DEALING WITH GOVERNANCE AND CORRUPTION RISKS IN PROJECT LENDING

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HOW-TO NOTES

Rapid Feedback:

The Role of Community Scorecards in Improving Service Delivery

SOCIAL DEVELOPMENT

GAC in PROJECTS
IMPROVING DEVELOPMENT OUTCOMES

This note was prepared by David Post, Sanjay Agarwal, and Varsha Venugopal of the World Bank's Social Development Department (SDV) as part of the effort by the Demand for Good Governance team and the GAC in Projects team to provide guidance on ways to improve governance and accountability in Bank-supported operations. Portions of this note are adapted from Singh and Shah (2004) and other sources. The authors are grateful to peer reviewers Meera Kaul Shah, Nilufar Ahmad, and Gabriel Dedu. The authors would also like to thank Hans Antlov, Blanche Cotlear, Hélène Grandvoinnet, Natasha Hayward, Andrea Liverani, Janmejay Singh, G.N.V. Ramana, Ritva S. Reinikka, and Rosa Alonso I. Terme for their comments and insights, and to Stephan Eggli, Laura Johnson, and Sheldon Lippman for editorial and logistical support.

Introduction

Social accountability tools are increasingly recognized as a means of improving service delivery and governance in World Bank-supported projects. Social accountability is an approach that relies on civic engagement in that citizens participate directly or indirectly in demanding accountability from service providers and public officials. Examples of social accountability tools and mechanisms include participatory budgeting, public expenditure tracking, citizen report cards, social audits, citizen charters, right to information acts, and community scorecards (CSCs), the focus of this note.[1]

CSCs are citizen-driven accountability measures that enhance citizens' civic involvement and voices and complement conventional supply-side mechanisms of accountability, such as political checks and balances, accounting and auditing systems, administrative rules, and legal procedures. By establishing mutual accountability and co-responsibility of citizens and their governments, social accountability measures demonstrate to citizens that they can play a critical role in promoting service-delivery improvements.

As a community-based social accountability tool, the CSC can be used to gather feedback from service users and improve communication between communities and service providers.[2] Box 1 lists some of the major attributes of CSCs. By using focus groups and facilitated interface meetings, the CSC process provides service users with the opportunity to give systematic and constructive feedback to service providers about their performance (see Box 2). It also helps service providers learn directly from service users about what aspects of their services and programs are working well and what aspects are not. As opposed to being a one-time event, CSC initiatives are typically conducted at regular intervals to track performance and identify additional ways to improve service-delivery performance.

BOX 1
Major Attributes of a CSC

- Uses the community as the unit of analysis
- Conducted at micro, local, and/or facility levels
- Most frequently used in rural settings
- Generates information through focus group interactions
- Enables maximum participation and ownership by the local community
- Emphasizes immediate response from community and encourages local problem-solving
- Provides immediate feedback to service providers
- Identifies potential reforms through mutual dialogue and collaboration between service providers and users

1. Despite similar names, community scorecards differ from citizen report cards. Annex 1 highlights the differences between these social accountability tools.
2. CSCs can be used in conjunction with other social accountability tools, such as national service delivery surveys and citizen report cards.

In contrast to other similar methodologies, "community" is the focus of CSC analysis. The CSC exercise is focused on monitoring at the local or facility level. It is therefore a useful tool for providing service users the opportunity to monitor and evaluate services provided by local governments. Since the CSC is a grassroots process, it is typically most effective in rural settings. The information generated during the exercise allows service providers to implement improvements that respond to the needs, priorities, and preferences of the service users. It also increases community oversight.

