

ADVANCING PARTNERS & COMMUNITIES

Community Scorecard Toolkit
Empowering Communities and Healthcare
Providers to Partner in Leading Change

August 2018

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Advancing Partners & Communities

Advancing Partners & Communities (APC) is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-12-00047, beginning October 1, 2012. APC is implemented by JSI Research & Training Institute, Inc., in collaboration with FHI 360. The project focuses on advancing and supporting community programs that seek to improve the overall health of communities and achieve other health-related impacts, especially in relationship to family planning. APC provides global leadership for community-based programming, executes and manages small- and medium-sized sub-awards, supports procurement reform by preparing awards for execution by USAID, and builds technical capacity of organizations to implement effective programs.

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ACRONYMS

APC	Advancing Partners & Communities
CSC	Community Scorecard
KP	Key Populations
LCI	Local Capacity Initiative
M&E	Monitoring & evaluation
NGO	Non-governmental organization
PLHIV	People living with HIV
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
SOP	Standard Operating Procedure
USAID	U.S. Agency for International Development

PURPOSE

The purpose of this document is to provide a step-by-step guide for implementers of community health programs, including local governments, nongovernmental organizations (NGOs), and civil society organizations, on how to develop and implement a community scorecard to monitor and improve the quality of services at a health facility. It is written within the context of the Advancing Partners & Communities project's (APC) Local Capacity Initiative (LCI) and focuses specifically on improving service quality and health outcomes for key populations (KP) receiving HIV and AIDS services at community-level healthcare facilities. Specific objectives of this document are to:

1. Present an introduction to the scorecard concept and a description of why and how scorecards are used;
2. Explain the steps involved in developing a scorecard;
3. Provide standard operating procedures (SOP) for how to implement a scorecard and use it as a tool for improving performance within a health facility.

OVERVIEW

The Local Capacity Initiative (LCI) was established by the U.S. Government in 2013 to strengthen sustainability of national HIV and AIDS responses through increased advocacy capacity of local civil society organizations (CSOs) working with key populations. The US Agency for International Development (USAID) defines key populations as “people who inject drugs, men who have sex with men, transgender persons, sex workers and prisoners”. Globally, key populations face much higher rates of HIV and AIDS than the general population. USAID found that they are most at risk for contracting HIV and UNAIDS estimates that between 40 percent to 50 percent of all new HIV infections may occur between individuals in key populations and their immediate partner.”¹ To provide CSOs, and the communities they represent, with a voice and vehicle for facilitating and propelling change within the health systems where they access care, LCI introduced the community scorecard tool as part of a set of tools and strategies. LCI focused their use of scorecards on those CSOs working with key populations.

Pioneered by CARE in 2002, the community scorecard is a performance improvement tool which is now a widely used approach to generate citizen engagement and feedback on the quality and accessibility of health services:

"The Community Score Card (CSC) is a two-way and ongoing participatory tool for assessment, planning, monitoring and evaluation of services. It is easy to use and can be adapted into any sector where there is a service delivery scenario.

The Community Score Card brings together the demand side (“service user” or “community member”) and the supply side (“service provider”) of a particular service or program to jointly analyze issues underlying service delivery problems and find a common and shared way of addressing those issues. It is an exciting way to increase participation, accountability and transparency between service users, providers and decision makers.”²

¹ USAID. <https://www.usaid.gov/what-we-do/global-health/hiv-and-aids/technical-areas/key-populations>

² 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.

Scorecards are designed to increase transparency and community participation in health facility management and improve quality of care. Within the LCI context, communities using the scorecard tool were empowered to partner with their servicing health facilities to improve access to quality health care services.

What Is the Objective of a Scorecard?

A scorecard is a tool that is used by community members and health care providers to facilitate collective agreement and action with the goal of improving service delivery. It allows a community to engage with health facility providers in a formal setting and deliberately and positively encourage service quality, efficiency, and accountability. This is achieved by providing space for these two groups to engage in a participatory dialogue that is action-based and accountability-focused.

How Does a Scorecard Improve Performance?

A scorecard approach provides—

- community members with the ability to provide feedback directly to their catchment health facility; the scorecard acts as a vehicle for systematically sharing feedback in a transparent and structured manner that enables action and accountability.
- healthcare facility service providers and administrators with a direct link to their community; the scorecard collects information that can be used by service providers to improve health care services in an informed manner that directly responds to their constituency.

Scorecards are a power lever for change as they provide a vehicle through which communities and providers can partner to identify and enact positive improvements – together – at every level of the health system. The strength of this tool and process is that it emphasizes immediate response to the scores and *joint* decision making and action among all stakeholders. Service providers receive immediate feedback in a space that allows for mutual dialogue between community members and providers around the indicators and scores. Similarly, improvement actions are identified together and both groups take responsibility for implementing and monitoring them. By working together, the scorecard seeks to create a collaborative and constructive dynamic between all stakeholders that result in action, accountability, and positive change.

A scorecard approach provides communities and health workers with data which they can use to measure impact over time and use to advocate for measures to improve service delivery from governmental and nongovernmental stakeholders. Changes in health care access and provision occur through different mechanisms, including health provider actions in response to the information gathered via the scorecard process, pressure from communities provided vis-à-vis scorecard scoring, and joint action and improved collaboration by communities and providers in the development and implementation of scorecard-informed action plans.

Community members and healthcare facility providers collaboratively develop criteria, or indicators, for evaluating the services which are captured in a scorecard. As noted, collaboration is crucial to the successful design and implementation of the scorecard. By working together all stakeholders understand why Each group meets regularly, but separately, to score the service using the scorecard tool, stating why for each score. Then community members and service providers gather in an interface meeting to

share their scores, identify and prioritize issues for improving scores and thus services, and create an action plan for carrying out those improvements.

This SOP is then repeated every three, four to six months to monitor and evaluate the action plan, re-score the scorecard, and develop a new action plan. This cyclical process of evaluation enables ongoing improvement in access to and delivery of quality health services. Over time and with consistent use and commitment to improvement, the joint efforts of both community members and service providers using the scorecard yields change in service delivery and quality and, ultimately, positive health outcomes.

Before implementing a scorecard approach, however, stakeholders should consider both the benefits and challenges of using the tool.

Strengths of using a scorecard:

- Solicits direct engagement and feedback from the community members.
- Community-level data collection allows for engagement of key stakeholders from various groups; the consensus process for determining the score each quarter creates a space for dialogue.
- Flexible methodology that allows for a focus on critical issues for a given project or location. For example, LCI grantee scorecards ask questions about health worker behavior toward patients and stigma toward key populations.
- Action planning process at the end of the scorecard data collection promotes the use of data for decision-making, with specific actions identified with timelines and persons responsible (which may include escalating an issue up to the district level or above).

Challenges of using a scorecard:

- The process of facilitating the data collection, dialogue, and action planning process can be lengthy and requires a skilled facilitator to lead the dialogue.
- Community-level data is sensitive in nature, particularly where it exposes issues of stigma, discrimination, or other issues. As such, sharing various reports and dashboards summarizing the data can be challenging, as reports need to be limited to showing the data for a given district's facility scores, introducing additional work in customizing the report and considering the sensitivity of the scorecard data.
- Data analysis. Data is at the crux of the scorecard. Being able to query, analyze, and visualize data is a critical set to consider when designing and deploying the scorecard. A team must have someone who can competently conduct this level of analysis in order to produce the kind of information needed to inform change.

PUTTING THE SCORECARD INTO PRACTICE

The scorecard concept is a dynamic process that can build robust communities of committed change agents empowered to improve access to and delivery of quality health services. A thoughtful and thorough design is essential to ensuring that a scorecard is accepted and successfully implemented. Once designed, the scorecard must be consistently deployed and used in order to gather data that can be used to inform decision-making and positive change.

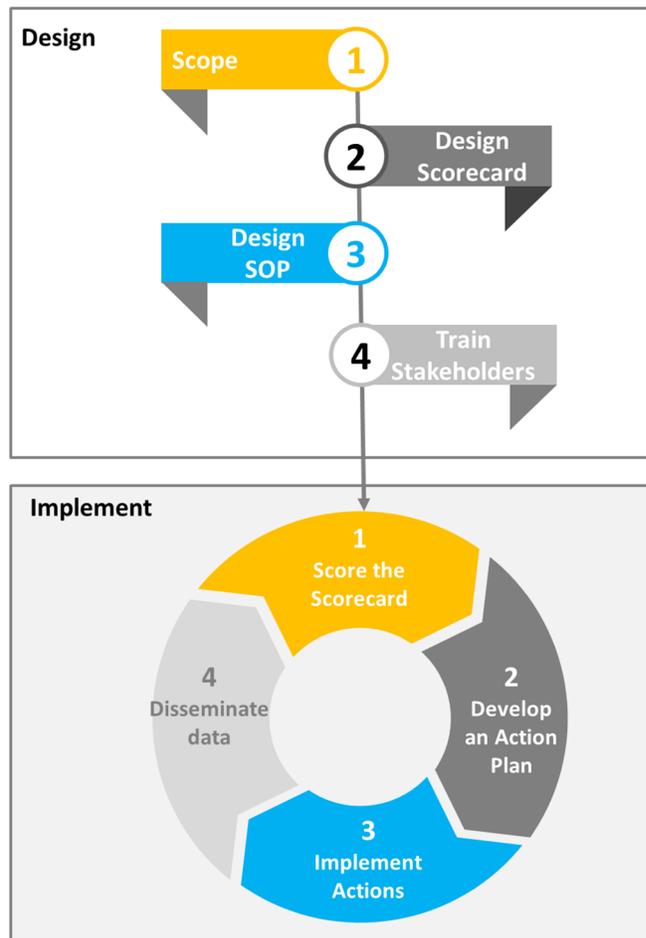
To deploy a scorecard, it must be designed so it reflects the needs of the community where it is being deployed. The design phase takes place only once and is depicted in Figure 1:

1. Scope the scorecard concept
2. Design the scorecard
3. Design the scorecard SOP
4. Train scorecard stakeholders

Since the scorecard is designed to fuel a continuous approach to performance improvement, it can be implemented as many times as it is relevant and useful to the community. This cyclical process is also depicted in the implementation steps in Figure 1.

