Community Score Card
Digitalization

The Community Score Card (CSC) is a two-way and ongoing participatory tool for feedback, accountable management, planning, monitoring and sharing responsibilities to improve public service quality. The CSC process brings together the demand side ("service user") and the supply side ("service provider") of a particular service or program to jointly analyze issues underlying service delivery and find common ways of addressing those issues in future. It aims to increase participation, accountability and transparency among service users, providers and decision-makers which further improves and strengthens the governance practice by bridging the gap between citizen and accountability bearers for the improved services, thus ensuring people's voice and representation.

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CSC is an iterative process consisting of five major phases:

Planning and Preparation Phase 1

This phase includes consulting concerned service authority, stakeholders and impact population at particular service location of public facilities. During the consultation, all associated actors are informed about objectives, benefits and process of CSC to establish consensus on mutually agreed indicators and plan to conduct CSC.

Score Card with Communities Phase 2

This phase encompasses organizing community meeting separately to each group of service users. During the community meeting, local partner facilitates to score the mutually agreed indicators with due participation of marginalized women, girls and other vulnerable groups of the community. Score results of each indicators are validated and documented with every one present in scoring process.

Score Card with Service Providers Phase 3

In this phase, scoring of the mutually agreed service quality indicators is facilitated in the same way, at the meeting of service providers and decision making authorities. Scoring provided by service provider might be different from scoring provided by community. It is a process of self-reflection on part of service providers and decision making authorities, on how effectively they are accountable towards the needs and priorities of marginalized population and what prevents them from fulfilling their obligations.

Interface Meeting and Action Planning Phase 4

This phase brings service users' representatives and service providers together at a place to negotiate the scoring of each indicators from phase 2 and 3 to facilitate an agreement on corrective measures to be taken for future improvement. A joint action plan with division of roles to achieve the milestone is an outcome of this interface meeting.
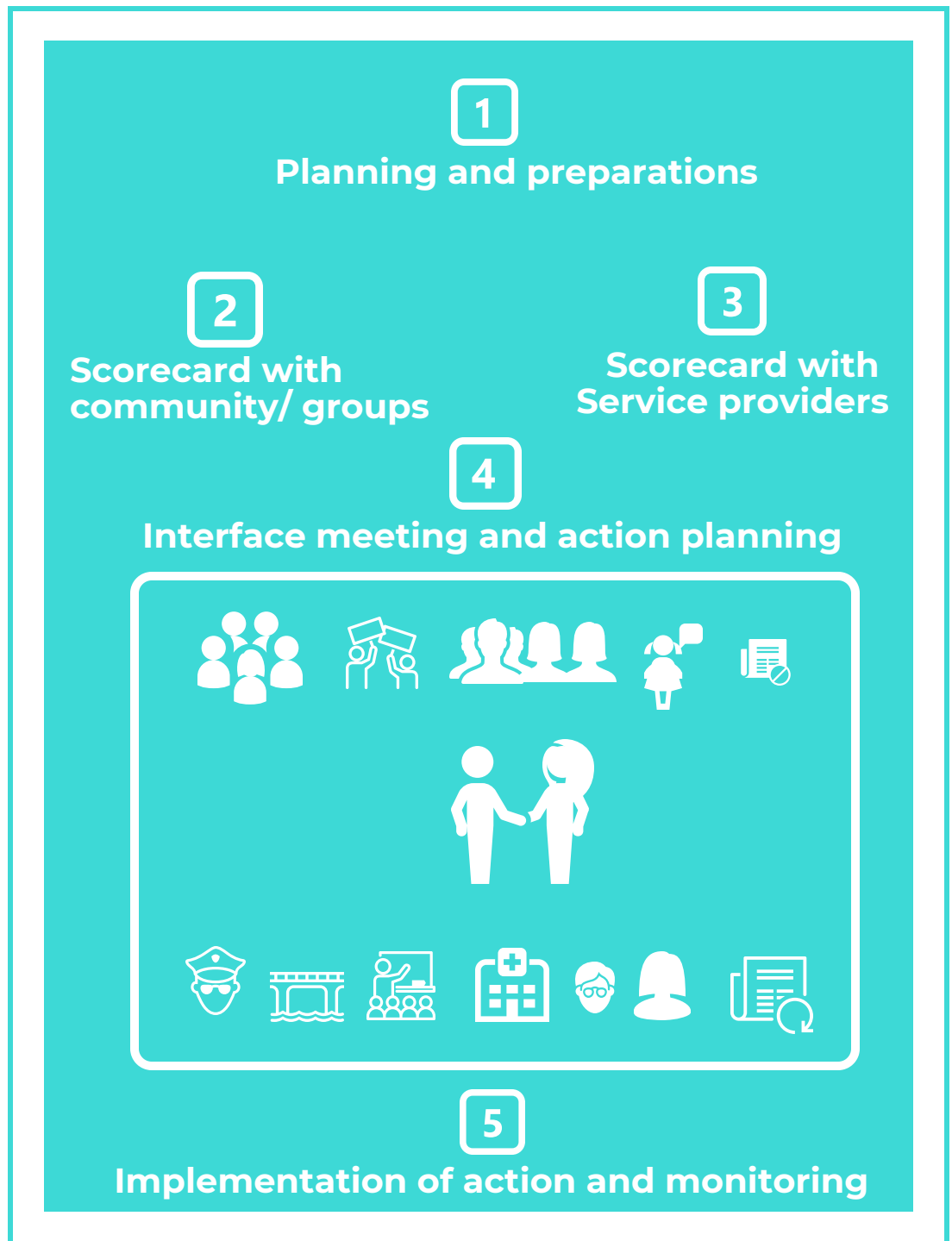
Implementation of Action Plan and Monitoring Phase 5:

Based on agreed action plan and division of roles among service providers, decision making authorities and community members, a monitoring committee will be formed, representing both side service users and service providers. The committee will follow up with the duty bearers and report on implementation status of action plan. This process will continue till the next CSC cycle begins. The aggregated findings will be presented at interface meeting of next cycle. The whole process requires experimentation, testing and learning to understand what works best.

CARE Nepal has been adopting the community scorecard from the very beginning, under the name of Community Health Scoreboard (CHSB) for more than 12 years, to ensure quality, accountability and responsive public health facilities.

CHSB process informs decision makers and powerholders about grassroots realities, empowers voices of marginalized to influence decision making, and bridges gaps between marginalized citizen and accountable institutions by facilitating inclusive spaces for negotiations.

The concept has been further scaled up in education and gender justice sectors to strengthen accountability and foster changes in behaviors of service providers and decision makers. Previously, CSC process had been implemented manually through facilitation of local partner / civil society organizations. The manual method of CSC is quite tedious and time-consuming for scoring indicators, entering, compiling and analyzing data and reporting the findings; hence it has been digitalized. It also aims to compile database of all programs to ensure uniformity in the process of institutionalization

1
Planning and preparations

2
Scorecard with community/ groups

3
Scorecard with Service providers

4
Interface meeting and action planning

5
Implementation of action and monitoring

Digitalization of CSC

The reality of social distancing context and other restriction imposed due to COVID-19 pandemic urged CARE Nepal to find alternative ways of digital solution so that all associated CSC processes can be carried out and supported through remote working modality, without leaving any gaps in CARE's efforts to ensure governance and accountability system. With consideration of the context, digitalization of CSC process has been started through the use of CSC App which is currently in practice in two country offices: CARE Malawi and CARE Vanuatu. CARE Bangladesh and CARE Pakistan are also in starting phase of adopting CSC digitalization process. The CSC App enables digital ways for scoring service quality, accumulating data and analyzing the findings from the heat map (See below chart) generated from the application. Heat map is a set of features built in CSC App that provides graphic analysis to compare scores, indicating the most common themes emerging in community discussion.