From a process standpoint, CSCs are relatively low-cost and easy to implement. The process of designing the intervention, collecting background data, and preparing the service users and providers for the CSC process and interface meeting can take between 3–6 weeks. Each phase of the CSC process itself requires only a few community meetings. The financial costs in a single community are quite low and limited mainly to salaries and logistical expenses. For example, a CSC initiative implemented in 178 villages in Satara, India, cost roughly US$150 per village, including facilitation

BOX 2
The Benefits of Community Scorecards

For Service Users

- Encourages local problem-solving
- Empowers service users by giving them opportunities to provide direct feedback to service providers
- Creates an outlet through which the opinions of service users can reach service providers in a timely fashion
- Encourages accountability on the part of service providers by presenting input from service users in a difficult-to-ignore fashion
- Promotes cooperation between service users and providers

For Service Providers

- Tracks assets and/or spending (e.g., availability of water, medicines at health centers, textbooks in schools)
- Generates benchmark performance criteria that can be used in resource allocation and budget decisions (e.g., at least 8 hours per day of clean and safe water)
- Monitors user perceptions regarding the quality of services (e.g., absenteeism rates among health care personnel)
- Compares performances across facilities and districts
- Reduces corruption by improving oversight
- Improves service-delivery performance by allowing it to become more customer-centered.

For Task Teams

- Mitigates implementation risks by obtaining tangible data that can be used to track performance and identify potential incidences of corruption
- Strengthens both "supply" and "demand" for good governance

expenses (but excluding staff time of government officials.)[3] In all cases, the cost is highly dependent on the specific context, size, scope, scale, location, and number of CSCs. Additional costs may also be incurred for publicity campaigns aimed at spurring the communities' participation in the CSC process.

Given that much has already been written on CSCs, this note aims to outline a methodology in order to help task teams work with clients to implement and scale-up CSC initiatives. To this end, examples from Bank-supported projects in which the use of CSCs has resulted in improved service delivery are showcased. Box 2 summarizes the benefits of CSCs to service users and providers.[4]

Six Steps in Implementing and Scaling-Up CSCs

The purpose of a CSC exercise is not just to produce a scorecard, but also to initiate a sustainable dialogue among service users and providers at the community level to produce demonstrable improvements in service delivery. As such, implementing teams formulate the objectives and focus areas for the CSC exercise based upon potential synergies with the broader institutional and policy environment (local government initiatives, sector strategies/assessments, national development strategies, results frameworks, performance budgeting, etc.). The CSC process itself consists of six main stages:

1. Preparatory work
2. Development of input-tracking matrix
3. Community scoring of performance
4. Self-evaluation by service providers
5. Interface meeting between service users and providers
6. Post-implementation activities (training a cadre of facilitators, standardizing indicators, collecting and consolidating feedback, etc.)

An example from Malawi describes these stages in greater detail (Box 3).

Step 1. Preparatory Work

There are multiple tasks associated with carrying out the preparatory work necessary to implement a CSC initiative.

Identify the scope of CSC coverage. At a basic level this involves identifying the services that are going to be monitored/evaluated and the area in which the initiative will be implemented (health or education, etc.). Given that CSCs focus on monitoring

3. World Bank (2009a).
4. Since the CSC is a perception-based tool that measures the satisfaction of service users, it is possible that users' feedback may not reflect the actual state of affairs. For example, parents may be satisfied with the performance of a teacher with good public relations skills even if the teacher is not effective in the classroom.

BOX 3
The CSC Methodology in Context: Malawi's Experience

The CSC methodology was developed in Malawi by the nongovernmental organization, CARE International, through its Local Initiatives for Health (LIFH) project in 2002. By using the CSC, the initiative aimed at promoting continuous improvement of services and service provider–user collaboration in 81 poor rural villages served by the Chileka and Nthondo health centers.

The CSC methodology applied in Malawi included five basic elements:

- Facilitators organized community meetings with villages surrounding the specific health center being evaluated. At these meetings, the participants were asked to talk about their health problems, their access to and use of health services, and their opinions of the health center under evaluation. The facilitator then helped the participants design indicators that could be used to evaluate the health center. Finally, participants were asked to rank the performance of the health center along each one of the indicators.
- The staff at the health clinic went through a similar process. They were asked to discuss the present situation at the clinic, develop a series of indicators, and rank their performance along these indicators.
- An "interface meeting" was organized at which community members and clinic staff presented their respective scorecards, compared the outcomes, and tried to work together to design solutions to the common problems identified.
- The action plans were developed and implemented.
- The CSC exercise was repeated at each clinic two times per year.

