COMMUNITY SCORE CARD APPROACH FOR YOUTH-LED SOCIAL ACCOUNTABILITY

Guidance Document

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MOMENTUM works alongside governments, local and international private and civil society organizations, and other stakeholders to accelerate improvements in maternal, newborn, and child health services. Building on existing evidence and experience implementing global health programs and interventions, we help foster new ideas, partnerships, and approaches and strengthen the resiliency of health systems.

Suggested citation

Adapted from CARE Malawi. *The Community Score Card (CSC): A generic guide for implementing CARE's CSC process to improve quality of services.* Cooperative for Assistance and Relief Everywhere, Inc., 2013.

MOMENTUM Country and Global Leadership adapted this tool with Youth for Sustainable Development (YSD) and Youth Advocacy on Rights and Opportunities (YARO) as part of our work on youth-led social accountability in Kenya and Ghana. This version of the tool can be adapted and used by other young people in their own youth-led social accountability work.

INTRODUCTION

The main objective of the community score card (CSC) is to build, create, and develop the capacity of youth to seek better services from duty bearers and service providers. MOMENTUM's CSC approach seeks to empower youth to be at the center of influencing the services of health care providers and decision-makers at the district, regional, and national levels.

CSC PROCESS FRAMEWORK
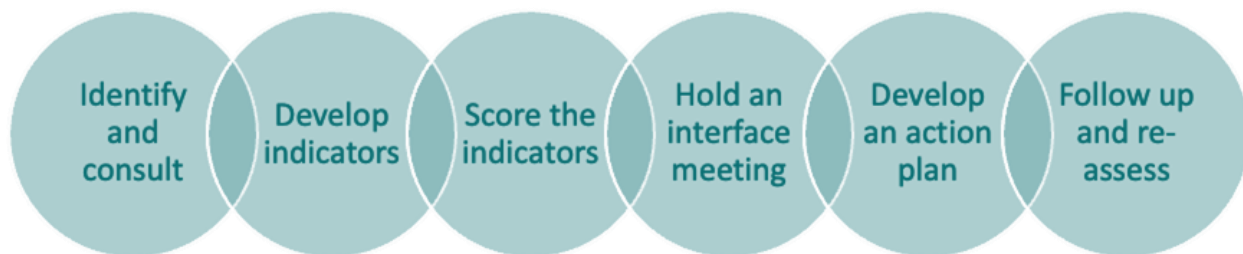
CSC METHODOLOGY

Below are the overall steps for implementing the CSC approach. All the steps outlined below are highly recommended to ensure the smooth takeoff of the CSC activity. The guidance from the methodology is based on MOMENTUM's program experience and global resources on CSC and youth-led social accountability. The text boxes provide additional information on key steps.

- **Step 1: Identify and consult**
  - In consultation with the ministry of health (MOH), the youth-led organization (YLO) will select communities/facilities to be assessed. The YLO will meet with the MOH to ensure the ministry understands the CSC assessment and its value in improving services at the facilities and to complete preliminary information for the input tracker, which will be used during discussions with stakeholders.

Facility selection

During introductory meetings with MOH staff, the YLO will explain the rationale and objectives of the project and ask the directors and staff to help select the facilities to be included in the activity.

After selecting the facilities where the CSC assessment will be conducted, the YLO will work with MOH to obtain some preliminary information on the facilities using the Input Tracking Matrix. The YLO will ask the MOH for a list of resources the government has allocated to the selected facility. Inputs for Actual Resources and Remarks columns can be filled in during consultations with the different stakeholder groups. See Annex A for the Input Tracking Matrix.

  - The YLO, in consultation with their youth networks, will select and train other youth volunteers or staff to become facilitators on the CSC assessment approach.

Training of CSC facilitators

The training of volunteers on the CSC approach should take one day. The outline will cover:

- Understanding the general context of the community's social and cultural norms in setting up score meetings
- Understanding how to select target groups for the score card assessments
- Understanding the elements of the CSC approach
- Demonstrating in smaller groups how to conduct CSC assessments
- Data collection techniques in conducting CSC

Refresher training is recommended before conducting the endline assessment.

   – The YLO will identify stakeholders to be involved in the facility assessments using the CSC approach (young people, community members and gatekeepers, health service providers, and relevant duty bearers).

