OPERATIONAL MANUAL
FOR
COMMUNITY BASED PERFORMANCE MONITORING

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Adapted from
Draft Prepared by Janmejay Singh & Parmesh Shah
Participation and Civic Engagement Team
Social Development Department
The World Bank

Strategy for Poverty Alleviation Co-ordination Office (SPACO)
Department of State for Finance and Economic Affairs (DOSFEA)
BANJUL
THE GAMBIA

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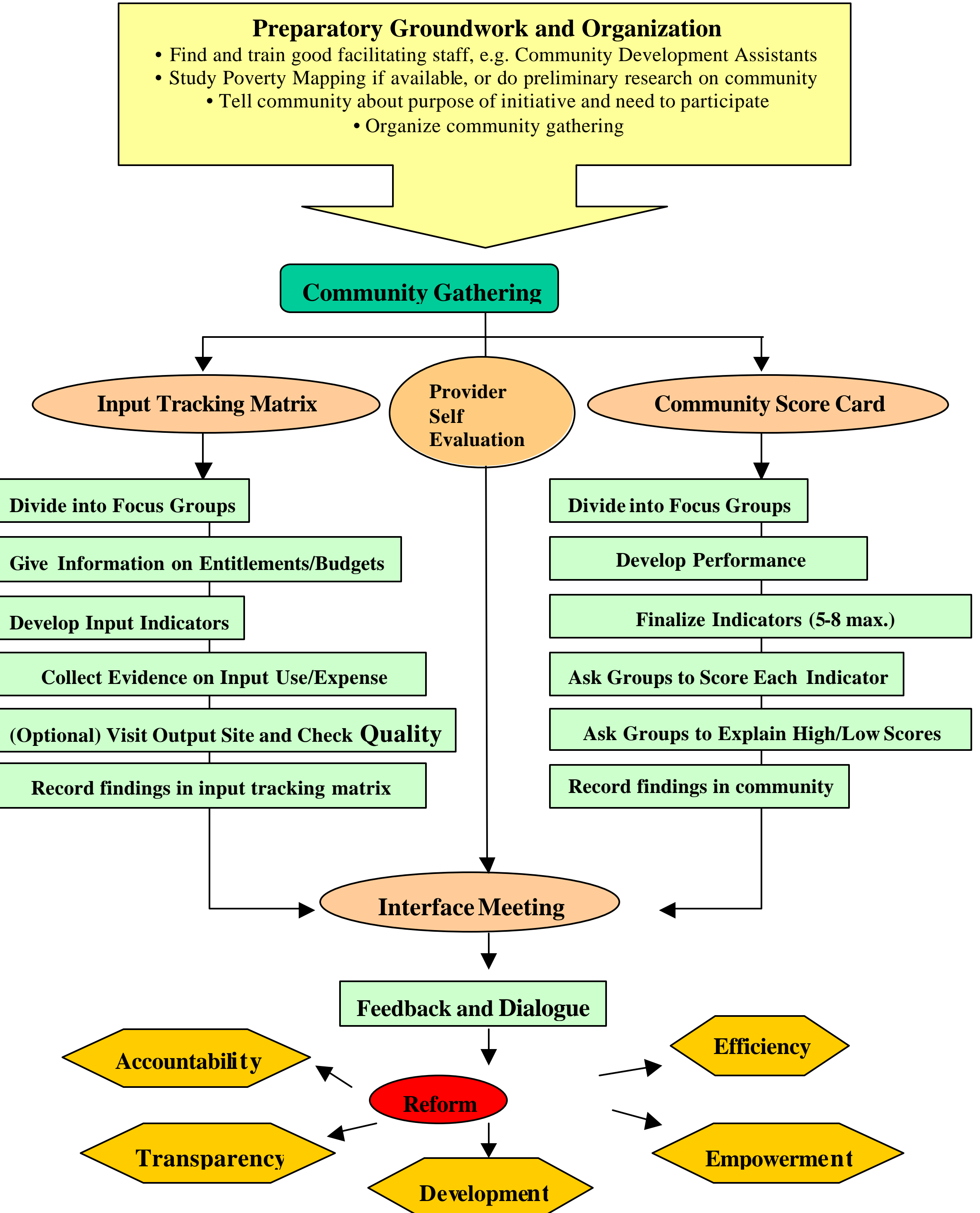
Figure-1: Flowchart of Stages in Comprehensive Community Score Card Process



CHAPTER 1: INTRODUCTION

METHODOLOGY FOR COMPREHENSIVE COMMUNITY SCORECARD PROCESS

There are several objectives to achieve through the use of the community performance monitoring initiative. In view of this the methodology has been piloted in several countries and what is described below is actually a hybrid of the techniques of social audit, community monitoring and citizen report cards. This model is thus called the *comprehensive* community scorecard *process* – since it goes beyond just producing a scorecard document.

The methodology described should be seen as just one method of execution of the model. Depending on the context there can be variations in the way that the process is undertaken, and it is this characteristic that makes it very powerful. For instance, in the description below, the data collection is done through focus groups interactions.

However, with some iterations complete, the model can move to more questionnaire based data collection. What must be kept in mind is that the end goal is to influence the quality, efficiency and accountability with which services are provided – therefore the mode of execution chosen should be such as to reach these goals.

There are, however, several generic features of the methodology as well. The first is that the scorecard element of the process uses the "community" as its unit of analysis and is thus more focused on accountability at the local/facility level. In this respect it differs from the more survey like citizen report card process[1].

The second generic feature is that there must be a definite and almost immediate feedback mechanism in built in the execution. This is done by means of an interface meeting between the users and the providers or local government officials.