There is evidence that there was significant improvement in the health center services between the two interface meetings and that most of this improvement can be attributed to the implementation of the CSCs. Almost all indicators received higher scores in the second scorecard, and there was significant improvement in the areas of "respect for patients," "listening to patients' problems," "honest and transparent staff," "giving priority to serious cases," "no discrimination in providing supplementary nutrition," and "no preferential treatment."

Source: Shah (2003).

activities at the community level, it is typically best practice to use CSCs to analyze service providers with which respective users have direct contact.

Solidify other logistics-related issues. Teams should also solidify other logistics-related issues during this phase, such as the financial resources required to carry out the activity, the frequency with which the CSC will be conducted, and the number of facilitators required to conduct the CSC at the desired scale.

Identify partners who can help implement the CSCs. Given the high degree of facilitation and mobilization required to carry out a CSC, it is important to find people or groups within the target area who can help with the implementation of the scorecard. These can include traditional leaders, elected representatives from local

governments, workers at regional service facilities, community volunteers, and local or international NGO staff. It is useful if the local partners have a history of working with the community so that they already have credibility in the eyes of service users. Trust is paramount to the success of CSC initiatives; unless participants are comfortable, they will not provide feedback with the frankness that is needed for a useful exercise.

Conduct a stratification exercise within the community. Since CSC data is collected through focus groups,[5] it is important to determine beforehand who uses what services, how much they use, and what the demographics and poverty distribution of usage are. The initial stratification data—which can be collected either through field visits/informal interviews or by using existing social/poverty mapping data—provides implementers with a sense of the potential issues that may arise during the CSC exercise and the types of indicators that should be included in the CSC.[6]

Initiate advocacy/awareness campaign. The implementers should aim to inform people about the goals and benefits of the CSC process. The campaign should focus on ensuring that the CSC process has broad participation from all segments of the community. Broad participation is crucial for ensuring that the results of the CSC are robust and that the input of poor and vulnerable groups is taken into account during the process. CSC dissemination-related activities should be incorporated into the project communication plan if feasible.

Step 2. Development of Input-Tracking Matrix

Service users often do not know the entitlements available to them. The input-tracking matrix records the differences between what users are entitled to receive and what a service provider is actually providing. The purpose of the activity is not only to increase transparency in relation to the availability of resources (thereby empowering communities) but also to identify areas in which there are discrepancies between entitled and actual resources. This can establish a basis for corrective action. Figure 1 gives an example of a basic input-tracking matrix in the context of school provisions.

Gathering data. In creating the matrix, implementers need to gather "supply-side" data that can be used to determine what services are supposed to be provided. The types of data necessary for the purposes of the analysis include:

5. Even with good facilitation, the use of focus groups in CSCs to create aggregate assessments of service quality means that it is possible that the views of some individuals or groups may overshadow the opinions of other stakeholders. As such, group samples should be selected carefully to ensure that the results are not biased and facilitators need to encourage all participants to provide their opinions.
6. If the exercise is being conducted in multiple facilities, it is important for the facilitation team to compile a standard set of indicators that will be included for all of the CSCs. Without a standardized set of indicators, it is difficult to make cross-facility comparisons. Additional indicators can be chosen by focus group participants during the local sessions.

FIGURE 1
Sample Input Tracking Matrix for Schools

Input Indicator	Entitlement	Actual	Remarks/Evidence
Textbooks per child			
Children per class			
Functioning sanitation facilities			
Furniture per classroom			
Wages of teachers			

Source: Adapted from Singh and Shah, 2004.

- Financial records of plans, projects, and/or services in the areas being evaluated (audits, budget allocations, etc.)
- Inventories of goods or physical assets related to the services being evaluated (medicine, furniture, latrines, etc.)
- Any rights or entitlements related to the service being evaluated (food rationing, one textbook per child, etc.)

Disseminating results. After gathering the data but before the scorecard is generated, the information should be widely disseminated so that service users understand their entitlements and service providers are aware of stated commitments (e.g., students are supposed to receive two meals per day at school). Given that service users are often unaware of their rights, making this supply-side information public often has empowering effects (see Box 4).