Identifying and briefing key stakeholders

Utilizing existing partnerships and relationships with the communities and health staff in the relevant locations, the YLO will work with the MOH, youth networks, and community members to identify participants for the different stakeholder groups. Before accepting invitations to participate, all participants in the consultation process will be provided with an explanation of the CSC assessment, including its purpose and how the information will be used. The YLO will explain that each stakeholder group (youth, community members, and health staff) will meet to discuss issues facing adolescents and youth at their facility and scoring the facility services using the same process. After all the groups have met, discussed issues, developed indicators, and scored their indicators, everyone will meet together to discuss results and ways forward.

The main stakeholder groups should be:

- Adolescents and young people
- Community gatekeepers (parents, community leaders, opinion leaders, teachers, etc.)
- Health staff (service providers, district planning committee members, MOH staff)

- **Step 2: Develop indicators**
  - The YLO will facilitate consultations with each stakeholder group to identify the main issues to be assessed. Facilitators will guide a conversation on what issues adolescents and young people are facing when seeking or receiving sexual and reproductive health (SRH) services at the facilities.

Identifying issues

The YLO will guide the participants through a discussion on what issues are affecting adolescents and youth accessing SRH information and services in their community. The YLO will share the Input Matrix with the participants and ask them to fill out the "Actual" section to understand the level of resources the facility is supposed to have compared to what they are seeing. Facilitators use probing questions to help participants identify the most pressing issues for adolescents and youth. Questions can include:

- How are things going with SRH services/programs for adolescents and youth here?
- What SRH services work well for adolescents and youth?
- What SRH services do not work well for adolescents and youth?

After everyone in the group agrees with an identified issue, the facilitators use the Issue Area Matrix to record all of the issues that each stakeholder group identifies. Priority Level and Reasons will be filled out in the next part of the consultation. See Annex B for the Issue Area Matrix.

– Facilitators ask each stakeholder group to prioritize their issues by selecting their top five to six issue areas to focus on for the next year.

Prioritizing issues

There may be many issues discussed by participants in each stakeholder group. However, not all of the issues may be relevant to the project. At this stage, the facilitators ask the participants to agree on the most important and urgent issues to deal with first. The facilitators can ask the participants to also provide reasons for their choice. Their responses to which issues are prioritized or not, and why, will be recorded in the Issue Area Matrix. See Annex B.

– Facilitators work with each stakeholder group to develop indicators for each priority issue.

Developing indicators

After identifying the issue areas each group wants to focus on for the CSC assessment, the facilitators ask the participants to develop indicators to measure these issues. Some indicators may capture more than one issue, or one issue may have more than one indicator. It is up to the participants to decide how they want to measure and monitor progress of their identified issues.

Facilitators record the indicators in the Indicator Matrix, including the group's reasons for choosing those indicators and how they relate to the prioritized issues identified earlier. See Annex D for the Indicator Matrix.

If participants are having trouble developing indicators to use for their issues, the facilitator can refer them to the Guiding Questions and Sample Indicators for CSC (Annex C).

- **Step 3: Score the indicators**
  - Facilitators work with each stakeholder group to score each indicator (on a scale from 1–5) using the CSC tool. The participants should provide reasons for their scores as they go through each indicator.

Scoring each indicator

Once the indicators have been finalized, the facilitators put the agreed-upon indicators on a flipchart so everyone can view them. The facilitators then pass out the CSC tool for each participant to use for scoring the indicators. See Annex E for the CSC Tool.

Participants will need to put their reasons for scoring as they will be coming back together to discuss their scores as a group. Facilitators are only there to explain how the scoring works and allow participants to carry out their own scoring. Facilitators should note that scoring is a vital step in the process and should be done with one vote per indicator. Participants should not be asked to vote on all the indicators at once, but rather one at a time to give them time to think about each indicator.

The facilitation team should note that the raw data (e.g., flipcharts) belongs entirely to the facility or community. The team should only copy the outputs into their notebooks, i.e., whatever they need to take away, rather than removing the flipcharts.

After everyone has completed their scoring, the participants come back together to discuss their scores. Facilitators should ask participants why they scored the way they did using the following questions:
- Why did you give this rating?
- What is the problem?

  - The facilitation team gets the final score for each indicator either by seeking consensus among the participants or by averaging participants' scores.