CBPM Objective:

To influence the quality, efficiency and accountability with which services are provided at the local level

CBPM Features:

- Uses the community as the unit of analysis
- Generates information through focus group interactions
- Enables maximum participation of the local community
- Emphasizes immediate response and joint decision-making
- Conducted at micro / local level
- Provides immediate feedback to service providers
- Reforms are arrived at through mutual dialogue

The process, however it is executed, will also depend on the skilled combination of four things:

i) Understanding of the socio-political context of governance and the structure of public finance at a *decentralized level*,

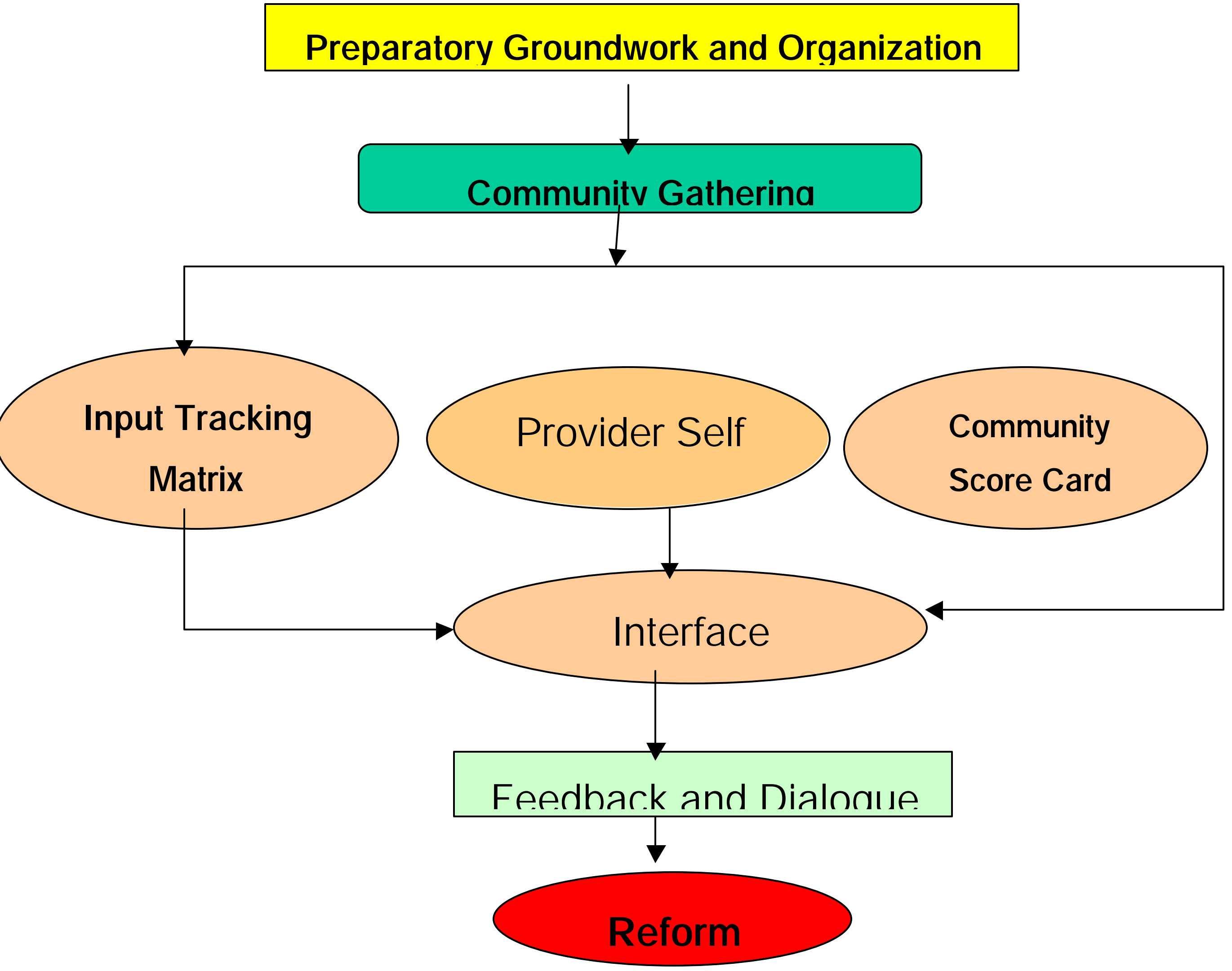
[1] For more differences between the community scorecard and the citizen report card, see Annex-4

ii) Technical competence of an intermediary group to *facilitate* process,
iii) A strong publicity campaign to ensure maximum participation from the community and other local stakeholders, and
iv) Steps aimed at institutionalizing the practice for iterative civic actions.

The comprehensive community scorecard process consists of *six* key stages

1. Preparatory Groundwork,
2. Organization of the Community Gathering,
3. Developing an Input Tracking Matrix
4. Community Scoring of Performance
5. Self-Evaluation by Facility Staff, and
6. Interface Meeting between Community and Facility Staff.

CHAPTER 2: STAGES AND TASKS INVOLVED



Key Stages for Community Based performance Monitoring

1. Preparatory Groundwork and Organization

2. Community Gathering
   •Input Tracking Matrix Preparation
   •Provider Self Evaluation
   •Community Scorecard
   •Interface Meeting

3. Feedback and Dialogue

4. Reform

2.1 Preparatory Groundwork

Step-1: Identifying the Scope of the Evaluation

The first question to answer is which sector (health, education, etc.) is going to be evaluated. As we will be targeting the priority activities of SPA II, the question of scope will include:

1. Deciding on the geographical unit for each exercise. Ideally this should be a village or settlement that is cohesive, so that defining the members of different villages as a 'community' does not become unrealistic.

2. Deciding within the sector, what facilities and services offered to evaluate. Within the health sector for instance one will need to decide to focus on major health facilities and limit the assessment to delivery, outpatient, and infant and child welfare services

Step–2: Identifying and Training of Facilitators

The community performance-monitoring model is heavily dependent on the quality of the facilitation and mobilization undertaken. Ideally, people or groups with experience in facilitating participatory methods should be engaged for the task. These facilitators need to be trained on the methodology of the model and how to organize the exercise.

Step-3: Involve Other Partners

The involvement of traditional leaders, members of local governments, workers at the service facilities in the area, community volunteers, and staff from NGOs in each of the villages is also important.

Step-4: Preliminary Stratification of Community by Usage

To have meaningful performance monitoring within the community, it is necessary to identify patterns of usage. This includes finding out first who uses what services, how much, and what the demographic and poverty distribution of usage is. While much of the data collection is done by means of focus group interactions in the community gathering described below, this preliminary information will greatly enhance the efficiency and quality of the focus groups that are created.