1. Score the scorecard separately with the community and with the healthcare facility service providers in *Scorecard Review Meetings*
2. Conduct the *Scorecard Interface Meeting* where both groups convene to review their individual scorecards as identified in the *Scorecard Review Meetings*, discuss their scoring and identify a joint score, and then together develop an action plan for how they will improve scores
3. Implement the action plan and monitor actions
4. Disseminate scorecard data dashboard to stakeholders for decision-making

Figure 1: Scorecard Design and Implementation Steps

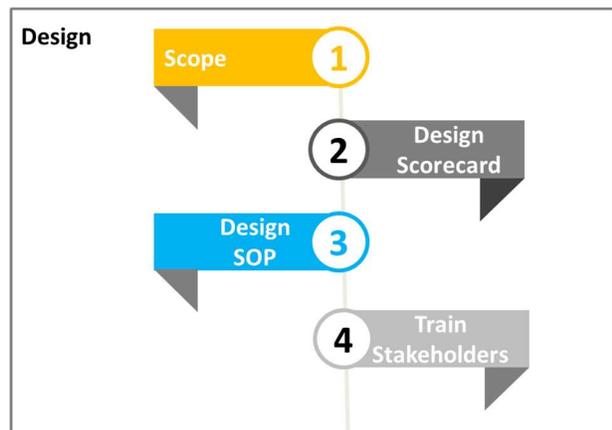


Scorecard Design

The design process is meant to be collaborative and involve all stakeholders. The foundation of the scorecard is a set of indicators that can be scored and monitored. These indicators are used to generate change by creating community commitment to identifying and acting on improvement-focused action plans. This requires open dialogue about both opportunities and challenges to access to and delivery of quality health services. As such, everyone involved must be fully aware of and bought into the process. To achieve this level of buy-in and commitment, the design process must be methodical, transparent, and collaborative. For the design process to be collaborative and representative and result in a product with buy-in from all participants, the following groups should be represented:

- Community members who receive (or should receive) care from participating health facilities (e.g., members of key populations, representatives of groups from whom specific feedback is desired),
- Community leaders who have the ability to influence community members to utilize services,
- Health facility personnel whose services are being scored,
- Policymakers who have the ability to take action based on the scorecard process.

Figure 2: Scorecard Design and Implementation Steps



Every group who is impacted by the scorecard should have a voice in the design process.

Guidance documents appended to this toolkit facilitate the design process. They are:

1. **Scorecard Scope Guide** (*Appendix A*) which walks designers through the process of identifying a scope for the scorecard (e.g. who, what, when).
2. **Scorecard Design Guide** (*Appendix B*) which walks designers through the design of the scorecard (e.g. developing indicators, scale, dashboard).
3. **Scorecard Standard Operating Procedure (SOP) Design Guide** (*Appendix E*) which walks designers through each component needed to design a SOP for deploying the scorecard.

After the scorecard and the process for its administration are designed, those who will be facilitating the process and/or expected to take action based on the scorecard should be trained on the scorecard and how it can be used in what the scorecard is and how it will be utilized. A sample training curriculum is included in Appendix H of this document.

Scope the Scorecard Concept

Scope the Scorecard Concept

1

A clear scope needs to be defined to set parameters for the scorecard's implementation. Key areas to define include:

- Areas of the health sector that the scorecard will focus on
- Overall goal of using the scorecard (e.g. access to HIV and AIDS services)
- Health facilities that will use the scorecard
- Stakeholder buy-in needed to make the scorecard data successful
- Sub-populations within the community that need to be represented as a part of the community scorecard group
- Budget considerations, including financial support for data collection and dissemination. An analysis should be conducted to estimate costs and inform pricing decisions for implementing the Community Scorecard. Estimating the costs to develop and implement a scorecard activity can help ensure that an allocated budget is adequate to cover costs, and that funding agreements are sufficient and promote sustainability of the organization carrying out the activity. A robust tool should be built that assigns time and material costs to each step of the scorecard process and estimates costs of different combinations of activities. This provides decision-makers with the data needed to make an informed decision about implementation. An example of a costing tool can be found in Appendix I.

On-The-Job Reference Tools & Job Aids – Scope

- ***Appendix A: Scorecard Scope Guide.*** This job aid provides detailed guidance on scoping a scorecard initiative.
- ***Appendix I: Costing Tool.*** This appendix provides an example of a costing template. It details inputs to be considered when determining the costs associated with implementing the scorecard tool

Design the Scorecard

Design the Scorecard

2

Designing the actual scorecard needs to be a collaborative process that reflects the objectives of the health system. It is the foundation of the scorecard approach and it needs to be designed strategically so that it effectively monitors and

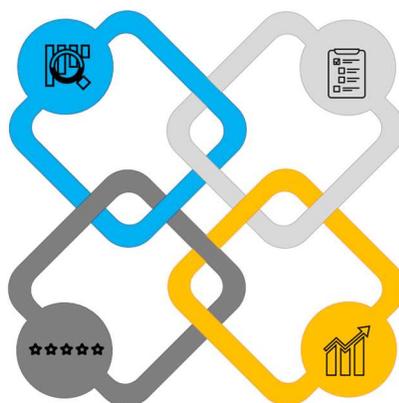
informs improvement in desired areas. The scorecard itself is comprised of four components:

Scorecard Indicators

Scorecard indicators are metrics that provide information “to monitor performance, measure achievement and determine accountability”²

Scoring Scale

The scale is used to rate the current state of the various indicators affecting quality service provision.



Action Plan Template

This template captures necessary data points to ensure that actions are identified and enacted in response to scoring.

Dashboard

The dashboard is a tool that allows stakeholders to easily access, analyze, and report scorecard data.

The following steps describe how to design a scorecard and build each component. So long as the end result is a scorecard that will allow a community and their healthcare facility providers to collaboratively improve service delivery, these steps can be adapted to their own objectives and context.

I Convene focus group

To ensure that the scorecard is representative of the community and healthcare facility providers, a focus group comprising individuals that represent the populations impacted by the scorecard should be convened. These individuals must understand the issues that the scorecard experience examines, and be empowered to speak for the group they represent when designing the scorecard and scorecard process. In the LCI experience, these have included community members who receive (or should receive) care from participating health facilities (with a focus on representatives from each key population), community leaders, health facility personnel whose services are being scored, and policymakers. The focus group will select the indicators and rating scale and provide valuable input into the scorecard design and roll-out, ensuring its validity and appropriateness to the context.

Example:

In the LCI context in Zimbabwe, the scorecard tool was designed to improve access to quality HIV and AIDS services for key populations including people who inject drugs, men who have sex with men, transgender persons, sex workers and prisoners, youth, and artisanal miners. Focus groups comprising representatives of each of these key populations were formed. Representatives of community and religious leaders from the communities where health services were being provided as well as representatives from the health facilities providing care participated in the focus groups. By involving each stakeholder group, it ensured that everyone understood and was in agreement with the tool, indicators, process, and expected actions that would be taken based on the scoring and action planning.

2



Select indicators

As a group, the first step toward identifying indicators is to articulate the area of health that they want to see improve (e.g. HIV & AIDS services, immunizations, access to primary care, commodity availability). This “big picture” goal sets the stage for the scorecard. Once established, the next step is to select indicators that monitor progress against this goal. Indicators are used to show changes and progress. These indicators are used by scorecard participants to:

- measure progress and achievements
- collect data to inform action items
- ensure accountability to and from all stakeholders by demonstrating progress
- assess performance

Indicators are “signposts of change along the path to development. Indicators are what we observe in order to verify whether – or to what extent – it is true that progress is being made towards our goals, which define what we want to achieve.”³

By verifying change, indicators demonstrate progress (or lack thereof) as the actions selected by the community and healthcare facility providers start to yield improvements in service delivery. They also serve as early warning signals when things go wrong and can assist in identifying changes that need to be made. In this way, continuous indicator monitoring facilitates effective evaluation.

To select indicators, the focus group should ask questions like:

- Who are our stakeholders?
- What data do our stakeholders need to make decisions that can positively impact access to and delivery of health services?
- What is the current situation related to the identified area of health and the health goal?
- What are data elements that we can track that help us monitor our health goal?
- What works well related to the health goal?
- What does not work well related to the health goal?

List all issues or obstacles that stand in the way of the effective delivery of quality services within the identified health goal. Prioritize issues/obstacles and for those that are a priority, develop indicators that guide and measure progress toward addressing them. Indicators will be tracked in the scorecard with the goal of addressing issues/obstacles and improving service delivery.

Remember, as you finalize indicators, each should—

- directly relate to the areas within the health sector that those implementing the scorecard want to monitor and see improve
- Be S.M.A.R.T. (Specific, Measureable, Attainable, Relevant, Timebound).

³ Sandhu-Rojon, R. Selecting Indicators for impact evaluation. Retrieved from <http://www.i-three.org/wp-content/uploads/2015/03/Selecting-Indicators-for-Impact-Evaluation.pdf>

Example:

In the LCI context, indicators were identified in alignment with broader health policy goals as directed by the Ministry of Health. In Guyana, the Ministry prioritized ensuring that a Patient Bill of Rights was deployed across all health facilities and being fully implemented as a means by which to ensure that key populations accessed the care they needed as guaranteed by the rights afforded them by the Ministry. As such, scorecard indicators were aligned to this document.