Calculating the scores

The group must decide if they want the indicator score from their group to be an average of everyone's scores or to use a different method to agree on a group score for each indicator. After agreeing on the group score, the facilitators ask the participants for suggestions on ways to improve these scores using these questions:

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

The facilitators record the group score, reasoning, and suggestions for improvement in the Scoring Matrix document. See Annex F.

If the group chooses to use the average of their scores as their group score, the below guidance can be used for calculation.

Calculating Average Scores: 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. An example is shown below:

A focus group discussion involving 15 youth users of family planning services scored one of the indicators, as shown in the table below. The average score for this indicator, "Are SRH commodities available to young people?" is 1.9, meaning that it is between very bad and bad. Only one decimal place is shown in the result to avoid providing a false appearance of precision in the estimate of the average.

Indicator	1. Very Bad	2. Bad	3. Just OK	4. Good	5. Very Good	Total	Average
Are SRH commodities available to young people?	5	6	4	-	-	15	
Calculation of total score	5×1=5	6×2=12	4×3=12	0	0	29	29/15=1.9

- The scores given by each stakeholder group should be clearly documented.

- **Step 4: Hold an interface meeting**
  - Facilitators convene all the stakeholder groups who participated in the assessment to join an interface/dialogue meeting. Each group presents their priority issues, their indicators, indicator scores, and their suggested actions to improve the scores.

Facilitating an interface meeting

During the interface meeting, the facilitators guide the groups into negotiating to determine which indicators to prioritize for the next year. Once agreed upon, the facilitators will work with the participants to develop an action plan, which will include who is responsible for actions and specific time frames for implementation.

Guidance for successful interface meeting:

1. Sensitize participants about the feelings and constraints of other participants. This should also be done during the initial consultation.

2. The facilitators prepare a summary table of the outputs of each group to share with the other groups, and to use for the presentation at the interface meeting.

3. Other parties, such as local political leaders and senior government officials, should be involved in the interface meeting to act as mediators and to give it greater legitimacy.

4. Strong facilitation is required to ensure that a positive and constructive tone is maintained throughout the dialogue.

5. Each indicator should be discussed one at a time. After all groups have scored each indicator, they will then discuss a way to agree on a group score (e.g., calculating an average score or another method). Please see the guidance above for how to calculate the average score. The facilitators fill in the Consolidated CSC Tool for all agreed-upon scores from the larger group. See Annex G.

6. After the scores have been decided, facilitators work with the participants to fill in the Action Planning Matrix. See Annex H.

7. Facilitators should help all the parties to come up with a list of concrete changes that they can implement immediately. At all times, the focus should be on a joint search for constructive solutions to identified problems.

8. The Action Planning Matrix should consist mainly of agreed on reforms with timelines and budgets to ensure that the reforms are implemented. Ensure that all parts of the Action Planning Matrix are filled in completely.

  - Facilitators guide the groups in selecting which indicators to prioritize for the coming year.

- **Step 5: Develop an action plan**
  - Facilitators work with the participants to generate suggestions for improvement or ideas for actions to take to improve scores over the next year.

Generating ideas

For all issues identified, the facilitators ask for suggestions on how to improve that service or project. For areas where the facility is doing well, the facilitation team asks the participants for ways to maintain quality for adolescents and youth.

  - The facilitators then guide the participants into developing an action plan, which will include who is responsible for actions and specific timeframes for implementation.

- **Step 6: Follow up and re-assess**
  - A technical working group or social accountability committee can be formed to lead the implementation and follow-up phase.
  - The technical working group/social accountability committee organizes follow-up meetings with stakeholders to monitor progress of the action plan.

Organizing follow-up meetings

Facilitators will organize follow-up meetings with stakeholders to monitor progress on the Action Planning Matrix. Reforms and policy influencing are implemented at this stage, which will aim to improve SRH services for adolescents and youth.

Examples of expected impact:
- Enhanced accountability and transparency on the part of service providers
- Empowerment of local service-users to demand transparency
- Enhanced sensitivity of users to providers' constraints
- Evidence of improved service performance

  - Further CSC assessments should be conducted at regular intervals and at the end of the project to compare baseline, midline, and endline data.