This initial stratification can be done by two means:

(a) Either through field visits and informal interviews by the facilitating team, or
(b) By using existing social/poverty mapping data collected by previous participatory exercises.

The stratification will also give a first glimpse at the usage issues and performance criteria that one can expect to generate through the exercise.

Questions to Consider:

- Are quality facilitators available and in sufficient numbers for the exercise?
- Is the community experienced with participatory methods?
- Does a social or poverty mapping of the community exist?

Step-1: Mobilizing Community

As the process of drawing out community perceptions is done via a community meeting, one must ensure that the latter has broad participation from all parts of the community in the village. For this purpose, the meeting must be preceded by full-scale mobilization of people in the community through an advocacy/awareness generating campaign that informs people about the purpose and benefits of the exercise. If a large segment of the community participates in the process, the first step towards success would have been achieved.

Step-2: Logistics of Gathering

The organization of the gathering will also involve decisions about certain logistics. These include:

a. Deciding the venue for the gathering based on a sense of the number of participants that will take part.
b. Procuring materials for the gathering – paper, pencils, megaphone/PA system (optional), blackboard (optional), etc.

Step-3: Invitations to People outside Community

People from outside the community like Ward councilors, facility staff, NGO workers, etc. will also need to be invited for the interface meeting described below. Here a decision on how the exercise will be scheduled has to be taken: for instance, will the interface be done on the same day that the input tracking and community scoring exercises are done, or later on following a provider self-evaluation? The choice will determine when to call the outside parties, and what kinds of arrangements will be required for their participation.

Step 4: Plenary Gathering to Explain the Context and Focus of the Performance Monitoring Exercise

An introductory plenary meeting of all participants should be convened to explain the nature and purpose of the performance monitoring exercise. The project or service selected to be subjected to performance monitoring is explained, and the methodology to be followed is presented with the aid of a simple flow chart (based on Figure 1, page 29).

Questions to Consider:

- What measures have been taken to enhance community involvement? Can one use the media at this stage?
- Have key community leaders and a sufficient number of community members accepted the need for the exercise? If not, what is holding them back?
- Would getting local government officials help?
- Are the logistics ready in case more than the expected numbers of people show up? Are there sufficient facilitators for this?

2.2. Community gathering

2.2.1. Developing an Input Tracking Matrix

Summary of Steps

1. Decide and explain which inputs are to be tracked
2. Provide information on entitlements
3. Develop appropriate input indicators
4. Fill in the Input Tracking Matrix on flip chart or blackboard
5. Record data
6. Inspect physical project output or inputs

Step-1: Decide and Explain Which Inputs are to be Tracked

The first step in generating the input tracking matrix is to explain to the plenary meeting what services or project is going to be tracked and why. Examples of inputs in health and education are;

EDUCATION

- Teachers, by sex and by qualified/unqualified
- Quantities of teaching and learning materials
- Classrooms
- Furniture

HEALTH

- Staffing (doctors, durses, pharmacies)
- Quantities of drugs and supplies
- Medical equipment
- Ambulances
- Fuel
- Beds
- Consumables (cards, soap, beddings etc.)
- Infrastructure (wards, storage facilities etc.)

Step-2: Give the Plenary Meeting Information on Entitlements[2]

In order for the community to be able to track the inputs of a facility, project or service, they need to be informed about what their entitlements were. That is, what inputs are supposed to be in the facility, or what capacity the facility or project is supposed to have. These entitlements should be expressed as target quantities of the inputs identified earlier on. Knowing such entitlements is in itself a source of empowerment for the community, and enables them to decide upon input indicators more easily.

Step-3: Develop Appropriate Input Indicators (in plenary or in small groups)

[2] This step pre-supposes that the information about entitlements is available to the facilitating team. In sectors like health and education these may be available in the respective sector policies. If this is not the case, then substitute planning and budgeting data needs to be collected during the preparatory groundwork stage as well (e.g. the levels of inputs for that particular facility provided for in the current annual budget). Without knowing what was supposed to be there, one can't compare the actual levels of inputs with what was supposed to be there! Therefore the relevant accounting or project information needs to be disclosed by the relevant authority.

The facilitation team should do the input tracking with all the participants. If there are more than 20 participants, it is best to divide into randomly-selected groups of not more than 15-20 participants.

The plenary meeting (or each small group) should decide on the input indicators that will be tracked. The indicators will depend on the project, facility or service that is under scrutiny. The aim is to come up with indicators for which a variance between actual and entitled/planned data can be compared. The indicators should be meaningful to the participants, and also be focused on inputs that are likely to demonstrate significant disparities between entitlement/planned levels and actuals.

Step-4: Fill in the Input Tracking Matrix

The facilitating team then needs to ask for and record the data on each of the inputs that have been stated. Wherever possible each of the statements of the group member should be substantiated with some form of concrete evidence (receipt, account, actual drugs or food, etc.). One can triangulate or validate claims across different participants as well. Anecdotal evidence should be written in the remarks column.

Example: Input Tracking Matrix: Mohammedan Primary School

Target Groups: Parents
No. of Participants: 3 male 7 female

Name of Inputs	Entitlement	Actual	Remarks
1. Teachers - Qualified - Unqualified	1 Teacher – 45 pupils	52 pupils/class 54 pupils/class 46 pupils/ class 45 pupils/class	Over crowding observed even though records on actual ratio not available from parents,
2. Furniture - Desks - Chairs	24 desks 24 benches	* 13 * 15	Financial constraints to purchased more desks
3. Learning Materials (core text books) - English - Mathematics - Science - SES - Arabic/IRK		1 to 2 pupils 1 to 2 pupils 1 to 2 pupils 1 to 2 pupils 1 to 2 pupils	Information to be supplied by teachers
4. Toilets conditions	One for boys One for girls	Shared	Financial constraints to build a second one

* Indicated that some classrooms do not have any.

Step-5: Recording Data.