3 | Develop scoring scale



After generating the indicators, the focus group should build a rubric for scoring the indicators. There are many types of scoring rubrics (e.g., numbers, faces). Select the scale most commonly used and understood within the culture and context of those participating. This will ensure that indicators are scored confidently and consistently by all involved. Designers should also be particularly attuned to literacy rates. If a community is less literate then scales using ‘faces’ may be more suitable. Most commonly, a scale of 0 to 10 is used with 0 being “not at all/never” and 10 being “completely/all the time.”

Figure 3: Scoring Scale, Example 1



Figure 4: Scoring Scale, Example 2

Needs urgent remediation		Needs improvement			Meets expectation			Surpasses expectations		
0	1	2	3	4	5	6	7	8	9	10
Not available	Very Poor	Poor	Significantly below average	Below average	Average	Above average	Significantly above average	Good	Very good	Excellent

Example:

In the LCI context, each country program who utilized the scorecard tool selected a different scale. In Guyana, a scale tied to ‘faces’ (example 1, above) was used due to low literacy rates whereas Zimbabwe used a 10 point (example 2, above). Each group selected a scale that was most easily described by the facilitators and understood by participants and would thus yield a consistent score.

4 | Develop an action plan template



Ultimately the scorecard is a tool or vehicle meant to facilitate change. Thus it must have a component that translates the scores into positive action. This is reflected in the action plan. Based on the scorecard indicator scores, the community and healthcare facility providers collaboratively identify practical actions that they can tackle, and that will address issues that stand in the way of quality service delivery. Actions are identified at every *Scorecard Review Meeting* and then reviewed and updated. The action plan is the lever of change within the scorecard concept, and it enables communities and healthcare facility providers to better work together to improve service delivery.

An action plan should contain the following:

1. Identified action – based on the scores, participants will collaboratively prioritize and identify actions to address identified issues. When identifying actions, the group should consider:
 - ✓ Are the actions reasonable? Think about actions in terms of time and money required. If the resource requirement is great, for example “purchase an ambulance,” the action may not be realistic and will likely not be achieved. Similarly, action items like “get more funding” or “change policy” are likely not attainable action items for the group. Instead, action items like “write a letter to the district chair” or “organize a weekly group to pick up garbage around the facility” are more attainable actions to take.
 - ✓ Make all actions “S.M.A.R.T.” or Specific, Measurable, Attainable (as noted above regarding reasonable actions), Relevant, and Timebound.
 - ✓ Limit the number of actions identified at each meeting to approximately five. If many more action items are identified, go through the list and try to prioritize which items can be achieved in the next quarter.
 - ✓ Shared responsibility among group members. This is a group effort—the more involved the larger cohort is, the more likely the actions are to be achieved.
2. Responsible person for ensuring the action is completed – each action should have a person identified as responsible for ensuring that progress is made following the meeting.
3. Timeframe for completing the action – each action should have a timeframe identified for completion. Some actions may be more complex and require longer periods of time whereas others will be quick to complete. Understanding the timeframe will allow the group to accurately track progress, identify resources, and support overall completion.
4. Required resources for completing the action – actions may required people, in-kind resources, or even funding. Understanding these resources up front will allow the group to identify and source actions.
5. Authorizing stakeholder who will support action completion – actions may require authorities to authorize (e.g. approve a policy, allocate resources, provide tacit support). Stakeholders should be identified so that necessary forms of authorization can be obtained in support of the action.

Example:

In the LCI context, action plans were a significant component in translating scores into action. They provided a clear path forward for all stakeholder groups and established roles and responsibilities. Further, they provided a ‘common measuring stick’.

5



Develop a scorecard dashboard

The final component of a scorecard is a dashboard. The scorecard is intended to monitor scores over time in order to identify trends in service delivery. The dashboard is a tool that allows stakeholders to easily access, analyze, and report scorecard data. When designing it, you will want to consider the following:

- Understanding who your stakeholders are and what they need to know.
- Selecting indicators that collect the data needed by stakeholders to monitor performance and guide decision-making.
- Building visualizations into the dashboard to effectively communicate data, using various visual best practices.

- Thinking through how you will package, disseminate, and share dashboard visualization.

Many tools can be used to develop a dashboard: Excel, Access, Tableau, PowerBI, etc. When selecting a tool, please consider:

- *Skill level of those who will be managing the scorecard data.* A tool should be selected to manage, visualize, and analyze the scorecard data that the data manager will be able to easily confidently use.
- *Licenses.* There are many tools that can be used to manage, visualize, and analyze the scorecard data, but some required licenses that can be costly to obtain and maintain. Invest in a tool that your organization can maintain overtime.
- *Internet connectivity.* Some tools require internet connectivity to share data and keep updated (e.g. Tableau, PowerBI). Be sure to select a tool that your broader internet infrastructure can maintain.

Example:

In the LCI context, dashboards were a compelling tool for quickly identifying priorities and tracking progress. While each country program who utilized the scorecard had a different layout for their dashboard, they all ensured that each indicator was represented visually and that all involved stakeholders had access.

On-The-Job Reference Tools & Job Aids – Design the Scorecard

- **Appendix B: Scorecard Design Guide.** This guide will help you design each of the components of a scorecard.
- **Appendix C: Sample Community Scorecard**
- **Appendix D: Sample Community Scorecard Dashboard**

Design the Scorecard Standard Operating Procedure (SOP)

Design the Scorecard SOP

3

To ensure that the scorecard is implemented in a consistent, transparent manner, a clear process needs to be defined. Ultimately, this process is captured in a SOP format and it is described in detail in the next section of

this toolkit: *Scorecard Standard Operating Procedure (SOP) Implementation*.

Process components to consider and define include the following:

1 | Define a scorecard review period

This is the time period between scorecard review and scoring. Communities and healthcare facility providers should review and score the scorecard regularly to ensure progress and accountability. This is a cyclical process with the goal of facilitating continuous improvement. Thus reviews should take place often enough that actions stay relevant and are not forgotten, but not so often that there is no time to complete actions. Often scorecards are reviewed quarterly or every six months.

Determine what is right for your participants and their needs and the resources available. Because the scorecard review process can be time intensive and requires on-site participation by facilitators, determine a review period that is reasonable considering the level of effort and resources required.

Example:

In the LCI context, countries have decided to score the scorecard every two, three, and four months. In other settings, it is reviewed on a six-month basis.

2 | Identify Scorecard Facilitators

Individuals need to be identified, who will be trained in and authorized to administer the scorecard. The scorecard process requires adept facilitation to ensure that all participants are heard and that their input is reflected in the scoring and action plans. They play the role of honest brokers—creating space for dialogue and problem solving within the community, health facilities, and between the two groups. As such, facilitators should be selected based on their knowledge of the communities, facilities, and health system. They should be able to be unbiased and open. Often they are selected from non-governmental organizations (NGOs) or other groups that are outside of the formal health system or community yet familiar with the context and key players.

Example:

In the LCI context, these are NGOs who have familiarity with the health areas being scored and have relationships of trust with the communities and health facilities participating in the scorecard process.

3 | Identify types of stakeholder groups

The scorecard is reviewed by a group of stakeholders from the:

- Community – defined by populations who are impacted by the health areas that the scorecard is focused on and have the ability to drive change in them. This includes facility clients as well as community groups, civic groups, religious groups, and so on.

- Healthcare providers – similarly, those healthcare providers should be identified who are impacted by the focus health area and have the ability to positively drive change within it.

These two groups need to be further defined by sub-population. For the scorecard to work effectively, those who have firsthand experience with the areas that the scorecard is examining should be providing input into the scorecard process. This is to ensure that each population is represented and their experience reflected in both the scoring and action planning. When identifying these groups, ask:

- What community groups should be represented?
- What groups within the healthcare facility should be invited?
- What groups (within the larger healthcare system) that support the facility should be invited?
- What levels of government need to be represented?
- Which community, civic, and/or religious leaders and institutions need to be invited?
- Are there other stakeholder groups (e.g. NGOs, other partners within the health system) who should be invited?

Example:

In the LCI context, the scorecards focus on improving access to quality HIV & AIDS services. This means that community members include representatives of each key population, and community civic and religion leaders. Healthcare providers come from facilities that provide HIV & AIDS testing, treatment, and counseling services.

4 | Identify individual stakeholders

For each stakeholder group identified in the previous step, individuals need to be selected and then asked to participate. When identifying those individuals, consider these questions for each sub-population group identified for inclusion:

- Who needs to be invited who has either formal or informal influence?
- Who are the people who can make and enact decisions?
- Who can take the action plans forward?
- Who can explain why certain services work whereas others don't?
- Who can provide firsthand experience with services being scored and possess the ability to authoritatively score the scorecard based on their experience?
- Who would be respected as a representative of the groups they represent?

Remember, these individuals will be asked to participate in each scorecard review and interface meeting so be sure to select those who can commit to this level of effort.

Example:

In the LCI context, individuals for each of the groups mentioned above were invited to participate in the Scorecard Review Meetings.

5 | Identify minimum stakeholder participation

An identified minimum number of stakeholders need to be present at each *Scorecard Review Meeting* and the *Interface Meeting*. This ensures that there is—

- consistency every time the scorecard is scored
- institutional knowledge of the “why” behind the scoring and actions from the previous meeting
- sufficient knowledge in the room to account for the action plan when providing an update on actions taken, or not taken.

The minimum number in attendance can vary depending on the needs of the community but approximately 80 percent is recommended.

Example:

In the LCI context, scorecards were conducted only if 80 percent of the stakeholders were present. If there was not a quorum, then the Scorecard Review Meeting was rescheduled.