ANNEX A: INPUT TRACKING MATRIX

This matrix will be completed for each facility. The health staff should fill out the Allocated Resources column. Youth-led organizations will work with stakeholder groups to collect inputs for the Actual Resources and Remarks columns.

INPUT TRACKING MATRIX			
Facility Name: Date: District:			
Indicators	**Allocated Resources**	**Actual Resources**	**Remarks**
Number of service provider staff present	[insert number of service providers with competency, training, and qualifications to provide sexual and reproductive health (SRH) services]		
Number of targeted beneficiaries per quarter	[insert the number of beneficiaries the facility aims to reach each quarter]		
Number of SRH commodities	[insert amount of SRH commodities allocated for this facility, disaggregating by type of commodity]		
Number of SRH services provided	[list the SRH services that this facility should be providing according to their service mandate]		

ANNEX B: ISSUE AREA MATRIX

This matrix will be completed by each stakeholder group.

ISSUE AREA MATRIX		
Facility Name: **Stakeholder Group:**		
Issue	**Priority Level**	**Reasons**

ANNEX C: GUIDING QUESTIONS AND SAMPLE INDICATORS FOR COMMUNITY SCORE CARD

The questions below are to help facilitators guide conversations with participants if they are having trouble developing indicators. Facilitators should encourage participants to develop their own indicators but can provide some examples to help participants think about ways to phrase their indicators. Here are a few questions to help guide the facilitator in discussing the different areas of sexual and reproductive health (SRH) service provision for young people, separated by the different stakeholder audiences.

SRH COUNSELING AND SERVICES

SAMPLE INDICATORS

- SRH information and counseling are relevant to the needs of the youth.
- Service providers and support staff have the required knowledge, skills, and a positive attitude to effectively provide services at all levels.

QUESTIONS FOR YOUTH/YOUNG PEOPLE
- Do many young people use the facility to access sexual and reproductive health (SRH) information and services?
- The counseling staff. Do you always feel satisfied after a counseling session? When you are sharing information, is it in a private place?
- The staff. Are they always early at post? Are the staff pleasant to you? Does it take so long to see a doctor or nurse?
- The adolescent-friendly center. Does the environment attract you?
- [insert SRH services, such as family planning, sexually transmitted infection testing/treatment, etc.] Do you see it as providing good services?
- [insert SRH services, such as family planning, sexually transmitted infection (STI) testing/treatment, etc.] Does the service address your concerns?

QUESTIONS FOR HEALTH STAFF
- Did you receive a training on how to provide SRH information and services to adolescents and youth?
- Is there sufficient privacy for adolescent and youth clients during counseling sessions?
- Do you feel confident providing SRH information and services to youth?
- Do many young people come to the facility for SRH information and services? If not, why do you think that is?
- Are there certain SRH services you are not allowed to provide to adolescents and youth?
- Are adolescents and youth required to bring someone (e.g., their sexual partner or parent/guardian) with them in order to receive certain SRH services or information?

QUESTION FOR COMMUNITY MEMBERS
- Do you approve of family planning/contraceptive services being available to youth at the facility?

SRH INFORMATION AND MATERIALS

SAMPLE INDICATORS

- SRH information is relevant to the needs of the youth.
- SRH information included in materials is understood by the youth.
- SRH information is accessible to the youth.
- SRH information is appropriate for the youth.

QUESTIONS FOR ALL AUDIENCES

- Are information, education, and communication (IEC) materials friendly for youth?
- Are IEC materials tailored to youth?
- Is it easy for youth to find IEC materials?
- Have you seen outreach activities conducted in your district that target adolescents and youth?

ACCOUNTABILITY MECHANISMS

SAMPLE INDICATOR

- Youth are able to provide feedback or input on the SRH information and services they receive from the facility, adolescent center, and other outreach platforms.

QUESTIONS FOR YOUTH/YOUNG PEOPLE

- Are you able to provide feedback on the services you receive from the facility, adolescent center, or other programs offered to youth?
- If yes, is it easy to access these feedback methods? What is done with this information?

QUESTIONS FOR HEALTH STAFF

- Are you aware of any quality improvement strategies in your district? If yes, do they include strategies or activities related to adolescent/youth needs?
- Does your facility regularly review data on SRH? Is data on adolescents and youth SRH services collected and reviewed?
- Can youth provide feedback on the services they receive at the facility?
- If yes, how? Is that information used to improve conditions? How?