Once the recording of the input entitlements, actual and evidence is complete, team members will record the information together with the discussions. The raw data generated belongs to the community and should never be taken away by the team. **Extract/record what you need to take away; don't take away the community's property.**

Note:

The entitlements should be available from policy documents such as the health policy which specifies what should be in health facilities by type of facility or education policy which should indicate what inputs are expected in a school by type. Where this is not available, consult the relevant authorities for information on the planned/budgeted inputs for that facility in that financial year.

Step-6: (Optional) Inspection of Physical Project Output or Inputs

In cases involving the scrutiny of a physical infrastructure project, the last stage must be an inspection of the project output to see if it is completed and is of adequate quality. PRA tools such as transect walk could be used for this purpose.

One can also do this in the case of some of the physical inputs – like quantity of drugs present in the village dispensary, quantity of furniture received etc. in order to provide first hand evidence about project and service delivery.

Questions to Consider:

- Is data on entitlements complete? Are official records/accounts available?
- Does the list of input indicators correspond with available official information?
- Have the claims and numbers of participants been validated or backed by different members of the community?

Outcomes:

- **C**ompleted Input Tracking Matrix (to be left with the community)
- Open dialogue regarding correspondence between official information and local realities
- Open discussion regarding the validity of observations and claims made by different members of the community

2.2.2. Community Scoring (Score card)

Method used:
Facilitated brainstorming of indicators and scoring in small group(s),consisting of local service users only

Steps:
1. Provide a set of 2-3 national benchmarks (if available)
2. Brainstorm user's own performance indicators, & select the 2 – 3 most important
3. Introduce scoring system, criteria and symbols (same as for provider self-evaluation)
4. Vote on benchmarks and indicators, using a formatted flip chart to record the votes

Step-1: Divide Gathering into Focus Groups Based on Usage

As with the input tracking the participants need to be classified in a systematic manner into focus groups based on usage of the service being evaluated. This will ensure that there are a significant number of users in each of the focus groups because without this critical mass, the usefulness of the data is limited. Each group should further have a heterogeneous mix of members based on age, gender, and occupation so that a healthy discussion can ensue. Ideally, the initial focus groups formed for the input tracking, take into account usage, can be used for the community scoring process.

In education for instance, groups could be:

a. Parents
b. Pupils
c. Non-users (Adults whose children are not attending the education facility being assessed)

In health, groups that could be identified by service type include:

a. Pre-natal services (targeting women of reproductive age)
b. Infant and Child welfare services (targeting nursing mothers)
c. Outpatient services (targeting both males and females, young & old)

Step-2: Develop Adequate Performance Criteria

Each of the focus groups now needs to go through a discussion of the service/program/institution under scrutiny and brainstorm to come up with a set of indicators with which to evaluate the facility and services under consideration.

Methodology for generating group indicators

a. Using the following guiding questions, help the group to brainstorm on what they will use to assess the facility or project.

- How will someone know that this facility is operating well?

- How do you judge the performance of the facility (what specifically do you look for)?

b. List all issues mentioned and assist the group to organize the information under broad headings. Finally, if many indicators are identified, help the group to prioritize these to a reasonable number of indicators (5 -8).

In addition to the group-generated indicators, the evaluation team as a whole should agree on a set of standard indicators (about 3) for each facility, project or service. Because these are standardized at the national level, they should be referred to as national benchmarks Community assessment of facilities based on these national benchmarks can then be used to aggregate and or compare results from different facilities or projects; and also compare performance over time. However, remember that this is a secondary use of the data; the primary purpose is for the use of the community members themselves.

During the pilot at the Serrekunda health center, the following indicators were identified by one of the groups: Pregnant and Nursing women

Community Generated Indicators

- Availability of Nurses all the time
- Environmental Cleanliness
- Availability of the required medicines
- Punctuality
- Staff Discipline
- Proper lighting systems
- Availability of ambulance
- Waiting time

Again note that sufficient time must be given to the groups for this stage. The facilitators should make sure that they do not try to influence or suggest criteria beyond providing and explaining the national benchmarks.

The facilitating team must also ensure that everyone participates in developing the indicators so that a critical mass of objective criteria is brought out. If too many suggestions come up, then they must ask the focus groups to prioritize – *usually 5-8 indicators is optimal*. The final set of indicators that will be used is decided after a general discussion within the group.

Step-3: Scoring of Indicators and Benchmarks by Focus Groups

Different methodologies can be adopted to score the group-generated indicators and national benchmarks. Whichever methodology is adopted however, the team must ensure that it

- Helps achieve consensus
- Is usable in resource-poor environment
- Minimizes lateral influence
- Is meaningful/user friendly
- Ensures Integrity, and
- Offers equal opportunity to all

The methodology proposed is to use the following criteria, scoring system and symbols to assess each indicator or benchmark of the facility or service performance:

Criteria	Facial Expression	Score
- Very bad	☹	1
- Bad		2
- Just OK		3
- Good		4
- Very Good	☺	5

After explaining the scoring procedure to the group, draw the following format either on a flip chart or on the ground. Then ask each participant to vote for a given indicator or benchmark by placing one mark (for flip chart users) or a stone (for drawings on the ground) in the column that he/she feels she/he rates the performance.

Note to facilitators:

1. Scoring should be done one indicator/benchmark at a time. Participants should vote on one indicator and never be asked to vote on all the indicators at once.

2. It is best to work through the voting procedure on a "practice (or dummy) indicator" to ensure that the focus group participants understand and are comfortable with the procedure before voting on any actual indicator. Examples of practice/dummy indicators are: "The quality of the road outside the facility"; "The weather today"; "The performance of the local football team", etc.

3. Facilitators should guide and help participants to vote, but should avoid influencing their scoring process

4. After scoring all the indicators and national benchmarks, look at the results of each indicator/benchmark and discuss it. Ask for the reasons why they have scored in that manner and record them together with any anecdotal evidence in the remarks column as shown in the format above. Guiding questions to use include:
   - Why did you give this rating?
   - What is responsible/what is the problem?
   - What can be done to improve the situation?