6 | Develop Stakeholder Scorecard Review Meeting and Scorecard Interface Meeting Facilitator Guides

To ensure that the scorecard is administered consistently across facilities every time it is administered, a *Stakeholder Scorecard Review Meeting Facilitator Guide* should be developed. This guide should be used by Scorecard Facilitators to inform scoring and action planning. A similar guide should be developed for the *Scorecard Interface Meeting*.

Example:

*A sample facilitator guide can be found in **Appendix G: Stakeholder Scorecard Review and Interface Meeting Job Aid.***

7 | Develop a data management plan

The scorecard process yields significant data and this data must be managed accurately to ensure that analyses and, ultimately, decisions that result from analyses are accurate and representative. A data management plan is a formal document that states how data will be collected and managed, by whom, and who has access to the data. It defines—

- Who is responsible for collecting scorecard data
- What tools are used to collect data (e.g. Excel, Google Forms/Sheets, Tableau, etc.)
- Who has access to data
- How is data linked to the dashboard
- Who has access to the dashboard.

Example:

In the LCI context, scorecard data is managed by a focal NGO. Several tools are used by the NGO to manage the data:

- *Data is collected using Google Forms*
- *Data is analyzed using both Excel and Tableau*

8 | Obtain approval

Once the scorecard concept is defined and scoped, the final step is approval. Local and national stakeholders should be engaged in a discussion about the need for a scorecard as a performance

improvement tool. Because the tool will be deployed in health facilities and providers will be asked to provide time, support, and action in the enactment of a scorecard, it needs to have the full support of the larger healthcare system.

On-The-Job Reference Tools & Job Aids – Design the Scorecard SOP

- ***Appendix E: Scorecard SOP Guide.*** This guide will help you design a SOP for deploying the scorecard on a regular basis once it is designed.
- ***Appendix F: Sample Scorecard SOP***
- ***Appendix G: Job Aids – Stakeholder Scorecard Review Meeting and Scorecard Interface Meeting.*** These are job aids are examples of how these two key meetings can be led and they are designed to help you facilitate these meetings.

Train Scorecard Stakeholders

Train Scorecard Stakeholders

4

For the scorecard to be successfully implemented, all participants must be oriented to why it is being used as a lever for improving performance, how it will be deployed, and the role each participant is expected to play in the

deployment.

A training curriculum (e.g. Facilitator Guide, PowerPoint slides) which can be used to train scorecard stakeholders are found in **Appendix H: Scorecard Facilitator Training Curriculum.**

Training is focused on two groups:

	Scorecard facilitators	Scorecard stakeholders
Who	Facilitators are those who will be leading the <i>Scorecard Review Meeting</i> and <i>Scorecard Interface Meeting</i>	Stakeholders are any individuals or groups impacted by the scorecard process, including— <ul style="list-style-type: none"> • healthcare facilities whose services are being scored • community groups who are scoring health services • managers or leaders within the larger health system who have responsibility for facilities or enabling action plans.
Objectives	To ensure that they can effectively and consistently deploy the scorecard tool and are able to— <ol style="list-style-type: none"> 1. define the community scorecard concept 2. define indicators 3. deploy the scorecard tool and facilitate scoring and action planning. 	To ensure that they are confident in the process, scores, and action plans and have the knowledge and, as necessary, skills needed to participate in the scorecard process and are able to— <ol style="list-style-type: none"> 1. define the community scorecard concept 2. define indicators 3. understand their role in using the scorecard to improve access to and delivery of key services.
How	1 day training	2 hour orientation

On-The-Job Reference Tools & Job Aids – Train Scorecard Facilitators

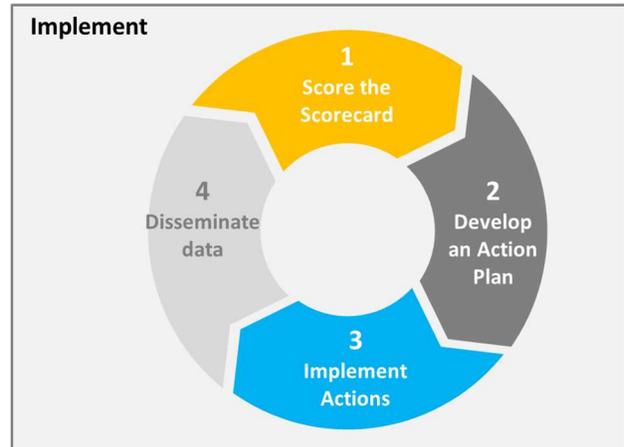
- **Appendix H: Scorecard Facilitator Training Curriculum.** This is a full training curriculum which can be used to orient anyone (e.g. community members, health facilities, partners, stakeholders, etc.) who will be facilitating the scorecard process or participating in it. The curriculum includes a Facilitator Guide, handouts, and associated PPT slides.

Scorecard Standard Operating Procedure (SOP) Implementation

Once the scorecard and scorecard SOP are designed, the scorecard is administered. This process is a cyclical one and the goal of each scorecard review cycle is to facilitate incremental positive change within the health system. Within the LCI context, scorecards are deployed at the lowest level of service delivery (e.g. community health center). Implementation follows this overall SOP:

1. Score the scorecard with the community and with healthcare facility service providers.
2. Conduct the interface meeting and develop an action plan.
3. Implement the action plan and monitor actions.
4. Disseminate scorecard dashboard to appropriate stakeholders.

Figure 5: Scorecard SOP Phases



Community members meet to score service indicators, while those who provide (or administer) healthcare services meet separately to also score the scorecard indicators. Once the scorecard is scored, community members and service providers convene in an "interface meeting" to share their scores with each other, identify and prioritize issues for improving services, and create an action plan for carrying out those improvements. This process is repeated regularly to monitor and evaluate the action plan and to enable ongoing improvement to the service or process. Over time, and with consistent use and commitment to improvement, the joint efforts of both community members and service providers using the scorecard yields change in service delivery and quality and, ultimately, positive health outcomes.

This process and these steps are captured in the following SOP. The scorecard SOP should be administered by scorecard managers who have been trained on scorecard administration. Each step in the SOP is designed to encourage introspection, discussion, and positive action that is change-oriented.



Conduct *Scorecard Review Meeting* with the community and healthcare facility providers

To kick off the review cycle, the Scorecard Facilitator convenes community members to score service indicators. A trained facilitator should follow a facilitator guide to ensure that the tool is deployed consistently and to ensure data validity. Next, the Scorecard Facilitator convenes those who provide (or administer) healthcare services to review and score the same indicators. They meet separately from the community group; this ensures that both groups can discuss openly and with as little bias or influence as possible when rating the scorecard indicators.

A detailed facilitator guides for how to conduct the ***Scorecard Review Meeting*** can be found in **Appendix G**. This guide also contains tips on how to facilitate this meeting.

Task	Responsible Person	Timeline	Reference Tools
1 Schedule <i>Scorecard Review Meetings</i> for community members and healthcare facility providers.	Scorecard Facilitator	With regular interval (e.g. every quarter)	--
2 Conduct <i>Scorecard Review Meeting</i> with community members: 2.1 Verify that the necessary quorum is present 2.2 Administer the scorecard 2.3 Review the scorecard dashboard 2.4 Score indicators 2.5 Provide an update on any actions relevant to the present stakeholders	Scorecard Facilitator	With regular interval (e.g. every quarter)	<ul style="list-style-type: none"> • Appendix G: Stakeholder <i>Scorecard Review and Interface Meeting</i> Job Aids • Scorecard dashboard
3 Conduct <i>Scorecard Review Meeting</i> with healthcare facility providers: 3.1 Verify that the necessary quorum is present 3.2 Administer the scorecard 3.3 Review the scorecard dashboard 3.4 Score indicators 3.5 Provide an update on any actions relevant to the present stakeholders	Scorecard Facilitator	With regular interval (e.g. every quarter)	<ul style="list-style-type: none"> • Appendix G: Stakeholder <i>Scorecard Review and Interface Meeting</i> Job Aids • Scorecard dashboard



Conduct the *Scorecard Interface Meeting* and develop an action plan

Once the scorecard is scored by each group, community members and service providers gather in an "interface meeting" to discuss their respective scores, examine the scorecard dashboard, and identify and prioritize issues to tackle in their action plans.

A detailed facilitator guides for how to conduct the ***Scorecard Interface Meeting*** can be found in **Appendix G**. This guide also contains tips on how to facilitate this meeting.

	Task	Responsible Person	Timeline	Reference Tools
4	Schedule the <i>Scorecard Interface Meeting</i> .	Scorecard Facilitator	Within a week of the <i>Scorecard Review Meeting</i>	--
5	<p>Conduct the <i>Scorecard Interface Meeting</i>:</p> <p>5.1 Verify that the necessary quorum is present</p> <p>5.2 Review the scores from each group and discuss.</p> <p>5.3 Agree on consolidated group scores for each indicator.</p> <p>5.4 Review the scorecard dashboard</p> <ul style="list-style-type: none"> ○ Review each dashboard component ○ Identify trends ○ Identify actions to take based on the data <p>5.5 Provide an update on current action plan.</p> <p>5.6 Present actions for inclusion in the action plan.</p> <p>5.7 Select actions to focus on and complete the action plan.</p>	Scorecard Facilitator	With regular interval (e.g. every quarter)	<ul style="list-style-type: none"> • Appendix G: Stakeholder <i>Scorecard Review and Interface Meeting</i> Job Aids • Scorecard scores • Scorecard dashboard



Implement the action plan and monitor actions

Following the *Scorecard Interface Meeting*, those assigned with responsibility for actions within the action plan implement them over the following period of time – until the next scorecard score/review cycle. They receive support from the Scorecard Facilitator, who monitors action plans and provides support to the community groups and healthcare facility providers in enacting the actions.