Conducting community meeting with focus groups. Facilitators publicize and organize the community meeting. The CSC participants should be divided into focus groups based on their involvement in the service or project (e.g., service users or providers). Individual focus groups should have sufficient diversity in terms of both the roles that participants have in the service (e.g., users, providers, or NGO workers) and demographic characteristics (age, gender, ethnicity, region, income, etc.).[7] This important arrangement increases the likelihood that the feedback collected will be representative of the experience of the community at large. Based on the cultural context, it may be necessary to separate different groups of people into distinct focus groups in order to spur participation. There are instances, for example, when women may not feel comfortable speaking candidly in front of men. In such contexts, the facilitators may consider creating separate focus groups comprised only of women.

Finalizing and verifying indicators. The purpose of the focus groups is to determine indicators that can be used to compare the variance between the current state and what the service provider or project is supposed to do. By the end of the

7. This can either be a stand-alone meeting or held at the same time as the meeting where the community scorecard is developed.

BOX 4
Empowering Effects of Publicizing Supply-Side Data—Lessons from Andhra Pradesh, India

The public education system in the Indian State of Andhra Pradesh (AP) faces several structural challenges. Although the public education system offers a structured space for parent and community input into management of schools, these mechanisms were not systematically used. In 2007, the Centre for Good Governance (CGG) in partnership with the Mamidipudi Venkatarangaiya Foundation (MVF), introduced a social accountability intervention in 20 public schools to mobilize the community to monitor and give feedback on the delivery of education services at the village level.

In the course of implementing a comprehensive CSC initiative, the team went through the process of creating an input-tracking matrix. The introduction of supply -side information raised the awareness of parents and the community at large about funds and grants available to the community as well as budget information relating to allocations and expenditures on textbooks and other learning materials. The accountability intervention had significant impacts in several areas: it removed information asymmetries regarding resources; it opened channels of communication between citizens, teachers, school headmasters, and local government functionaries; and it altered relationships among these groups to allow for more constructive dialogue.

The combination of increased information and the creation of a space for dialogue promoted behavioral changes among parents, the community at large, and service providers. These changes included:

- The community galvanized to collectively improve public school infrastructure.
- Parents and the community at large were empowered to seek information and accountability from teachers and administrators on an ongoing basis.
- Community initiatives that improve the public education system were spurred on. These actions have motivated teachers and instilled a sense of pride in their performance.
- Parents were able to focus more closely on ensuring that their children attend school regularly.

As a result of these changes, the districts in which the CSC initiative was implemented experienced a 10 percent drop in teacher absenteeism, a significant decrease in school dropout rates, and 100 percent enrollment of children in 8 of the 20 villages.

Source: World Bank (2009b).

exercise, each focus group should have finalized a set of measurable input indicators that can be tracked over time. Examples of potential indicators include: wages received for work programs, food rations or medicines received, and number of toilets constructed. If possible, facilitators should verify the statements that group members make in relation to the services received and delivered (e.g., by using receipts or account information). For physical assets (toilets, medicines in stock, etc.), the facilitation team can inspect facilities to determine if quality standards have been met.

Completing the input-tracking matrix and analyzing recommendations. Having finalized and verified the input indicators, the facilitation team records the data obtained from each focus group in the input-tracking matrix. The team should then assess the difference between the data provided by service providers and actual services received by beneficiaries in order to generate recommendations for improvement. These recommendations should be shared with both beneficiaries (users) and service providers.

Step 3. Community Scoring of Performance

While the input-tracking matrix highlights the differences between actual and expected performance, the CSCs give communities the opportunity to provide a quantitative assessment of service-delivery effectiveness.

Administering the scorecard. After finalizing the input-tracking matrix, facilitators should begin the process of creating and administering the CSCs. The CSC data collection process for communities typically involves a community meeting comprised solely of users.[8] As mentioned in Step 1, implementers should have initiated a publicity campaign to inform service users about the meeting and the CSC process in advance. At the meeting, facilitators should divide the participants into focus groups based on the services that they utilize most. For example, if the CSC is focusing on services in both the health and education sectors, people should be divided into focus groups based on the services that they currently use most. As with the focus group discussed under Step 2, it is good practice to ensure that the focus groups are representative in terms of age, occupation, and gender.