The following is the outcome of the community scoring with outpatients at the Serrekunda health center

Group 2: Outpatient Clients: Serrekunda Health Center

Indicators	1 Very bad	2 Bad	3 Ok	4 Good	5 Very Good
Availability of required medicine	1	1	3		
%	20%	20%	60%		
Availability of ambulance	4		1		
%	80%		20%		
Availability of Nurses all the time			3	1	1
%			60%	20%	20%
Staff Disciple	2	2	1		
%	40%	40%	20%		
Environmental Cleanliness	1	1		3	
%	20%	20%		60%	

B. Action Required

Sanitation Materials:

- Retain 20 – 25% of the DRF for use in the health centre.
- Local fundraising
- Seeking NGO support
- Establishment of an active health facility committee (staff community) inclusive.

Note:
The gathering was cautioned by the staff later on during the interface meeting that the community/committee to be established should not interfere too much with the administration of the Health Centre and should have TOR to guide them in their operations. Community members express their satisfaction.

Space Constraints

- The relocation of the nearby “Sandiga” (long-term plan)
- Local fundraising targeting institutions to expand the facility and improve its sanitary conditions.

Ambulance

- Utility vehicle needed
- Allocated a separate ambulance to Fajikunda Health Centre

Note

The Sister in charged however explained during the interface meeting the ambulance makes over one thousand trip to Banjul every month. Thus due to this heavy demand on the ambulance, the funds allocated for operations were not be sufficient

Availability of Drugs:-

- Retain 25% of Drug Revolving fund to buy essential drugs in instances of drug scarcity
- Local fundraising
- Use of collection boxes

Standard indicators

In order to enhance comparison, the community could be asked to assess performance of the facility based on a standard set of indicators. Scores on these indicators could then be compared across facilities. Below is the result of community scoring in Mohammedan primary school on some standard indicators.

Standard Indicator	1. Very bad	2. Good	3. Ok/Fair	4. Good	5. Very good
Quality of teachers			vv 40%	vvv 60%	
Quality of school Discipline			vvvv 80%	vv 40%	
Overall satisfaction with the service	v 20%	v 20%	v 20%	v 40%	

Recording Data:

The facilitation team should copy the outputs onto their note books, i.e. what ever they need to take away, rather than removing the flip charts. The raw data should be left with the facility or community.

Step 4: Summarizing the Group scores

A summary table of the outputs of each focus group should be prepared for presentation to the interface meeting. There are two methods of summarizing the group voting data for each indicator: (1) by calculating average scores, and (2) by calculating "group assessments(/frequencies?)" for each indicator (that is, the percent of group participants voting "good –4" or "very good – 5"). Each method is explained below. If both methods are used, the results would be laid out as follows. If only one method is used, the column for the other method would be omitted.

Format for summarizing group scores

Indicator or Benchmark	Average Score (out of max. of 5)	Group Assessment (%)
Availability of staff		
Availability of ambulance		
Availability of drugs		
Availability of furniture		
Attitudes of staff Treatment of pupils, patients		

Calculating Average Scores: The way to do this is as follows: Note that this should be done one at a time for an indicator. Take the number of votes (i.e. the number of ticks, marks stones etc., depending on what was used to score) in each column and multiply the number by the corresponding score. Add these up to arrive at a total. The average is obtained by dividing this total by the number of people that voted[3]. An example is shown below. A focus group discussion involving 15 parents of children in a primary school scored one of the indicators as shown in the table below:

Indicator	1. Very Bad	2. Bad	3. Just OK.	4. Good	5.Very Good	Total	Average
Attitude of female of staff (votes given)	5	6	4	-	-		
Calculation of total score	5x1=5	6x2=12	4x3=12	0	0	29	29/15 =1.9

The average score for this indicator, attitude of staff, is therefore 1.9, meaning that it is between very bad and bad. Only one decimal place in is shown in the result to avoid providing a false appearance of precision in the estimate of the average.

Calculating Group Assessments Here one looks at the positive ratings only, i.e. a Group Assessment is defined as **the percent of group participants which voted either "good" or "very good"** (i.e. the number of people who placed their votes in columns 4 and 5 in the community score sheet, expressed as a percent of the total number of people in the group. In the above example, the Group Assessment would be 0% (i.e. no persons voted "good" or "very good" for that indicator. Another example is shown below:

Indicator	1. Very Bad	2. Bad	3. Just OK.	4. Good	5.Very Good	Total	Group Assessment
Availability of Drugs	-	1	6	5	3	15 total voters	
Calculation of Group Assessment	Dis-regard	Dis-regard	Dis-regard	5	3	8 voting "4" or "5"	8/15 X 100 = 53%

[3] In choosing between the two methods of presentation one should take note of the range of scores the community members have voted on. If there is little variance in the votes then a weighted average is fine. But if there is a lot of variance in the votes, the average would not capture true perceptions. In this situation of high variance in scores, one should use the group assessment as the means of presentation.

Example : Mohammedan primary school Standard Indicator – Scoring Summary

Standard Indicator	Group Assessment (Score)
Quality of teachers	60%
Quality of school Discipline	40%
Overall satisfaction with the service	40%

Step-5: Securing Explanation/Evidence to Back Rankings

After every one has assessed the facility or service based on a given indicator/benchmark, calculate the average score and/or the group assessment as explained above, and discuss the results with the group. In order to draw people's perceptions better it is necessary to ask the reasons behind both low and high scores. This helps explain outliers and provides valuable evidence and useful examples regarding service delivery [4].

Step-6: Obtaining the Group's Suggestions for Reform/Improvement

The process of seeking user perceptions alone would not be fully productive without asking the community to come up with its own set of suggestions as to how things can be improved based on the performance criteria they came up with. The whole exercise is geared towards improving the services. Guiding questions to ask could be the following:

- What can be done now to improve the service?
- What support is needed from the community to improve?
- What needs to be done for the community to be able to do that?
- What support is needed outside the community and within?
- How and when will support be obtained?
- What can community members do themselves to improve the service?