	Task	Responsible Person	Timeline	Reference Tools
6	Submit scores and action plans to central focal point person so scores can be saved into a master database and added to the dashboard.	Scorecard Facilitator	Within 1 week of <i>Scorecard Interface Meeting</i>	
7	Aggregate scores and action plans and update scorecard dashboard and master action list.	Scorecard Manager	Within 1 week of receiving <i>Scorecard Interface</i> data	
8	Implement action plan.	Persons as assigned (e.g. community member or healthcare facility provider)	During the time period between <i>Scorecard Interface Meeting</i>	Action plan
9	Monitor actions.	Scorecard Facilitator	As determined based on the action plan	Action plan



Disseminate scorecard dashboard to appropriate stakeholders

During the period between the scorecard reviews, the Scorecard Facilitator and appropriate representatives from the community and healthcare facilities share the scorecard dashboard with identified stakeholders.

	Task	Responsible Person	Timeline	Reference Tools
10	Update dashboard to reflect most recent scorecard scores.	Scorecard Manager	Within 1 week of <i>Scorecard Interface Meeting</i>	<ul style="list-style-type: none"> • Scorecard • Scorecard dashboard
11	Analyze data for key findings and trends.	Scorecard Manager	Within 1 week of <i>Scorecard Interface Meeting</i>	Scorecard dashboard
12	Share scorecard dashboard with the community group and healthcare facility providers.	Scorecard Manager	Within 1 week of <i>Scorecard interface Meeting</i>	Scorecard dashboard
13	Share scorecard dashboard with key stakeholders.	Scorecard Manager, community member, healthcare facility provider	Time period between <i>Scorecard Interface</i> and then next <i>Review Meeting</i>	Scorecard dashboard

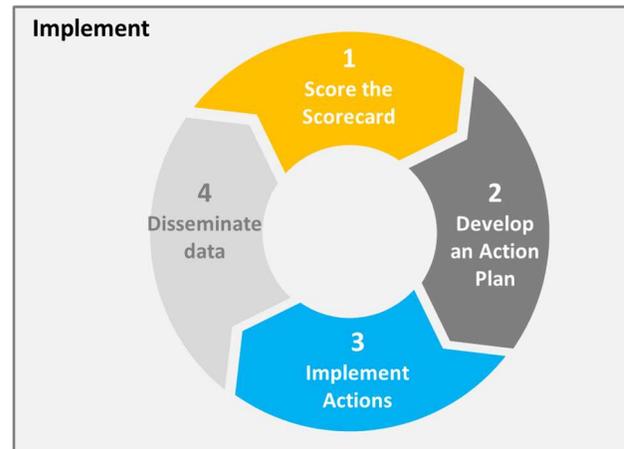
Scorecard Sustainability

For the scorecard to be successful, it needs to be a continuous process in which all participants are engaged and committed to implementing the action plans. The scorecard process does not end after the first set of meetings, a first round of scores, and an initial action plan. It is an iterative and continual process. Scorecard meetings lead to action plans, action plans should be implemented, the group should reconvene to evaluate progress against the action plan and rescore the scorecard to monitor progress, and identify additional areas to work on – and so on. Administering and continuing the scorecard process and data analysis can be resource intensive. Stakeholders implementing a scorecard should conduct a cost analysis and determine if they have the resources (manpower, time, budget) to sustain the effort.

Continually repeating the scorecard process institutionalizes the practice of working together to identify and solve issues. This process of continuous improvement will yield results which, in turn, will motivate stakeholders and keep them committed to ensuring that *all* community members can access quality services. Best practices for sustaining the scorecard process include:

- *Stakeholder commitment*—The scorecard process will work only if it is fully adopted by the community (both community groups and health facilities). This concept is most successful when each group is fully contributing and ensuring their voices and expectations are heard and represented in designing and implementing the scorecard tool and process. Inviting diverse populations to participate in designing the scorecard guarantees that it is not only relevant but that it encapsulates the knowledge and capacity of those living in and seeking care from the system in order to best understand and ultimately fix the problems.
- *Commitment to action plans*—Action plans are the crux of the scorecard concept. They are where ideas translate into action. Action plans direct ‘change,’ but their effectiveness depends on commitment to the community and follow through by those implementing them. By enacting action plans, communities and health facilities enable improvements and see the value of scorecards.
- *Locally relevant*—In order for the scorecard to be effective in facilitating positive change, it must measure attributes of the health system that communities want to see improved. This principle is also applicable to the action plans. Prescribing actions makes the process less community-driven and reliant on the community’s advantage in understanding what actions are likely to address issues uncovered by the scorecard within a particular context. In fact, it might have a negative effect on the problem, which could, in turn, disempower the community and undermine the overall scorecard process. Community members have unique and intimate experience with the health system, including knowledge of specific obstacles to access to care and various other’s willingness and capacity for making improvements. For these reasons, the scorecard is

Figure 6: Scorecard SOP Phases



non-prescriptive at the conceptual level and should be designed and refined by the communities who are responsible for implementing it.

- *Stakeholder support from decision-makers*—Ensuring commitment to the most senior stakeholders is essential. Whether reviewing scorecard data analysis or approving resources needed to enact action plans, senior stakeholder support will propel efforts forward. The scorecard has a greater chance of success when the scorecard is properly vetted and approved by decision-makers within the community (community leaders, health facility directors, ministry policy directors etc.). This reduces the likelihood of experiencing major challenges in implementation.
- *Ongoing analysis*—Strong and continual analysis of scorecard data is a critical tool for building commitment and keeping stakeholder involved and committed to the tool. Data analysis results in proof that the scorecard is working and is making a change in the communities where it is being implemented.

APPENDICES

Appendix A: Scorecard Scope Guide

Scorecard Scope Guide

Instructions:

Use this guide to make key decisions regarding the scope of the scorecard.

- Convene a group of key stakeholders who are representative of the groups who will be participating in the scorecard review and action planning process.
- Be sure to include decision makers so the scorecard design has full approval as required for implementation.
- As a group, answer each question.

Scope the Scorecard Concept

1

What is the scope of the scorecard? Consider these questions when delineating the scope:

Key Design Question	Record Your Group Decision Here:
1. What area of health will the scorecard focus on? (e.g. family planning, maternal and child health, malaria, nutrition, HIV & AIDS, tuberculosis, etc.)?	
2. What is the overarching goal you hope to achieve by using the scorecard?	
3. What health facilities will participate in the scorecard process?	
4. What community sub-populations are impacted by this area of health and should be represented in the scorecard process?	
5. Are there budget considerations?	
6. What organizations or individuals will administer the scorecard?	

Appendix B: Scorecard Design Guide

Scorecard Design Guide

Instructions:

Use this guide to make key decisions regarding how the scorecard designed (e.g. indicators, scale, dashboard).

- Convene the same group of key stakeholders who designed the scope and scorecard.
- As a group, answer each question.

A sample scorecard can be found in **Appendix C**.

A sample scorecard dashboard can be found in **Appendix D**.

Design the Scorecard

2

How do you want to design your scorecard? This section will help you identify *indicators*, a *scale*, and *dashboard* components.



Scorecard Indicators

What indicators will the scorecard monitor to see if you are achieving your overall goal as identified in the previous section of this guide? As you brainstorm indicators, consider:

Key Design Question

Record Your Group Decision Here:

1. Who are our stakeholders?
2. What data do our stakeholders need to make decisions that can positively impact access to and delivery of health services?
3. What is the current situation related to the area of health and the health goal we identified in the *Scope the Scorecard Concept* section?
4. What works well?
5. What does not work well?

6. What are priorities for service delivery improvement?

Based on this brainstorm, identify 3–5 areas within your health goal that you would like to see improve (e.g. service delivery, infrastructure, supply chain, client experience):

- 1.
- 2.
- 3.
- 4.
- 5.

For each of these 5 areas, identify 3–5 indicators that you will measure to track progress within these areas in pursuit of the overall goal:

Before you finish your indicators, do a quick check:

- | | | |
|--|-----|----|
| 1. Do your indicators directly relate to the areas within the health sector and goal that you want to monitor and see improve? | Yes | No |
| 2. Are your indicators S.M.A.R.T. (Specific, Measureable, Attainable, Relevant, Timebound)? | Yes | No |



Develop Scoring Scale

How do you plan to score your indicators? Consider these questions when designing your scoring scale:

Key Design Question	Record Your Group Decision Here:
----------------------------	---

- | | |
|--|--|
| 1. What kind of scale will you use? | |
| 2. What is the value range (e.g. 0 to 5 or 0 to 10)? | |
| 3. Are those who will be scoring indicators literate? Would it be helpful to your participants to combine emoticons and numbers? | |



Action Plan Template

How would you like to brainstorm and track actions? Consider these questions when building your action plan template:

Key Design Question

Record Your Group Decision Here:

1. How will you track progress against identified actions?
2. Are you assigning a person responsible for the action?
3. Are you identifying a timeframe for completing the action?
4. Do you want to identify any required resources?



Develop a Scorecard Dashboard

Consider these questions when building your scorecard dashboard:

Key Design Question

Record Your Group Decision Here:

1. Which types of stakeholders will receive the scorecard, or be asked to support the scorecard and/or the data that the scorecard collects?
 - Health facility staff?
 - Community members?
 - Ministry of Health staff?
 - Partners or NGOs?
2. Which decisions will each stakeholder make using the scorecard data?
3. For each stakeholder type, which indicators do you need to display in the dashboard?
4. Will you have different dashboard views for different

stakeholders? If yes, define which indicators and views will be reported to different stakeholders.

5. Which tool will you use to display your dashboard? (e.g. Excel, PowerBI, Tableau, Google Forms, etc.)

Appendix C: Sample Community Scorecard

Instructions:

This is an example of how a scorecard can be designed. It is only illustrative; scorecards can be designed in many different formats and can have any number of indicators. This example is taken from a project working in Zimbabwe with key populations who are at risk for or are infected by HIV and AIDS.

