delivered well, which aspects require improving and what level of collaboration is needed to bring about these positive changes in the provision of services.

WHEN SHOULD WE APPLY THE COMMUNITY SCORE CARD?

The Community Score Card is a powerful tool in an environment where there is a need to increase participation, accountability and transparency between community members, service providers and policy makers. It can serve as a useful tool to anyone who aims to:

- Assess the quality of health services from the community and user perspective.
- Gain more insight into challenges identified in quality of services in the facility and identify and resolve bottle necks that prevent citizens from accessing quality healthcare.
- Improve feedback and accountability loops between health providers and communities by facilitating dialogue.
- Strengthen citizens' voice and community empowerment.

WHO CAN ADMINISTER A COMMUNITY SCORE CARD?

A CSC can be administered by anyone who has interest in gaining insight into community perception of the health facility and services (e.g. government, CSOs, FHCs, donors).

Facilitators could be representatives from CSOs, FHCs or government who have basic literacy skills. When implementing the tool, it is advisable to select 3 to 4 facilitators (including of both men and women) per community to support the different focus groups, interface meeting and for note taking. If possible, facilitators should have experience in applying participatory learning and action tools.

WHERE CAN WE IMPLEMENT THE COMMUNITY SCORE CARD?

A Community Score Card can be implemented in any community, depending on the goals of the administrator. PATHS2 selected communities by applying a sample size formula. A list of facilities with FHC established and functional would serve as sampling frame from where the calculated number of facilities was selected. Among this list of selected facilities, communities within 5km from the facility were randomly selected for the study. The 5km radius was decided up, based on the Nigeria Health Strategic Plan 2009-2013, which states that "seventy-one percent of households are within 5 km of a PHC facility.

After the target communities have been identified, all stakeholders should be adequately informed of selected communities where the exercise will be carried out.

HOW IMPLEMENT A COMMUNITY SCORE CARD?

The implementation of the CSC exists of 5 phases:

- *Step 1: Preparation phase*

During the preparation phase, service providers and other stakeholders are made aware of the CSC exercise and the target communities are being selected. Facilitators are identified and trained. They identify a number of standard indicators, which will be used for scoring the facility or health services. When setting the indicators, it is important to keep them simple and not too open, and to think about what information the communities have access to. The community's perceptions may be different from government policy and guidelines, so it is important to capture the views and perspectives of the community. Therefore, we recommend inviting community representatives to be part of setting the indicators.

The next step is to decide on the performance scale for scoring the indicators. The scale should be designed to be simple and easily understood by the community. PATHS2 decided on the following performance scale:

Tools:
- **Community Score Card**
- **Community Score Card Training Manual**

Very Good	Good	Bad	Very Bad	Don't Know
				?

A four step scale has been shown to give a more accurate reading of people's views as they have to choose between 'good' or 'bad' ratings, rather than being given the option of a middle 'fair' option.

- *Step 2: Community Forum*

During the community meeting, facilitators start by explaining the Community Score Card process and why they are doing it. They facilitate a short discussion to allow the communities to start thinking about their own challenges and what they feel makes a good health facility. After this they explain the

performance scale. The community is then divided into focus groups. Community members do not necessary have to be users of the health facility, as users share with them their experience with health services provided at the facility and non-users can share possible barriers which cause them not to go to the health facility. PATHS2 decided on the following four focus groups: older women – older men – women of reproductive age – men of reproductive age. When noting down the scores as provided by each individual, the facilitator must make sure that each community member gives a reason for their score and those reasons should be noted down on the scorecard or by the facilitator/ note taker on separate paper.
Service providers are grouped into a separate focus group to do a self-evaluation by completing the same score card. The process is the same as for the community. It is equally important that the service providers are specific with their reasons for their scores as they will need to support their scores at the interface meeting and help identity practical solutions that can be presented at the public forum.

- *Step 3: Interface meeting*

By the time the scorecards 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 reasons for the scores; this is also where a joint action plan will be developed.