Questions to Consider:

- Do the focus groups have sufficient number of users? Are women being represented?
- Are the performance criteria objective?
- Was there sufficient participation of community members within groups in discussing performance criteria to use?
- Were some members dominating the discussion while others were quiet? If so, try and encourage greater participation and make sure the exercise is clear to everyone.
- Was sufficient time given for group discussion?
- Did facilitators avoid biasing views?
- Are the scores representative or do they reflect personal biases of a few?
- Are the high and low ranks backed by material/anecdotal evidence?
- Does the community have a clear idea of improvements need in the light of their scores?

[4] In fact this qualitative information is often more valuable than the raw scores themselves!

Example : Out patient at Serrekunda Health Center- Reasons for scores

Availability of drugs

- Drugs not always available, patients sometimes buy drugs from the private pharmacies.

Availability of Ambulance

- Inadequate, Only one in the health facility – if two or more referrals occur there will be a delay.
- Inadequate fuel – patients sometimes buy fuel

Availability of Nurses

- Late arrival of nurses at work
- Long queues and long waiting periods.

Environmental Cleanliness

- No latrines in the facility
- Men and women urinate in the same open space
- The actual premise used by pregnant and nursing mothers is always cleaned.

Staff Discipline

- Bad attitude of nurses – Shouting and utterance of harsh words to patients
- Aggressive towards patients using embarrassing remarks such as "when you were doing it, it was enjoyable, so keep quite now" This remark is normally made to women in 'Labour'
- Shouting on patients when they make mistakes

Out Patient Services

Overall satisfaction with service was rated Very Bad and therefore action required to correct the situation

Step-8: Summarizing the Focus Group

The scores of the different focus groups should be summarized for presentation to the interface gathering, as in the table below.

Comparison of Average Scores and/or Assessments of different groups:

Indicator or Benchmark	User Group		
	Parents	Pupils	Non -Users
Teaching materials			
Treatment of pupils			

The above table would be completed to show all voting results from all groups. For national benchmarks, where all groups voted on the same criteria, the results of the different user groups can be placed side by side to allow a comparison of how the different groups have scored and/or assessed the facility or project. The results for group-generated indicators would be recorded in only one column, unless by coincidence two or more groups generated and voted on the same indicators. [I think an example from our fieldwork should be included here] The composite table would be a useful input for dialogue between the different groups during the interface meeting.

Outcomes:
- Completed Community Score Card charts (to be left with the community)
- User's reflection on experience with the service
- User's proposals for reform / improvement

2.2.3. Provider Self-Evaluation Score Card

Method used:
Facilitated brainstorming of indicators and scoring in small group, consisting of local service providers only

Steps:
1. Provide set of 2-3 national benchmarks (if available)
2. Brainstorm provider's own performance indicators, & select the 2 – 3 most important
3. Introduce scoring system, criteria and symbols

The provider self-evaluation is the component of the community performance monitoring process that tries to draw out the perspective from the supply-side. The exercise is similar to the community scoring one described above. It will usually have to be undertaken separately from the community gathering, unless one can get enough staff members from the facility, or district assembly representatives to attend the gathering. Then one can go for both at the same time. The steps in undertaking the provider self-evaluation are given below.

Step-1: Select and Contact Facilities

The first step is to choose which facilities will undertake the self-evaluation and contact the staff there so that they are available for the exercise and make proper arrangements. This choice depends to a large extent on the receptiveness of the staff at the facility, and so there is perhaps the need for some advocacy and explanation to them as well regarding the purpose and use of the performance monitoring process.

Step-2: Ensuring adequate Participation

Since the facility staff will normally be busy with their duties it is important to set out a time in advance for completing the exercise, so that an adequate number of staff participate. Ideally at least half of the facility staff should be involved in the self-evaluation for them to be adequate represented.

Step-3: Deciding on Performance Indicators

As with the community, the facility staff needs to go through a brainstorming session to come up with their own set of performance indicators. These should then be classified in a manner that is easily comparable with the indicators chosen by the community. The relevant national benchmarks should also be included in addition to the indicators developed by the group.

Step-4: Provider Scoring of data

As in the community gathering, the staff of the facility; be it a school or health clinic, need to vote on each of the indicators they came up with, plus the national benchmarks. This is done in exactly the same way as was done in case of the community scorecard.

Step-5: Reflection and Explanation of High/Low Scores

The facility staff also need to be asked to reflect on why they gave the scores they did, and to also come up with their own set of suggestions for improving the state of service delivery. The guiding questions given earlier would be useful. The facilitators could also go further and ask the providers what they consider to be the most important grievances from the community's perspective, and then compare and see the extent to which the deficiencies are common knowledge[5].

Step-6: Recording Data

The data from the self-evaluation is also recorded in the form of a scorecard, with the chosen performance indicators and national benchmarks as the rows and the scores as the columns. An example of a provider self-evaluation by health care staff is shown below.

Self Evaluation: Service providers at SerreKunda Health Center

Generated Indicators

- Clean Environment/Sanitation
- Access Road
- Space/size
- Equipment
- Regular Drug supplies
- Adequate bedding
- Functioning ambulance fuel
- Adequate Doctors
- Attitude of staff
- Ideal location
- Regular power supply/standby generator

Priority Ranking

- Good sanitation (environment)
- Space/size
- Adequate doctors
- Regular drug supplies
- Access

Step-7: Suggestions for Reform/Improvement

The staff at the service facility should also be asked about reforms or suggestions they have for improving the quality and efficiency of the services they provide. These too can be compared with the suggestions of the community to see to what extent the demands for reform are common.

[5] If the facility staff are aware of the complaints the community have of them, it is an indication that the problem is not of information gaps, but of bad incentives.

Example1: The way forward from providers of services at Serrekunda Health Center

- Expansion of the health facilities:
- Increase staff in all categories to meet demand
- Increase number of beds
- Improve sanitary services of patients (towels, brush, cleaning brooms;)
- Increase equipment supply – BP machine, weighing scales (infant/adult)
- Availability of Cleaning material

Questions to Consider:

- Have appropriate arrangements been made for the conduct of the self-evaluation?
- Have the staff been informed?
- Are the staff forthcoming, or do they require an incentive to participate?
- To what extent are the problems with service delivery common knowledge?
- Why then have changes not been made?
- Are staff aware or do they have an idea about what perceptions the community might have of them? (If they do, then they may require training on attitude to users)
- Are there large differences in the performance criteria of the providers and the community? If so, then there is a problem of perceptions and aligning of incentives and goals.

place and there is no playing ground.