HIV & AIDS COMMUNITY SCORECARD

Scorecard

Administrator: _____

Name of Health
Center Servicing
the Community: _____

Name of Community: _____

District: _____

Date: _____

Instructions:

Ask your community group each question. Allow them to discuss and then score their answer using the scale below. If the indicator is not relevant, select N/A.

Scoring Definitions

Not Applicable	Needs urgent remediation			Needs improvement			Meets expectations		Surpasses expectations		
N/A	0  No / Never / Does Not Exist	1 Very Poor	2  Poor	3 Well below average	4 Below average	5  Average / Sometimes	6 Above average	7 Well above average	8  Good	9 Very good	10  Yes / Always / Excellent

Performance Indicator Discussion Questions		Score (0 10)	Reasons/Comments
1	Quality of Health Center Services		
1.1	How easily can KPs access HIV testing and counselling services?		
1.2	How beneficial was pre- and post-test counselling for KPs?		
1.3	How effectively were KPs counselled on sexually transmitted infections (STIs) management or signs and symptoms?		
1.4	How effective was HIV & AIDS treatment initiation counselling?		
1.5	How effective are facility HIV & AIDS display and educational materials?		

2	HIV & AIDS Commodities Availability and Accessibility		
2.1	How available were HIV testing kits when KPs needed them?		
2.2	How available were CD4 reagent and kits when KPs needed them?		
2.3	How available were HIV & AIDS treatment medicines when KPs needed them?		

3	Prevention Commodities Availability and Accessibility (discuss specific needs of KPs)		
3.1	How available were condoms when KPs needed them?		
3.2	How available were needles and syringes when KPs needed them?		

4	Access to Services		
4.1	How convenient were timings at HIV & AIDS treatment centers for KPs?		
4.2	How effectively were KPs navigated in the facility?		

5	Stigma and Discrimination – HIV & AIDS-related		
5.1	How respectfully were KPs treated at HIV & AIDS treatment centers?		
5.2	How well did facilities keep services confidential and private?		
5.3	How well informed were KPs about <i>Access to HIV & AIDS Care Rights</i> laws?		

6	Stigma and Discrimination – Most Common Forms Related to HIV & AIDS		
6.1	Did KPs have less self-stigma?		
6.2	Did health care providers respect KPs by not gossiping about them?		
6.3	Are KPs ever denied access to HIV & AIDS services?		

7	Local Communities' Attitudes Toward Key Populations		
7.1	How respectful are community attitudes toward female sex workers?		
7.2	How respectful are community attitudes toward men who have sex with men?		
7.3	How respectful are community attitudes toward people who inject drugs?		

7.4	How respectful are community attitudes toward transgender persons?		
7.5	How respectful are community attitudes toward people living with HIV?		

Action Plan

This section of the scorecard tool provides an action plan template that can be used to address the major gaps that were identified by the community and health staff in the above scorecard.

Name of Community: _____

Name of Health Facility: _____

No	Priority problem area	Steps to be taken	Who will do it? (responsible person/group)	When will they do it? (timing)	Supervisor
1					
2					
3					
4					
5					

Participant Register

This register should be completed at every meeting to track meeting attendance.

Name of Facilitator: _____

Name of ART Center: _____

Meeting Date: _____

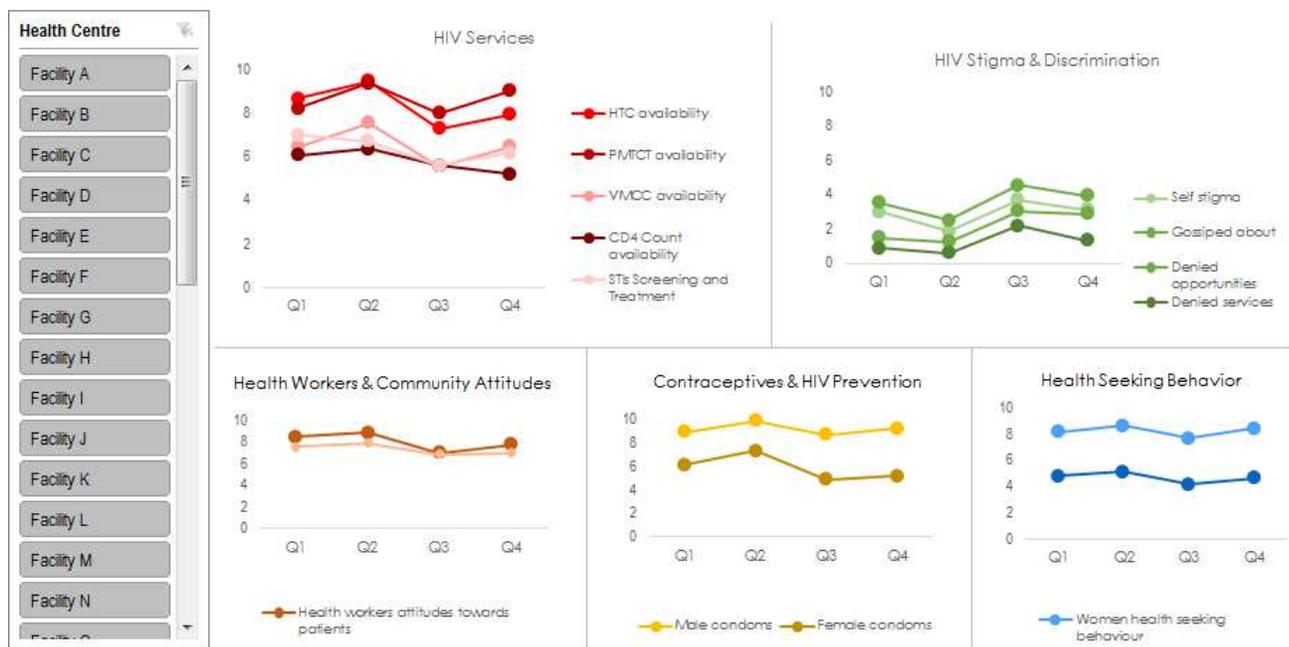
No	Participant Name	Sex	Phone Number	Signature
1		M F		
2		M F		
3		M F		
4		M F		
5		M F		
6		M F		
7		M F		
8		M F		
9		M F		
10		M F		

Appendix D: Sample Community Scorecard Dashboard

Instructions:

This is an example of how a scorecard dashboard can be designed. It is only illustrative; scorecard dashboards can be designed in many different formats using a variety of tools. This example is from a project working in Zimbabwe with key populations who are at risk for or are infected by HIV and AIDS.

Community Score Card Dashboard



Appendix E: Scorecard Standard Operating Procedure Design (SOP) Guide

Scorecard Standard Operating Procedure (SOP) Design Guide

Instructions:

Use this guide to make key decisions regarding the deployment, or standard operating procedure (SOP), of the scorecard.

- Convene the same group of key stakeholders who designed the scorecard.
- As a group, answer each question.

A sample scorecard SOP can be found in **Appendix F**.

Design the Scorecard SOP

3

How will you administer the scorecard? Consider these questions when building a process for using the scorecard with your community and healthcare facility providers:

Key Design Question

Record Your Group Decision Here:

1. **Review period.** How often will you deploy the scorecard? (e.g. every four months or six months)
2. **Scorecard facilitators.** Which organizations and/or individuals will be Scorecard Facilitators?
3. **Stakeholder group types.** Which stakeholder groups need to be represented in the scorecard process?
 - Which community groups should be represented?
 - Which groups within the healthcare facility should be invited?
 - Which groups within the larger healthcare system that support the facility should be invited?
 - Which levels of government need to be represented?

- Which community, civic, and/or religious leaders or institutions need to be invited?
- Should other stakeholder groups (e.g. NGOs or other partners within the health system) be invited?

4. Individual stakeholders. For each group identified in #3, select a person or persons to represent the stakeholder group. These individuals are the people who will attend the *Scorecard Review Meeting* and the *Scorecard Interface Meeting*. As you select these individuals, consider:

- Who, with either formal or informal influence, needs to be invited?
- Who can make and enact decisions?
- Who can take the action plans forward?
- Who can explain why certain services work whereas others do not?
- Who can provide firsthand experience with services being scored and possess the ability to authoritatively score the scorecard based on their experience?
- Who would be respected as a representative of their groups?

5. Identify minimum stakeholder participation.

Which level of participation do you consider essential to ensure continuity from one *Scorecard Review Meeting* to the next and from *Scorecard Review Meeting* to *Scorecard Interface Meeting*?

6. Facilitator Guides. Have you developed guides for facilitators to use for the *Scorecard Review Meeting* and the *Scorecard Interface Meeting*? Sample guides are provided in Appendix G. of this toolkit.

7. Data Management Plan. What is your data management plan? Who is responsible for collecting scorecard data?

- What tools are used to collect data (e.g. Excel, Google Forms/Sheets, Tableau, etc.)?
- Who has access to data?

- How is data linked to a dashboard?
- Who has access to the dashboard?
- How will you share the data/dashboard?
- Does data need to be approved before it can be shared? If so, who will approve it?

8. Approval. *Who will need to sign off on the scorecard process?*

- National level?
- Regional level?
- Facility level?
- Community leaders?

Appendix F: Sample Scorecard Standard Operating Procedure (SOP)

Note – this SOP is included as an appendix to this toolkit, in addition to being included in the body of the toolkit, so that it can be easily removed, edits, and/or copied and used in various settings.

The scorecard SOP is cyclical and the goal of each scorecard review cycle is to facilitate incremental positive changes within the health system. Within the LCI context, scorecards are deployed at the lowest level of service delivery (e.g. community health center). Implementation follows this overall procedure:



1. Score the scorecard with the community and with healthcare facility service providers.
2. Conduct the *Scorecard Interface Meeting* and develop an action plan.
3. Implement the action plan and monitor actions.
4. Disseminate scorecard dashboard to appropriate stakeholders.