QUESTIONS FOR COMMUNITY MEMBERS

- Do you know if youth can provide feedback on the services they receive?
- If yes, how do they provide feedback? Do youth use this mechanism? What results from the feedback they provide?

ANNEX D: INDICATOR MATRIX

This matrix will be completed with each stakeholder group.

INDICATOR MATRIX		
Facility Name: Stakeholder Group:		
Priority Issue	**Indicator**	**Reasons**

ANNEX E: COMMUNITY SCORE CARD TOOL

This tool should be provided to each participant of the stakeholder group for them to complete individually. All the score cards collected together will be used to fill out the Scoring Matrix (Annex F).

COMMUNITY SCORE CARD TOOL						
Facility Name: Stakeholder Group: Date:						
Indicator	Very bad = 1	Bad = 2	Just okay = 3	Good = 4	Very good = 5	Reasons

ANNEX F: SCORING MATRIX

This tool should be used with Annex E to fill out for each stakeholder group. Participants may decide to use an average score for each indicator or another method for choosing their group score.

SCORING MATRIX		
Facility Name: Stakeholder Group:		
Indicator	**Average Score or Group Score**	**Reasons and Suggestions for Improvement**

ANNEX G: CONSOLIDATED COMMUNITY SCORE CARD TOOL

This is where you will record the scores for each indicator by stakeholder group. The groups must decide collectively on the consolidated score. This could be done by taking an average score or discussing together a score everyone can agree with. Include how the consolidated score was decided upon in the Notes column. The youth-led organization will provide the name of each indicator in the indicator column (replacing the language with the actual indicator identified by all stakeholders).

CONSOLIDATED COMMUNITY SCORE CARD			
Facility Name: Date: District:			
	Stakeholder Group	**Score**	**Notes**
Indicator 1	Youth		
	Health Staff		
	Community Members		
Consolidated Score			
Indicator 2	Youth		
	Health Staff		
	Community Members		
Consolidated Score			
Indicator 3	Youth		
	Health Staff		
	Community Members		
Consolidated Score			
Indicator 4	Youth		
	Health Staff		
	Community Members		
Consolidated Score			
Indicator 5	Youth		
	Health Staff		
	Community Members		
Consolidated Score			

CONSOLIDATED COMMUNITY SCORE CARD			
	Stakeholder Group	**Score**	**Notes**
Indicator 6	Youth		
	Health Staff		
	Community Members		
Consolidated Score			
Indicator 7	Youth		
	Health Staff		
	Community Members		
Consolidated Score			
Indicator 8	Youth		
	Health Staff		
	Community Members		
Consolidated Score			
Indicator 9	Youth		
	Health Staff		
	Community Members		
Consolidated Score			
Indicator 10	Youth		
	Health Staff		
	Community Members		
Consolidated Score			
Indicator 11	Youth		
	Health Staff		
	Community Members		
Consolidated Score			
Indicator 12	Youth		
	Health Staff		
	Community Members		
Consolidated Score			

ANNEX H: ACTION PLANNING MATRIX

This template is used for recording suggested ideas and action steps discussed during the interface or dialogue meeting. All columns should be filled in. Resources refer to any funding, supplies, staffing, or other resources required to implement the action identified.

ACTION PLANNING MATRIX

Facility Name:

Date:

District:

Priority theme	Action	Who will lead it	With whom	Completion date	Resources	Notes

ANNEX I: PROGRESS OF ACTION PLAN TOOL

A sample of facilities will be chosen for baseline and endline assessment. In addition to collecting information from the initial community score card (CSC) process, the youth-led organization (YLO) will complete a second round of the CSC tool (Annex E) and Scoring Matrix (Annex F) with each stakeholder group, complete the consolidated CSC tool (Annex G) with all groups together, and discuss the planning matrix progress with all groups together using the adjusted planning matrix included below (Progress of Action Plan).

PROGRESS OF ACTION PLAN [ADJUSTED PLANNING MATRIX FOR ENDLINE ASSESSMENT]				
Facility Name: Date: District:				
Priority theme	**Action [according to planning matrix]**	**What has been achieved?**	**What remains to be done?**	**Notes**

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