Selecting performance criteria. The focus groups encourage service users to generate performance criteria that can be used to assess the performance of service providers. Facilitators should ensure that all focus group participants have the opportunity to contribute, including those who might be marginalized or poor. Based on the feedback of the participants, facilitators should list all problems identified and solutions suggested, and help the group categorize them into measurable performance indicators. Examples of potential indicators include the attitude of staff members' (politeness, punctuality, etc.); the quality of services provided (adequate infrastructure and equipment, qualifications of staff, etc.); how well the facility is maintained; and access to services. Indicators should be designed so that a higher score corresponds with better performance (e.g., "transparency" as opposed to "lack of transparency"), with the aim of identifying and prioritizing a maximum of 5–8 indicators.[9]

8. As mentioned earlier in the note, some projects create the input-tracking matrix and the performance and self-evaluation scorecards at the same meeting.
9. These indicators can be compared across focus groups, facilities, and communities both cross-sectionally and over time. If the project's strategy is to use a standardized set of indicators, it is important to provide users' with the opportunity to include locally generated indicators as well.

FIGURE 2
Sample Community Scorecard from CARE Malawi

Indicators	Score out of 100[a]	Scores after 6 months	Reasons for change
1. Positive attitude of staff	40	50	Attitude change
2. Management of health center	50	75	No favors Clean premises
3. Quality of services provided	35	50	Positive attitude of staff
4. Equal access to the health services for all community members	25	50	No discrimination in service provision

a. A scale of 0–100 can be used instead of a scale of 0–5 or 0–10.
Source: Adapted from Singh and Shah, 2004.

Scoring the performance indicators. After the focus groups have decided upon the performance criteria, facilitators should ask these same participants to generate a score for each measure. The scoring process can either take place through consensus in the focus groups or through individual voting followed by group discussion (in which case an average score is used). Scoring typically occurs either on a scale of 1–5 or 1–10, with the higher scores indicating "better" performance. Figure 2 shows a sample CSC for a health project. Focus group participants are encouraged to reach a consensus through discussion and come up with one score for each indicator. The scoring process represents a good opportunity to ask people the reasons for low and high scores; doing this helps identify outliers and provides more detailed information about service-delivery performance. In areas where user literacy or numeracy levels are low among focus group participants, symbols or icons (e.g., smiley faces or stop-and-go traffic lights) can also be used to score indicators (Figure 3).

FIGURE 3
Alternative Symbols to Aid the Scoring Process

5-pt Rating Scale			3-pt Rating Scale		
Score	**Criteria**	**Facial Icon**	**Score**	**Criteria**	**Color Symbol**
1	Very bad	☹☹	1	Bad	■
2	Bad	☹	2	OK	◆
3	Just OK	😐	3	Good	●
4	Good	☺			
5	Very Good	☺☺			

Step 4. Self-Evaluation by Service Providers

In this step, service providers have the opportunity to evaluate their own performance. As part of this step, facilitators should identify which service provider staff members will provide input. Given that the ability to collect this data is largely dependent on the receptivity of service provider staff, facilitators may need to organize advocacy and awareness activities to familiarize stakeholders with the CSC approach.

Service providers should identify their own performance indicators following the same process described in Step 3 for service users. In most cases, there will be a considerable overlap with service user-generated indicators. In cases where indicators are different, facilitation may be required to refine the indicators for better comparison with service user-generated indicators. Participants should score each indicator, preferably by consensus, but in cases where a consensus is not reached, by averaging the scores. Participants should provide a justification for each score and suggest measures to improve service delivery. Participants should also identify and prioritize what they believe are the key concerns of service users.

Step 5. Interface Meeting between Service Users and Providers

The next step is a meeting between service users and providers. This process, designed to provide service users with a sense of empowerment, creates a rare opportunity for direct interaction between service users and providers without intermediaries. The direct interaction between groups increases the likelihood that service providers will respond to user feedback. It also generates actionable solutions to local problems (see Box 5).