Conduct Scorecard Review Meeting with the community and healthcare facility providers

To kick off the review cycle, the Scorecard Facilitator convenes community members to score service indicators. A trained facilitator should follow a facilitator guide to ensure that the tool is deployed consistently and to ensure data validity. Next, the Scorecard Facilitator convenes those who provide (or administer) healthcare services to review and score the same indicators. They meet separately from the community group; this ensures that both groups can discuss openly and with as little bias or influence as possible when rating the scorecard indicators.

Task	Responsible Person	Timeline	Reference Tools
1 Schedule <i>Scorecard Review Meetings</i> for community members and healthcare facility providers.	Scorecard Facilitator	With regular interval (e.g. every quarter)	--
2 Conduct <i>Scorecard Review Meeting</i> with community members: 2.1 Verify that the necessary quorum is present	Scorecard Facilitator	With regular interval (e.g. every quarter)	<ul style="list-style-type: none"> • Appendix G: Stakeholder Scorecard Review and Interface Meeting Job Aids

- 2.2 Administer the scorecard
- 2.3 Review the scorecard dashboard
- 2.4 Score indicators
- 2.5 Provide an update on any actions relevant to the present stakeholders

- Scorecard dashboard

3	<p>Conduct <i>Scorecard Review Meeting</i> with healthcare facility providers:</p> <p>3.1 Verify that the necessary quorum is present</p> <p>3.2 Administer the scorecard</p> <p>3.3 Review the scorecard dashboard</p> <p>3.4 Score indicators</p> <p>3.5 Provide an update on any actions relevant to the present stakeholders</p>	Scorecard Facilitator	With regular interval (e.g. every quarter)	<ul style="list-style-type: none"> • Appendix G: Stakeholder <i>Scorecard Review and Interface Meeting</i> Job Aids • Scorecard dashboard
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Conduct the *Scorecard Interface Meeting* and develop an action plan

Once the scorecard is scored by each group, community members and service providers gather in an "interface meeting" to discuss their respective scores, examine the scorecard dashboard, and identify and prioritize issues to tackle in their action plans.

Task	Responsible Person	Timeline	Reference Tools
<p>4 Schedule the <i>Scorecard Interface Meeting</i>.</p>	Scorecard Facilitator	Within a week of the <i>Scorecard Review Meeting</i>	--
<p>5 Conduct the <i>Scorecard Interface Meeting</i>:</p> <p>5.1 Verify that the necessary quorum is present</p> <p>5.2 Review the scores from each group and discuss.</p> <p>5.3 Agree on consolidated group scores for each indicator.</p> <p>5.4 Review the scorecard dashboard</p>	Scorecard Facilitator	With regular interval (e.g. every quarter)	<ul style="list-style-type: none"> • Appendix G: Stakeholder <i>Scorecard Review and Interface Meeting</i> Job Aids • Scorecard scores • Scorecard dashboard

- Review each dashboard component
- Identify trends
- Identify actions to take based on the data

5.5 Provide an update on current action plan.

5.6 Present actions for inclusion in the action plan.

5.7 Select actions to focus on and complete the action plan.



Implement the action plan and monitor actions

Following the *Scorecard Interface Meeting*, those assigned with responsibility for actions within the action plan implement them over the following period of time – until the next scorecard score/review cycle. They receive support from the Scorecard Facilitator, who monitors action plans and provides support to the community groups and healthcare facility providers in enacting the actions.

	Task	Responsible Person	Timeline	Reference Tools
6	Submit scores and action plans to central focal point person so scores can be saved into a master database and added to the dashboard.	Scorecard Facilitator	Within 1 week of <i>Scorecard Interface Meeting</i>	
7	Aggregate scores and action plans, and update scorecard dashboard and master action list.	Scorecard Manager	Within 1 week of receiving <i>Scorecard Interface Mtg</i> data	
8	Implement action plan.	Persons as assigned (e.g. community member or healthcare facility provider)	During the time period between <i>Scorecard Interface Meetings</i>	Action plan
9	Monitor actions.	Scorecard Facilitator	As determined based on the action plan	Action plan



Disseminate scorecard dashboard to appropriate stakeholders

During the period between the scorecard reviews the Scorecard Facilitator and appropriate representatives from the community and healthcare facilities share the scorecard dashboard with identified stakeholders.

	Task	Responsible Person	Timeline	Reference Tools
I0	Update dashboard to reflect most recent scorecard scores.	Scorecard Manager	Within 1 week of <i>Scorecard Interface Meeting</i>	<ul style="list-style-type: none"> • Scorecard • Scorecard dashboard
I1	Analyze data for key findings and trends.	Scorecard Manager	Within 1 week of <i>Scorecard Interface Meeting</i>	Scorecard dashboard
I2	Share scorecard dashboard with the community group and healthcare facility providers.	Scorecard Manager	Within 1 week of <i>Scorecard Interface Meeting</i>	Scorecard dashboard
I3	Share scorecard dashboard with key stakeholders.	Scorecard Manager, community member, healthcare facility provider	Time period between <i>Scorecard Interface</i> and then next <i>Review Meeting</i>	Scorecard dashboard

Appendix G: Stakeholder Scorecard Review Meeting and Scorecard Interface Meeting Facilitator Guide Job Aids

Scorecard Review Meeting Job Aid

The *Scorecard Review Meeting* is conducted two times with two groups:

1. *Scorecard Review Meeting for community members*
2. *Scorecard Review Meeting for healthcare facility providers*

Meeting Objective:

To review and score scorecard indicators.

Preparation:

- Schedule the community *Scorecard Review Meeting*.
- Schedule the healthcare facility providers' *Scorecard Review Meeting*.
- Review the scorecard data and dashboard from previous meetings in preparation for these meetings.
- Remind both groups to review the scorecard data and dashboard from previous meetings.

Materials:

- Flipcharts/chalkboard
- Markers/chalk
- Scorecard
- Rating scale
- Sign-in sheet

Steps

- | | | |
|---|--|-------------------|
| 1 | <p>Introductions: Introduce yourself and everyone in the room, and remind participants of the purpose of the scorecard: <i>“to identify and respond, as a community, to obstacles to ‘your intended goal’.”</i></p> <p>Ask participants to sign in as a record of who participated. A sample participation register can be found on the last page of the sample scorecard provided in Appendix C.</p> | 10 minutes |
| 2 | <p>Verify: Verify that the required quorum is present to proceed with the meeting. Per the SOPs, the meeting can only proceed if the required number of people is present to ensure that scoring is representative.</p> | -- |
| 3 | <p>Review: Review the scorecard categories and scoring criteria to remind everyone of the scale and the meaning of each score given. Respond to questions.</p> | 10 minutes |

4

Score: Review and score each indicator, one by one:

90 minutes

- **Read each indicator.**
- **Ask for participants to share their experiences with the indicator.**
- **Ask the group to discuss and come to a consensus as to how to score the indicator.** The scores should be assigned based on group consensus, for example, through a show of hands. For each score given, there should be some discussion on the reason why that score was given and the reason/rationale should be noted in reasons/comments section of the form.

Scores should reflect the situation at the specific facility in question since the last meeting (i.e. in the last quarter). The scorecard meeting should be conducted in whatever language the members are most comfortable with. Although the scorecard is in English, it is up to the facilitator to translate as needed and encourage discussion in the preferred language so that all committee members feel comfortable contributing.

5

Wrap up: Review with participants next steps:

10 minutes

- Facilitate a *Scorecard Review Meeting* with the other group [*healthcare facility providers or community members*].
- Convene the *Scorecard Review Meeting*.
- Ask for volunteers to attend the *Scorecard Review Meeting* as representatives of their group.

Facilitation Tips

1. Ensure that all participants are actively engaged and that all voices are heard and considered during discussion. If the voices of traditionally more vulnerable or stigmatized groups (women, KPs, PLHIV) are not being heard, it is up to the facilitator to make the meeting space conducive to discussion from all participants. This may mean splitting the group into small groups, having them assign scores in the small groups, and then coming back to discuss as a large group.
2. Guide the discussions but remain as neutral in the proceedings as possible. Although he/she is a member of the community and may be more closely aligned with one of the represented groups in his/her daily work, it is expected that the facilitator refrain from scoring and should instead focus on facilitating and documenting the discussions taking place.
3. This discussion will result in frank discussion around what is working but also what is not working. This can be a difficult conversation to have, so it is also very important for the facilitator to guide the discussion to ensure that it does not turn into finger pointing and blaming. If discussions turn in this direction, it is up to the facilitator to pause the meeting and remind the groups of the purpose of the scorecard: to identify positive actions that everyone can take together to improve access to and delivery of quality health services.

Scorecard Interface Meeting Job Aid

Meeting Objective:

- Agree on a consolidated score for each indicator.
- Provide accountability on open actions from prior interface meetings.
- Review and update actions to address lagging scores and service delivery performance over the coming review period.

Preparation:

- Schedule the *Scorecard Review Meeting*.
- Review the scores from both groups and prepare them for sharing with the *Scorecard Review Meeting* participants.
- Review outstanding actions from previous interface meetings.
- Remind both groups to review the scorecard data and dashboard from previous meetings, as well as outstanding actions.