The process of digitalization has been now started in four local health facilities of two districts namely Sindhuli and Sindhupalchok. After the reflection on those experiences, CARE Nepal is planning to expand and scale it up across all CARE Nepal's projects and programs.
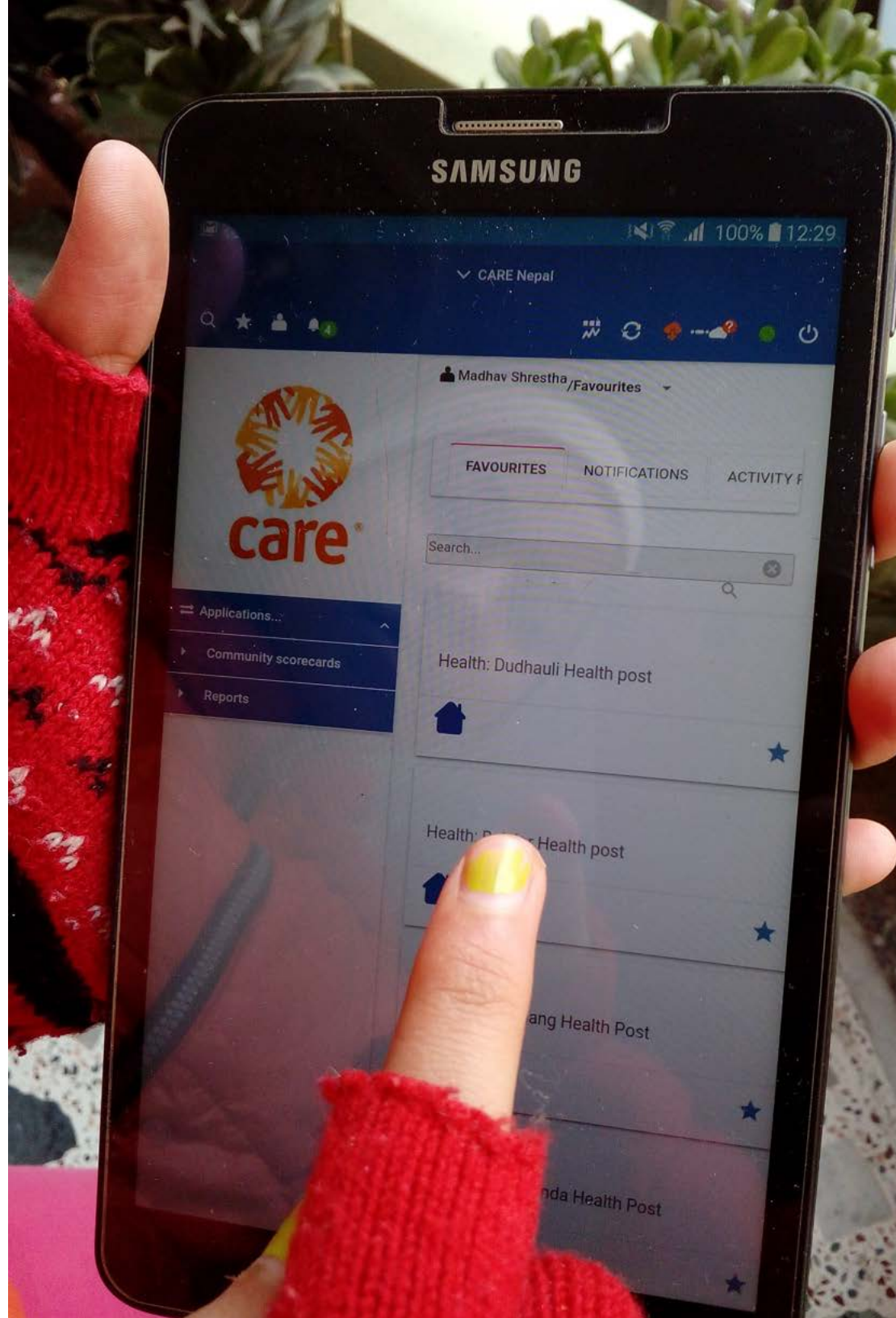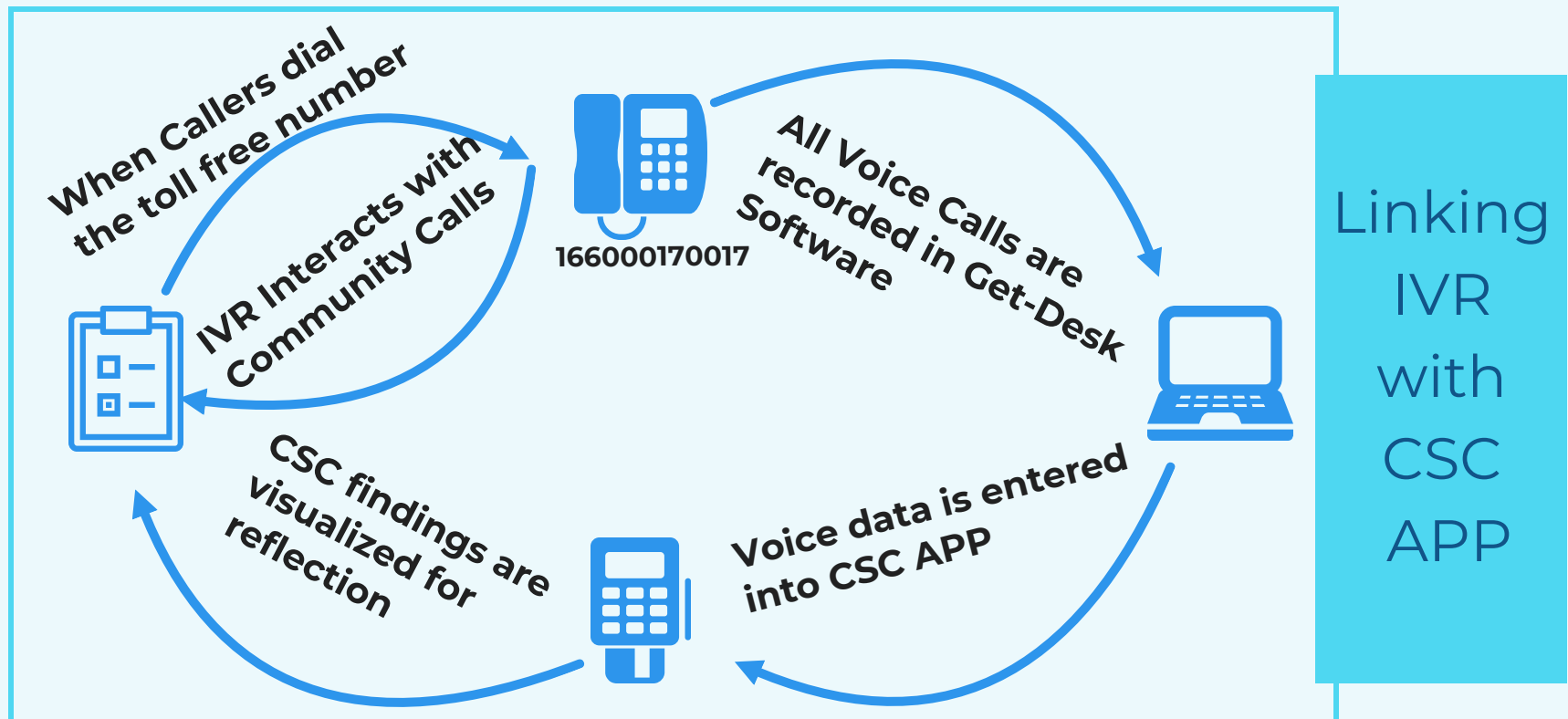
Linking IVR with CSC

