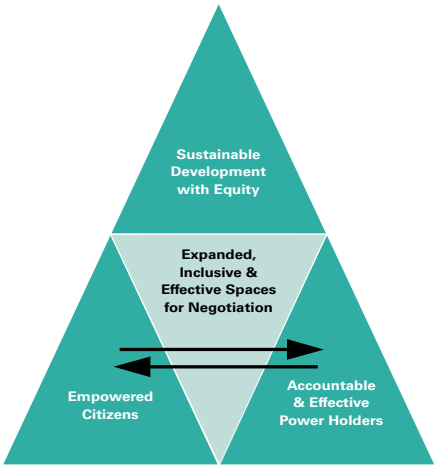
Facilitating Feedback for Improved Service Delivery:
Community Score Card

BACKGROUND: COMMUNITY SCORE CARD METHODOLOGY

The CSC methodology identifies bottlenecks to service delivery and usage, helps generate solutions, and provides mechanisms to track QI for interventions in health, education, environment and livelihoods. Many aspects of the CSC are based on established feedback mechanisms such as social auditing, participatory rural appraisals and citizen report cards. Combining key aspects of these tools, the CSC ensures community input and awareness of standards, while increasing accountability of service providers through dialogue and performance assessments. Additionally, the process generates evidence to use for advocacy purposes and to guide policy makers and program planners. CARE's **governance theory of change** underpinning the CSC approach is summarized in the graphic below:



INTRODUCTION

Two challenging aspects of community-level service delivery include instituting **clear systems for client feedback** and creating **mechanisms to utilize that feedback to improve service delivery.** Under the Livelihoods and Food Security Technical Assistance II (LIFT II) project, FHI 360 and CARE International (CARE) have modified CARE's well-established Community Score Card (CSC) to inform quality improvement (QI) efforts for clinic-to-community-referral networks (RNs). Initially developed as a QI tool in the health sector, the CSC is a flexible, adaptive participatory approach to facilitate interaction between clients (service users), service providers (government agencies and community institutions), and local governance structures (community leadership, local government, etc.).

APPLICATION IN LIFT II

LIFT II develops referral networks that link HIV-infected and affected clients with economic strengthening/livelihoods/food security (ES/L/ES) services with the aim of improving their health and social outcomes. As RNs mature, service providers are interested in understanding the functionality of the network, including client perceptions and which services are being most utilized. Complementing referral data with the CSC provides stakeholders with a more complete understanding of the effectiveness of the referral system, clients' perception of the referral services, and potential areas for improvement. LIFT II uses a tailored version of the CSC to guide technical assistance for RNs, create an inclusive space for communication, and facilitate systems that support a cohesive continuum of HIV care.

The LIFT II-modified CSC is also meant to promote local RN ownership at the site level by allowing network members to reflect on the status quo, brainstorm goals and plot a course together to realize these goals. This helps networks collectively identify service delivery and utilization bottlenecks, mutually generate solutions, and work in partnership to implement and track the effectiveness of those solutions in an ongoing QI process. In this modified CSC, the focus is on the RN as a collective entity, rather than as individual organizations, although the process also factors in peer-to-peer review of individual service provider members of the network.

In addition, using the CSC methodology has enabled LIFT II to develop a direct feedback mechanism between service providers and users (i.e., clients) by gathering perceptions on quality, efficiency and effectiveness of the referral process. LIFT II has found that it is essential to solicit broad participation from all parts of the community, particularly vulnerable households, when obtaining user perceptions.