Facilitators should lay the groundwork for the interface meeting and encourage productive interactions between service users and providers. One important pre-meeting activity, to be done prior to the joint meeting, is to sensitize service users and providers about their respective positions and constraints. This is accomplished by holding a series of training sessions with members of stakeholder groups and sharing the results of the other groups' scorecard. To the extent that they can effectively carry out these sensitization activities, facilitators can increase the likelihood that the dialogue at the interface meeting does not become adversarial, but can instead serve as a basis for mutual understanding between service users and providers.[10]

At the interface meeting, the primary role of the facilitator is to encourage a productive dialogue between the service users and providers and help them develop a list of actionable changes that can be implemented immediately. Developing action

10. As the meeting day approaches, facilitators should take measures to ensure that that there will be adequate participation from both sides. This often requires mobilization at the community level and making arrangements so that service provider staff are able to attend the meeting. It is also useful to invite other stakeholders (e.g., local political leaders and senior government officials) to the meeting to act as mediators. This can enhance the legitimacy of the process.

BOX 5
Using CSCs to Promote Sustained Improvements in Service Delivery—Lessons from Malawi

The Comprehensive Community Scorecard (CCSC), adopted for the Malawi Social Action Fund (MASAF 3), is the most widely applied mechanism under the social accountability framework. The first round of the CCSC was implemented in over 500 communities countrywide. The assessment focused on 5 key issues: (1) accountability; (2) satisfaction with the project management processes; (3) performance of project outputs (e.g., water points or classroom blocks; (4) the performance of local authorities and MASAF management; and (5) perceptions on the sustainability of MASAF-funded projects.

Key areas identified for improvement included: increasing the frequency of supervision by local authorities, improving transparency in beneficiary recruitment for programs executed by local authorities, improving the reporting of financial progress to communities, and improving attitudes of local authorities toward service users.

Overall, there was widespread appreciation for the CCSC process. Service users wanted CCSCs to be conducted regularly to strengthen citizen oversight and improve public accountability. Anecdotal evidence indicates that, as a result of the CCSC exercise, service users have become more critically aware of their role in subproject management and the responsiveness of local authority officials has improved considerably. MASAF is currently working with local authorities and partners to institutionalize the process at the local authority and community levels. It is expected that, once institutionalized, a framework will have been created to facilitate mutual accountability between service users and local authorities.

Source: Agarwal, 2010.

plan items gives credibility to the entire process from the perspective of the service users and providers, and makes it easy to use the momentum gained from the CSC process to pursue further changes in the future. Annex 2 provides a sample action plan. Facilitators should compile and send the recommendations in the action plan to appropriate stakeholders who have the ability to implement them.

Step 6. Post-Implementation Activities

CSC initiatives, especially those that occur as one-off experiments, do not usually succeed in promoting policy and process changes that affect longer-term improvements in service delivery unless they are scaled up. To ensure effective scaling-up, it is necessary to make effective use of collected feedback.