4. All stakeholders to join hands in running the school:
   - Finance
   - Moral support
   - Material
   - Voluntary labour
5. Attach a Nursery School to feed the Lower Basic

6. School feeding Program to be introduced as some pupils come to school without lunch money.
7. Incentives for teachers such as provision of teacher's quarters or housing allowances, access to government loans such as building, Car, Households fumiture etc..

8. Continuous sensitization/mobilization of the communities (parents etc.) so that they can participate fully in school program.

9. DOSE to provide specialized teachers – sports, drama e.g. teachers with skills tend to abandon their classes to take the lessons of other classes.

10. Fund Raising Activities

Outcomes:

- Completed Provider Self-Evaluation charts (to be left with the community)
- Provider reflection on own performance
- Provider proposals for reform / improvement

2.2.4. Feedback to Stakeholders – the Interface Meeting (JAKARLO)

This stage in the community performance monitoring process holds the key to ensuring that the feedback of the community is taken into account and that concrete measures are taken to remove the shortcomings of service delivery. Therefore, the steps given below need to be given adequate attention.

Method used:

Facilitated plenary discussion of outcomes of previous group discussions, with all stakeholders present

Steps:

1. Prepare providers and users for meeting (sensitize them about the feelings and constraints of the other side)
2. Ensure adequate attendance and participation from both sides
3. Facilitate productive dialogue between groups, aimed to generate proposals for concrete local reforms
4. Report discussions and minutes of meeting

Step-1: Preparing Both Parties for Meeting

Both the community and providers need to be prepared for the interface meeting. They should therefore be sensitized about the feelings and constraints of the other side. This ensures that the dialogue does not become adverse, and that a relationship of mutual understanding is built between client and provider. The sensitization task can be done through a series of orientation *sessions* with members of both sides, and through *sharing the results* of the two scorecards.

Step-2: Ensure Adequate Participation from Both Sides

This will require mobilization at the community level, and arrangements so that facility staff are able to get away from their duties and attend the meeting. One can further involve other parties, like local political leaders and senior government officials in the interface meeting to act as mediators, and to give it greater legitimacy.

Step-3: Facilitate Productive Dialogue between Groups and Come Up with Concrete Reforms

Once both the groups have gathered, the implementing team facilitates dialogue between the community and the service providers and helps them come up with a list of concrete changes that they can implement immediately. Strong facilitation is required to ensure that a positive and constructive tone is maintained throughout the dialogue. Negative comments should be acknowledged, but personalized abuse should be discouraged. At all times, the focus should be on joint searching for constructive solutions to identified problems. This will give credence to the entire process from both the community and provider's perspectives, and make it easy to undertake such

exercises in the future. Senior government officials and/or politicians present can also endorse the reforms.

Issues to Consider:

- Are important decision-makers from both sides ready and able to attend the interface meeting?
- Is the atmosphere productive and cordial? Or is getting adverse?
- What commitments for change have been offered at the end of the meeting?
- Is there a consensus about the need to do the exercise on a regular basis or not?

Example: Interface meeting: Mohammedan Primary School

A introduction was done by the team leader Malamin O. Sonko who explained the purpose of the meeting and urged every one to see this as a way of improving performance rather that a critiquing of their work. This was followed by presentation of findings at the community scoring by parents.

Issues common to all groups (teachers, Parents, Students) were the following:

1. The need for Fund raising to supplement government subventions
2. The need for regular interaction between parents and teachers through dialogue in information sharing. Measures to enlist the support of parents. The non attendance of PTA meetings was highlighted as a major issues and at this point one of the parents in attendance, Ajie Oumie Samba who works at radio volunteered to announce Parent Teacher meetings on radio.
3. The headmistress promised to invite pupil representatives to staff meetings as a measure of encouraging greater transparency.
4. Representatives of Parent undertook to talk to their colleagues about the result of this gathering and actions taken.

At the end, the team leader thanked pupils, teachers and parent for the time and efforts and encouraged participants to repeat such exercise/dialogue periodically in order to improve the performance of the school. A representative of the pupils expressed delight at the positive reception accorded their views. He said:

We thought teachers were going to frown at us because of what we said but we are happy that they accepted what we said in our group and promised to address them.

Step-4: Reporting of Discussions and Minutes of Gathering

The primary data from the meetings includes not just the input tracking matrix and scorecard, but also a brief report of the discussions that ensued during the gathering. In particular all statements used as evidence for input tracking, and explanations or examples given for the scoring process should be noted down and summarized in the remarks column. A separate comprehensive report detailing out all the evidence given should be included in the narrative report of the discussion.

A devoted member of the facilitating team should keep the minutes of the community gathering. This person should not ideally have to facilitate directly, so that he/she can pay attention to the discussions and note all the important points.

Outcomes:

- Downward accountability for service providers
- Empowerment of local service users
- Enhanced transparency
- Enhanced sensitivity of users to providers' constraints
- Evidence of service performance (for secondary analysis and presentation to higher levels)
- Agreements on local reforms

2.7. Secondary Data Analysis and Presentation

The data analysis/presentation that is done immediately at the time of the community gathering itself is called *primary data analysis/presentation.* Other forms of analysis that will be done later on in the form of written papers, memos to politicians, newspaper/media articles, etc. is referred to as *secondary data analysis/presentation.* This involves analysis and presentation of the data collected from the three exercises above in several ways: the choice depends to a large extent on the context. What is presented here is only some examples of the kinds of secondary analysis that can be done. The facilitating team needs to decide which one is most useful and indicative of the kind of data that has been collected. Several visual aids can be used which will present the data in a concise and clarifying manner.