- *Step 4: Generate action plan*

During the interface meeting, facilitators should support community members and service providers to come up with a list of concrete actions to address the challenges that hinder availability or access to quality health services. As there may be many action points it is important to prioritize which challenges to address first, by asking participants to identify what is their 'greatest concern'.

- *Step 5: Dissemination and advocacy*

The Community Scorecard process has been designed to improve the primary health care facilities but there are additional invaluable benefits and outcomes that can be gained from this process not least the empowerment of community members whose voices are traditionally marginalised and unheard. Hence, at the end of this exercise, the facilitators could guide further action by asking participants to nominate two people (preferably one male and female) to represent them and present their greatest concern to government. Under the PATHS2 programme, CSC results and actions were brought up at the LGA Multi-Stakeholder Platform. In addition, it is important that facilitators combine the individual focus group scorecards into one scorecard, which can presented as evidence for effective advocacy. Where possible, CSOs, government and donors should make sure that the results of scorecard activities are widely shared with all relevant bodies and agencies, including service providers, to inform action. They can support this by effectively packaging and conducting an in depth analysis of the results. PATHS2 has done such analysis asking all facilitators to insert the CSC scores in an excel template.

Tools:
- **CSC Input Tracking Excel Template**

WHAT NOW? (ACTION POINTS FOR CSC IMPLEMENTORS)

- Identify the existing mechanisms for community participation in your area, what would be the additional value of a Community Score Card?
- If you conclude that the Community Score Card would be a useful tool, identify in which communities you would like to conduct the score card and when.
- Discuss the initiative with stakeholders (e.g. government, CSOs or development partners) and see whether they have interest in providing support.
- Identify who you would like to approach to facilitate the exercise.
- Go through the 5 key steps for CSC implementation (see previous section).

- Disseminate results, support advocacy and implementation of the action plan.

IMPLEMENTATION STEPS:

Step 1: Preparation phase

-Creating awareness of the project among government, service providers and other concerned organisations.
-Selecting the right target communities.
-Training facilitators.
-Agreeing standard indicators.
-Selecting a performance scale
-Making necessary training and logistical preparations.

Step 2: Community meeting

-Introduce the process and why you are doing it.
-Facilitate a short discussion to identify communities own challenges and what they feel makes a good health facility.
-Present and explain the performance scale.
-Divide community into focus groups.
-Use the scorecards to score the performance of the facility.

Step 3: Interface meeting

-Assemble service provider and community representatives.
-Assist each focus group to present their scorecard.
-Allow service provider representatives to react to the scores and also present their self-evaluation scorecard.
- Identify what are the challenges and reasons behind them.

Step 4: Action plan

-Participants discuss the challenges and the possible solutions to address them.
-Participants prioritize issues by agreeing on one 'greatest concern'.

Step 5: Dissemination and Advocacy

- Combine the individual focus group scorecards into one scorecard, which can presented as evidence for effective advocacy.
- Where possible, compare and analyse results in more depth.
- Disseminate results and encourage stakeholders to take action.

COMMUNITY SCORE CARD:

PATHS2 COMMUNITY SCORECARD

Name of Community:	Date:	
Name of Facilitator:	Focus Group (F/M)	No of people (max.20)

	Criteria to score	Total Number of respondents recorded for each indicator	Very Good	Good	Bad	Very Bad	Don't Know	Reasons for the score
1	Availability of health worker (e.g. CHEW/ midwife) 							
2	Attitudes and friendliness of staff 							
3	Availability of drugs 							
5	Availability of water (i.e. clean, regular supply) 							
6	Toilet facilities (availability, cleanliness) 							
7	Sanitary facilities (incinerators,							

	placenta pits, disinfectant)							
8	**Security in the clinic (fence, security guard)** 							
9	**Consistency of opening hours** 							
10	**ANC services** 							
11	**(labour) Delivery / child birth services** 							
13	**Immunisation services** 							
12	**Family planning services** 							
14	**Malaria (malaria fever) treatment** 							
15	**Treatment for diarrhoea** 							
16	**Other health services, (e.g. minor ailments / outpatient)** 							
17	**General conditions in the clinic (appearance, space, privacy, electricity**							
18	**Community mobilisation/outreach**							