Interactive Voice Response Systems (IVRs) is an automated response generated by the telephone system to answer every call. IVR takes a combination of voice response and keypad tones as inputs and routes the calls to appropriate agent/message/source of information. CARE Nepal has recently started to use Interactive Voice Response Systems (IVRs) to enable programs to virtually connect with wider community in the COVID context and increase their access to information on COVID-19 response and safety measures, provide risk communication messages and handle feedbacks for better improvement in CARE's program and response effort.

Though IVRs is initially designed for quality and accountable humanitarian response and preparedness, it works as foundation technology for all CARE Nepal programmes. The features of complaint handling and feedback surveys are equally applicable to all programmes. With these, IVRs features can be further customized according to programmatic needs of other CARE Nepal regular programmes.

Based on necessity, the use of IVR will be expanded in CSC process to collect/gather community voices to score the service indicators. The service users of particular facilities have opportunity to interact through given toll-free numbers inbuilt with IVRs features, enabling them to freely express their opinions to score the public service quality. The community voices recorded through IVRs will be utilized to make data entry of service scores in CSC APP (See below chart). Along with IVRs, audio or video conferencing tool like Zoom application can be utilized for interface meeting among service users, stakeholders, decision makers and service providers. The zoom record provides further reference to document findings of interface meeting.

When Callers dial the toll free number

IVR Interacts with Community Calls

166000170017

All Voice Calls are recorded in Get-Desk Software

Voice data is entered into CSC APP

CSC findings are visualized for reflection

Linking IVR with CSC APP

Benefits of Digitalization

Digital method of using CSC App provides variety of benefits to the program. It helps to institutionalize the tool by ensuring uniformity in CSC process across CARE Nepal projects. Further it also increases operational efficiency of staff as it saves time that a staff needs to spend for collecting, complying and analyzing the data while using manual CSC process. Along with this, the important benefits of digitalization are

Amplify the voices of community

Digitalization of scoring helps to clearly pin down major asks of the community, giving it value and establishing it in the planning and decision making process. It enables clear identification of top issues and concerns raised by the communities. It also allows communities to speak directly without diluting their voices. It can further help channelize the community voice with service providers and decision makers as the link of CSC App is available with service providers' portal through which they will be able to self-sensitize for change and improvement of their performances.

Showcase successful works on Social Accountability (SA):

CARE Nepal has a strong track record in relation to social accountability. The process of digitalization should help CARE Nepal to gather, document and present social accountability works more easily. Simple graphic analysis report can be shown in different portals of service authority such as putting the link of CSC App in local government website and health information management system of Health department.

Improve data management

It ensures that all CSC data is saved in one place making raw data easily accessible. This further helps to bring together an analysis, considering various dimensions as per the guidance of the indicators. With this, it provides comparative analysis of service scores between different time intervals and demonstrates the improved trend of service quality and accountability of service providers.

Coordinated way of managing social accountability data across CARE

CARE needs a way to connect SA data and analysis regionally and globally to see the trends and establish links with advocacy. The digitalization process helps to compare Nepal data globally and regionally, as indicated by other CARE offices.

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