1) Ranking of Districts/Facilities based on Performance

One useful form of analysis that can performed once the community scorecard has been completed for a number of villages/wards is to do cross comparisons and ranking based on any one of the performance criteria. For example, if one of the performance criteria in evaluating Ward Development Committees (WDCs) is the degree of responsiveness to community demands and feedback, then the following scatter line can be drawn for the sampled wards.

Figure-2: Comparing Performance across Wards/Facilities

Ward/Facilities with Low Responsiveness

Ward/Facilities with Medium Responsiveness

Ward/Facilities with High Responsiveness

0 2 4 5

Score Card Ranking of Ward Development Committees

The rankings of wards or facilities in this manner can inform decisions about resource allocation, and also provide a basis for incorporating incentives for performance. For instance, facilities that show an improvement from the red zone to the yellow zone, or from yellow to green above, can be given some form of reward – either a bonus resource allotment, or some kind of public recognition.

2) Tracking the Performance of wards/Facilities Over Time

Just as cross-sectional comparisons were done above, one can also do time series comparisons of how the performance of a WDC or facility has changed over time. This is obviously only possible once several iterations of the initiative have been conducted, but it would provide very valuable information about which wards/facilities are improving performance and which are remaining stagnant. In cases where there has been deterioration in the community's scoring of performance for a service, facility or WDC, it would provide a case for more detailed scrutiny as to the reasons why such a fall in score happened. Thus more targeted reforms can be taken before the condition becomes worse.

Cumulative Performance Scores of 3 Wards

Over Time (Illustrative Only)

	Ward 1	Ward 2	Ward 3
Jan-02	2.1	3.5	3.8
Apr-02	2.4	3.4	3.4
Aug-02	3	3.9	3.5
Jan-03	3.4	3.7	2.5
Apr-03	3.5	3.8	2.2

3) Analysis of Discrepancies between Entitlements and Actual Inputs (Variance Analysis)

From the data collected in the input-tracking matrix, one can conduct *variance analysis* across Wards or facilities. This involves averaging the discrepancy between

actual input use/receipt and the official entitle ment within a community or Ward and then comparing these between Wards at a point in time, or within the same Ward over a period of time.

For instance, one can take the example of the pilot input tracking of the public works program. Here a key input indicator was the actual wage received by each household per day. Let us assume the official wage is 100 Dalasis per day. Then the actual wage received that is recorded in the input tracking matrix can be averaged over the district to get a sense of the average 'discrepancy' or 'variance' between actual input and entitlement. Comparisons of these averages, or 'variance analysis' can then give a glimpse of the distribution of corruption and leakages in the system. In cases where the gap is very large, or in case s where there are 'ghost workers' one needs to use the evidence to initiate some kind of punitive action against the facility or institution.

A sample of the kinds of presentations that are possible in variance analysis is given in the following page.

Figure-4: Example of Variance Analysis

The variance analysis can also be done over time to get a sense of how the accountability measures are faring in the task of reducing corruption and leakage from the system. A sample graph of what the comparison of a Ward's variance over time looks like is presented below.

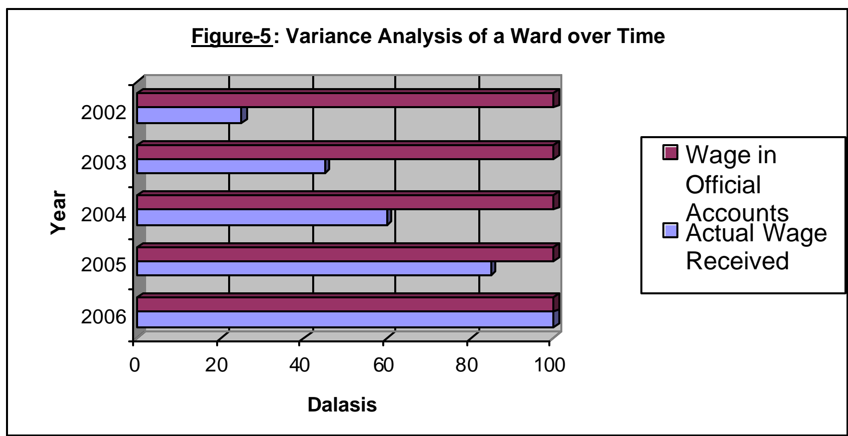


Figure-5: Variance Analysis of a Ward over Time

	Wage in Official Accounts	Actual Wage Received
District 1	100	55
District 2	100	70
District 3	100	95
District 4	100	30
District 5	100	0

Other techniques for illustrating the data in a concise and provocative manner can be devised over time with the help of different partners like the media.

Questions to Consider:

- Have the explanations, evidence and examples given by community members to support the input tracking and scoring process been documented properly?
- Is there someone available to take the minutes of the gathering?
- To which audience are we presenting the data and analysis?
- What visual depiction of the data will be the most provocative and clarifying?
- Are the numbers we are using comparable in terms of the sample, type of service?

ANNEX –1: DISTINGUISHING BETWEEN THE COMMUNITY SCORECARD AND THE CITIZEN REPORT CARD

The Citizen Report Card	The Community Scorecard
• Unit of analysis is the household/individual	• Unit of analysis is the community
• Information collected via a survey questionnaire	• Information collected via focus group interactions
• Relies on formal stratified random sampling to ensure that the data is representative of the underlying population	• Involves no explicit sampling. Instead the aim is to ensure maximum participation of the local community in the gathering.
• The major output is the actual perceptions assessment of services in the form of the report card	• Emphasis here is less on the actual scorecard and more on achieving immediate response and joint decision-making
• The media plays the major role in generating awareness and disseminating information	• This relies more heavily on grass-roots mobilization to create awareness and invoke participation
• Conducted at a more macro level (city, state or even national)	• Conducted at a micro/local level (village cluster, and set of facilities)
• More useful in urban settings	• More useful in rural settings
• Time horizon for implementation is long (about 3-6 months)	• Time horizon for implementation is short (about 3-6 weeks)
• Intermediary plays a large role in conducting the survey and data analysis	• Role of intermediary is mostly as facilitator of the exercise
• Feedback to providers and the government is at a later stage after media advocacy	• Feedback to providers is almost immediate and changes are arrived at through mutual dialogue during the interface meeting