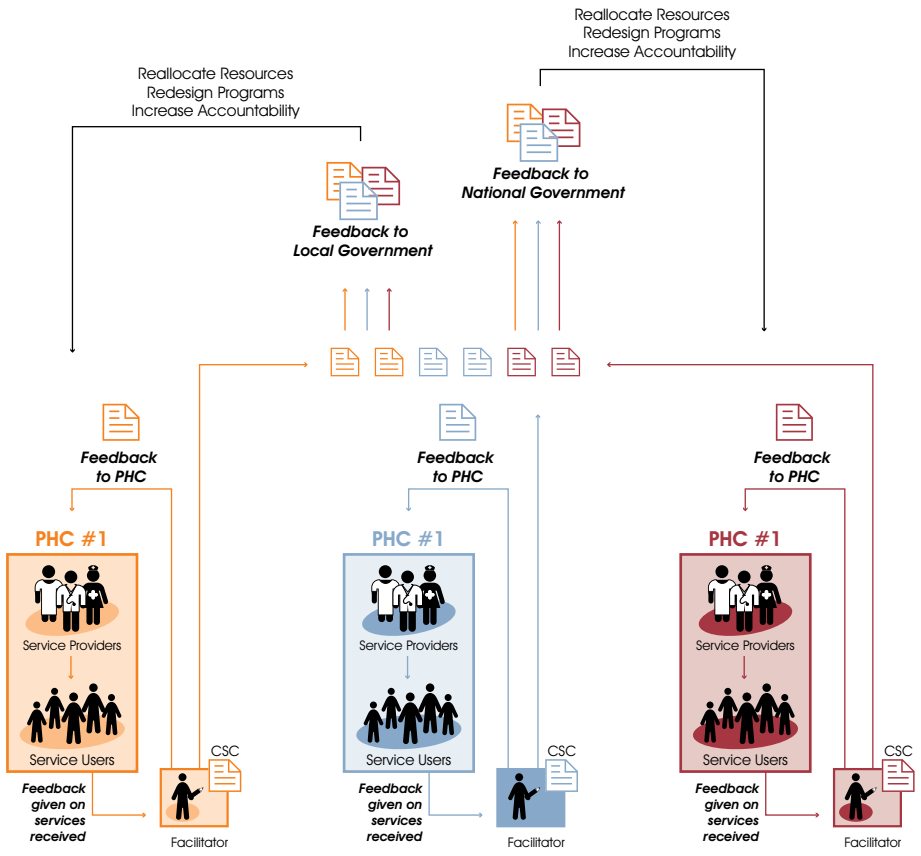
Aggregating the feedback. If several CSC exercises have been conducted across several locations, facilitators should collect, compile and analyze suggestions and recommendations from all actions plans and send them to appropriate authorities

(i.e. service providers, local or provincial or national government officials) for further action. Compilation of these recommendations enables decision makers in identifying problems and trends which help improve program implementation.

Monitoring and evaluating. After sending the list of action items to the relevant authorities, it is important to follow up with them periodically to ensure that action is being taken. Throughout the course of the CSC implementation process, it is critical to monitor and evaluate the progress on the action plan.

Publicizing actions. It is crucial to publicize the progress (or lack thereof) of the action plan so that service users will be able to determine whether or not their suggestions are being implemented. On the demand side, it is important to collaborate with civil society organizations and the media to maintain momentum for the reforms by ensuring that the results from the CSC exercise are widely disseminated to the public (see Box 6). This can be done in a number of ways, including grassroots media (e.g., community radio and local television channels), public announcements, and posters.

FIGURE 4
Aggregating Feedback to Improve Services



Notes: PMC = Primary Health Center; CSC = Community Scorecard

BOX 6
Engaging with Civil Society in the Context of a CSC: Lessons from Honduras

With assistance from the World Bank, the city of Santa Rosa in Copan, Honduras, implemented a CSC initiative. Throughout the initiative, project managerment interacted with local media to ensure that the results of the CSC would result in tangible changes. In this case, local journalists were trained and consistently informed about activities and the progress of the initiative. At the local level, especially on local community radio, coverage highlighted the role played by the Santa Rosa de Copan Transparency Committee. The media were consistently helpful in reporting on the initiative and its results.

At the end of the audit process, the media played a crucial role in promoting the "contributions-for-improvement" initiative within the community. National coverage highlighted the role played by the transparency committees as well as the specific outcomes of the contributions-for-improvements scheme. At the conclusion of the social accountability program, there was wide coverage of a national conference held in Tegucilgalpa, the capital city of Honduras.

The results of the CSC, as well as the four contributions-for-improvements projects, were publicly displayed and received enormous attention from the media.

Source: Cotlear (2010).

Repeating the CSC process. Subsequent rounds of the CSCs should be implemented on a regular basis (annually or biannually) to determine if there has been any progress on the recommendations in the action plan. This further empowers and influences the perceptions of service users.

Scaling-up. Scaling-up the CSC to include more facilities is often challenging. The project can help train civil society members to conduct CSC programs so that they can take on the responsibility of facilitating the exercise on a sustained basis in the future. In Sri Lanka, community professionals were trained to undertake CSC exercises in a large number of project villages (Box 7).