Although the core process remains the same, the modified CSC can be flexibly utilized in different contexts. LIFT II has applied the following steps of the modified community score card, as explained in detail below reflecting the project's experience in Malawi:

1. **Identifying priority themes for RN performance and sustainability:** RN members review and identify factors they deem critical for enhanced performance and sustainability of the referral network. Common themes that emerged from LIFT II's score card process include:
   - → Organizational capacity of RNs: Examining the clarity of roles and responsibilities of network members, skills and human resources available for referral activities, network leadership performance and technical capacities of the members.
   - → Resource/financial independence: Looking at how the RN exercises financial independence. This is important for continuity of collective activities such as meetings, reviews, campaigns, resource mobilization/fundraising and resource sharing/leveraging
   - → Referral system performance: Assessing 1) the number of clients who were registered, referred, and subsequently completed the referral; 2) the user-friendliness of referral tools and equipment; 3) the state of information and data sharing among network members; and 4) the demand for referrals by clients

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LIMITATIONS

The success of the CSC depends on how it is implemented. It is essential to establish an open dialogue about the CSC and its goals with the service providers or clients well before implementation in order to promote mutual accountability while communicating expectations and ensuring clarity of roles.

Not all action items and recommendations generated during the CSC process can be easily enacted since the participants do not always have the capacity or leverage to make decisions or implement change. It is therefore important that senior officials and decision-makers in the referral network member organizations are also involved in the interface and action planning step. Additionally, when scaling up service delivery or activities to new communities, it is best to find ways to standardize the scoring metrics so that results and progress towards improvement can be compared in between sites.

FURTHER READING

For more information about CSC approach, see these resources:

- The World Bank's Social Development note on the *Community Score Card Process in Gambia*
- *Community Score Card & Citizen Report Card* section of the World Bank's Participation and Civic Engagement Group's website
- Robinson Orozco Associates' *Steps in a Community Score Card Process*
- WaterAid Ghana's briefing paper on *The Community Score Card Approach for Performance Assessment*
- Prism Research's *Social Audit of Local Governance in Bosnia and Herzegovina*

2. **Defining what success looks like under each theme:** By answering the question, what would success look like? for each theme, participants identify feasible actions and generate at least two measurable indicators that will help gauge the progress of the network, as shown in the table below.

THEME	SUGGESTED ACTIONS	PERFORMANCE INDICATORS
Organizational Capacity	RN has a long term plan, by-laws, constitution, and clear roles, responsibilities for member service providers	→ Constitution and strategic plan developed → RN registered → RN executive committee elected
Financial Independence	RN's ability to hold monthly/ quarterly meetings using own resources	→ # of meetings held → Amount of resources sourced for the meetings
Referral System Performance	All RN members adequately understand and able to use and update referral tools/equipment	→ # of referrals made each month → # of referrals completed

3. **Scoring indicators:** Participants generate scores for the suggested performance actions and indicators based on how well the standard has currently been met on a scale of 0 to 5, and provide the rationale behind the scores. All scores are consolidated into the scoring matrix below and a dashboard is generated for graphic representation of referral network performance.

ACTIONS	INDICATORS	SCORE	RATIONALE
RN has a long term plan, by-law and/ or constitution, and clear roles, responsibilities for member service providers	**Constitution develop and adopted** (1) **Strategic plan developed** (2) **RN registered** (4) **RN executive committee elected** (3)	2.5	→ No constitution → No strategic plan → Recognized but not registered by district council → No formal executive committee
RN's ability to hold monthly/quarterly meetings using own resources	**# of meetings held** (0)	0	→ RN has been too dependent on LIFT II resources for meetings
All RN members adequately understand and able to use and update referral tools/equipment	**# of referrals made each month** (2) **# of referrals completed** (1)	1.5	→ Number of referrals made does not match the number of BRN members trained → Very few number of referrals received/ completed

4. **Interface and action planning:** RN members review and discuss the results of the score card, leading through a process dialogue to create a joint action plan that all referral network members agree to undertake and monitor under the leadership of the lead or coordinating organization or committee, as shown the table below.

ISSUE	ACTIVITY	RESPONSIBLE PARTY	TIMEFRAME
All network members actively participate in client registration, referral and follow up on use of the referrals	**Refresher trainings** on referral tools **Orientation** of new staff /focal persons and backup staff **Intensify integration** of referrals into ongoing community activities **Combine** with paper tools for client registration	→ LIFT II → Lead organization → Focal person → Other service providers	August 2015

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For more information on LIFT II, please visit our website: www.theliftproject.org

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