Forming linkages with community-based organizations. Project managment can establish linkages with existing community organizations, such as parent-teacher associations and health committees, so that they play a role in facilitating and implementing successive CSC initiatives. These linkages also reinforce the sustainability and legitimacy of the process at the local level.

BOX 7
Training a Cadre of Facilitators to Scale-up Initiatives: Lessons from Sri Lanka

In the World Bank-supported Gemi Diriya project, grassroots professionals have proven to be a driving force behind the establishment of sound village organizations and the facilitation of sustainable eforts to scale-up social accountability initiatives, including CSCs. The project has created a Community Professional Learning and Training Center (CPLTC) to train, mentor, and monitor community professionals in the field.

For capacity-building needs, village-level communities can hire community professionals through the CPLTC. Clear eligibility criteria for hiring community professionals have been defined, a selection process has been agreed upon, and a system of grading and promotion is in place (from entry-level to grade-A community professionals with at least three years of field experience, including one year as a trainer). In addition, a formal salary structure, code of ethics, exit policy, and capacity-building strategy have been instituted. In 2005, the CPLTC in Polonnaruwa District alone generated more than 1,000,000 Rupees worth of business for community professionals, benefitting the local economy.

Source: Munshi et al. (2006).

Conclusion

As the Bank's Governance and Anti-Corruption (GAC) agenda continues to move forward, Community Scorecards are increasingly being used to improve service delivery in Bank-supported projects. While there are challenges associated with using the tool, CSCs are unique in that they promote direct interactions and increase trust between service users and providers and expedite local problem solving. Moreover, since CSCs can be conducted in a matter of days, results can be generated quickly and acted upon immediately by service providers. By empowering users to demand accountability and transparency, promoting the collaborative development of service-delivery solutions, and producing objective data that can be used to track performance, CSCs can help task teams on Bank-supported projects become more responsive, accountable, and ultimately more effective in achieving development outcomes.

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Annex 1. Differences between Community Scorecards and Citizen Report Cards

Community Scorecard	Citizen Report Cards
Unit of analysis—community	Unit of analysis—household/individual
Meant for local level (village cluster and/or facility level)	More relevant for macro level (city, state, or even national)
Often used in rural settings	Often used in urban settings
Participatory process—data collected through focus group discussions	Survey instrument—data collected through questionnaires
Emphasis on immediate feedback and accountability; less on actual data	Emphasis on monitoring demand side data on performance and actual scores
Implementation time short (3–6 weeks)	Implementation time longer (3–6 months)
Feedback to providers immediate; changes are decided upon through dialogue	Feedback to providers and the government is provided at a later stage often through media advocacy
Requires strong facilitation skills	Requires strong technical skills
Intermediary serves mostly as facilitator of the exercise	Intermediary conducts survey and data analysis
Less emphasis on scores, more on immediate response; joint decision-making	Output is perception-assessment of services in the form of the report card

Source: Wagle, et al. (2004).

Annex 2. Sample CSC Action Plan, Devarapalle Mandal Primary Health Center, Andhra Pradesh, India

S. No.	Indicator	Action to be Taken	Responsibility for Action and Timeframe
1	Doctor's hours/availability	Hours of operation to be announced (doctor had additional charge)	Auxiliary nurse midwives, health professionals, and community coordinators
2	Staff behavior and working style	Talk to staff	Doctor; immediately
3	Primary health center services	Gram Panchayat to be informed; primary health center staff to attend the meetings of Gram Sangha (village organizations)	Auxiliary nurse midwives, primary health center staff; immediately
4	Transportation services	Feasibility of constructing an access road to be evaluated	District Rural Development Agency and Health Department
5	Primary health center infrastructure	Feasibility of improving waiting hall, beds, and basic amenities (drinking water, toilets, etc.) to be evaluated	District Rural Development Agency and Health Department
6	Staff behavior	Training to be conducted for staff	District Rural Development Agency and Health Department

Source: World Bank (2009a).

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