Materials:

- Flipcharts/chalkboard
- Markers/chalk
- Scored scorecard from the community group
- Scored scorecard from the healthcare facility providers group
- Rating scale
- Sign-in sheet

Steps

- | | | | |
|---|--|--|------------|
| 1 | | <p>Introductions: Introduce yourself and everyone in the room, and remind participants of the purpose of the scorecard: “to identify and respond, as a community, to obstacles to accessing quality healthcare services.”</p> <p>Ask participants to sign in as a record of who participated.</p> | 10 minutes |
| 2 | | <p>Verify: Verify that the required quorum is present to proceed with the meeting. Per the SOPs, the meeting can only proceed if the required number of people is present to ensure that scoring is representative.</p> | -- |
| 3 | | <p>Consolidate Scores: Review each indicator, one by one. For each indicator, ask each group (healthcare facility providers and community participants) to share their respective score and then facilitate a discussion to agree on a consolidated score.</p> | 90 mins |
| 4 | | <p>Dashboard Analysis Review: Review the scorecard dashboard and track it against the current scores, as just scored. Discuss progress and ongoing obstacles.</p> | 30 mins |
| 5 | | <p>Action Plan Review: Review actions as identified in prior <i>Scorecard Review Meetings</i>. Facilitate a discussion to determine progress against those actions.</p> | 30 mins |

6

Action Plan Review: Based on the data dashboard analysis review, scorecard scores, and prior meeting actions, update ongoing actions and identify any new actions. When identifying actions, consider the following:

30 mins

- Are the actions reasonable? Think about actions in terms of time and money required. If the resource requirement is great, for example “purchase an ambulance,” the action may not be realistic and will likely not be achieved. Similarly, action items like “get more funding” or “change policy” are likely not attainable action items for the group. Instead, action items like “write a letter to the district chair” or “organize a weekly group to pick up garbage around the facility” are more attainable actions to be taken.
- Make all actions “S.M.A.R.T.” or Specific, Measurable, Attainable (as noted above regarding reasonable actions), Relevant, and Timebound.
- Limit the number of actions identified at each meeting to approximately five. If many more action items are identified, go through the list and try to prioritize which items can be achieved in the next quarter.
- Shared responsibility among group members. This is a group effort—the more involved the larger cohort is, the more likely the actions are to be achieved.

7

Wrap up: Review with participants next steps:

10 mins

- Distribution of dashboard analysis to key stakeholders.
- Schedule timing for the next scorecard review.

Appendix H: Scorecard Facilitator Training Curriculum

Scorecard Facilitator Training

Objectives

By the end of this training, Scorecard Facilitators will be able to:

1. Define the “community scorecard” concept
2. Describe their role
3. Describe the scorecard process
4. Define each indicator
5. Define the rating scale
6. Facilitate a *Scorecard Review Meeting* using the *Scorecard Review Meeting Facilitator Guide*
7. Facilitate a *Scorecard Interface Meeting* using the *Scorecard Interface Meeting Facilitator Guide*

Agenda

Time	Session	Objectives
8:30 – 9am	Registration	
9 – 9:30am	Session 1 – Welcome and Introductions	<ul style="list-style-type: none">- Welcome participants- Review objectives and agenda- Introduce participants
9:30 – 10am	Session 2 – Scorecard Concept Overview	<ul style="list-style-type: none">- Provide a brief project history of what led to today- Describe the purpose and goals of the scorecard- Define how it can generate positive change at the community level
10 – 11am	Session 3 – Scorecard SOP and the Facilitator Role	<ul style="list-style-type: none">- Define each step in the scorecard administration process- Define the role of a Scorecard Facilitator in the review meeting and in the interface meeting- Define other tasks assigned to the facilitator
11 – 11:15am	Break	
11:15 – 12pm	Session 4 – Scorecard	<ul style="list-style-type: none">- Review the scorecard and define indicators- Review the rating scale and describe how it relates to

the indicators

- Define each level within the scale

12 – 1pm	Session 5 – Practice: <i>Scorecard Review Meeting</i> Facilitation	- Practice administering the scorecard and conducting a review meeting
1 – 2pm	Lunch	
2 – 3pm	Session 6 – Practice: <i>Scorecard Interface Meeting</i> Facilitation	- Practice administering the scorecard and conducting an interface meeting
3 – 4pm	Session 7 – Scorecard Dashboard	<ul style="list-style-type: none">- Review the scorecard data collection & submission process- Practice using the data collection & submission tool- Practice analyzing data with the participants
4 – 5pm	Session 8 – Action Plans and Data Collection & Submission	<ul style="list-style-type: none">- Practice creating action plans using the scorecard- Review the scorecard data collection & submission process- Practice using the data collection & submission tool- Review the data management plan
5 – 5:30pm	Session 9 – Wrap Up	<ul style="list-style-type: none">- Clarify roles and responsibilities- Identify next steps

Materials

For this training, you will need the following materials:

1. Markers/chalk
2. Flipchart paper/chalkboard
3. Projector to project training PowerPoint (PPT) slides
4. You will also need to review each PPT slide and make sure the content is relevant to your participant group. There are several slides where you will need to add content specific to your group. **These slides are: 8, 15, 25, 30, 31, and 34.** The areas where you need to add content are denoted with black text boxes.

For each participant, you will need a copy of:

1. Training PPT slides
2. Scorecard
3. Dashboard (Note: you will need to add sample data into the dashboard so participants can practice using a dashboard with realistic data)
4. Scorecard toolkit, including appendices (not including this facilitator training section)

NOTE: The time for each session can be expanded to provide participants more time to discuss and/or practice. Keep in mind that this may increase associated training costs.

Session I – Welcome & Introductions

Time: 9 – 9:30am

Session Objectives:

1. Welcome participants
2. Review objectives and agenda
3. Introduce participants

Materials: PPT slides

Session Notes:

- Introduce yourself as the facilitator.
- Review objectives and the agenda for the training.
- Allow time for participants to introduce themselves to each other.

Timing

30 minutes

PPT slide / Ref. material

PPT slide 3



Session 2 – Scorecard Concept Overview

Time: 9:30 – 10am

Session

Objectives:

1. Define what the scorecard is
2. Define how it can generate positive change at the community level
3. Explain why the scorecard is being used in this setting

Materials:

PPT slides
Scorecard
Scorecard toolkit

Session Notes:	Timing	PPT slide / Ref. material
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Discussion: What is a scorecard?

10 minutes

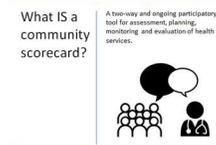
- **Ask participants what they think a scorecard is. Take answers and discuss.**
- Define the scorecard:
 - o A community scorecard is a performance improvement tool, which is used to generate community engagement and feedback on the quality and accessibility of health services:

"The Community Score Card (CSC) is a two-way and ongoing participatory tool for assessment, planning, monitoring and evaluation of services. I

The Community Score Card brings together the demand side ("service user" or "community member") and the supply side ("service provider") of a particular service or program to jointly analyze issues underlying service delivery problems and find a common and shared way of addressing those issues. It is an exciting way to increase participation, accountability and transparency between service users, providers and decision makers."⁴

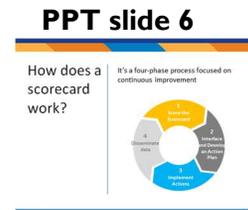
Scorecard

PPT slide 5



⁴ The Community Score Card (CSC) - A generic guide for implementing CARE's CSC process to improve quality of services (May 2013)

- It follows this process:
 - o Community members and healthcare facility providers collaboratively develop criteria, or indicators, for evaluating the services which are captured in a scorecard.
 - o Each group meets regularly and separately to score the service using the scorecard tool, stating why for each score.
 - o Then community members and service providers convene in an interface meeting to share their scores, identify and prioritize issues for improving scores and thus services, and create an action plan to carry out those improvements.
 - o This evaluation process is then repeated every four to six months to monitor and evaluate the action plan, re-score the scorecard, and develop a new action plan, thus enabling ongoing improvement.



Discussion: How does a scorecard improve performance?

10 minutes

- **Ask participants to brainstorm how they think this tool can improve performance.**
- Over time and with consistent use and commitment to improvement, the joint efforts of both community members and service providers using the scorecard yields change in service delivery and quality and, ultimately, positive health outcomes.
- The scorecard approach provides—
 - community members with the ability to provide feedback directly to their catchment health facility. The scorecard acts as a vehicle for systematically sharing feedback in a transparent and structured manner that enables action and accountability.
 - healthcare facility service providers and administrators with a direct link to their community. The scorecard collects information that can be used by service providers to improve health care services in an informed manner that directly responds to their constituency.
- The strength of this tool and process is that it emphasizes immediate response to the scores and joint decision making and action. Service providers receive immediate feedback in a space that allows for mutual dialogue between community members and providers about the indicators and scores. Similarly, improvement actions are identified together and both groups take responsibility for implementing and monitoring them. By working together, the scorecard seeks to create a collaborative and constructive dynamic between all stakeholders that result in action, accountability, and positive change.



Discussion: Why are we using a scorecard in our community?

10 minutes

- Share with participants why the health system has decided to use a scorecard.
- Share the overall health goal that we hope to achieve by using the scorecard.
- Share what reasoning was used to select the scorecard and who was involved in the approval process.
- Provide participants with context for the scorecard: the “why” and thought process for what led to the selection of this approach for the scorecard.
- Explain that prior to this training a group (possibly some of the same people who are now going to be facilitators) met and—
 - o scoped the scorecard concept to define what would be the focus of the scorecard and which facilities would participate
 - o designed the scorecard
 - o designed the scorecard process
- Share the scope of the scorecard with participants:
 - o What area of health will the scorecard focus on? (e.g. family planning, maternal and child health, malaria, nutrition, HIV & AIDS, tuberculosis, etc.)?
 - o What is the overarching goal you hope to achieve by using the scorecard?
 - o What health facilities will participate in the scorecard process?
 - o What community sub-populations are impacted by this area of health and should be represented in the scorecard process?
 - o What organizations or individuals will administer the scorecard?
- *If anyone in the room participated in the design process, allow them to share their experience with this process.*

PPT slide 8



PPT slide 9



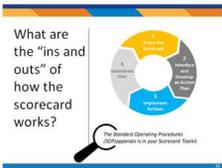
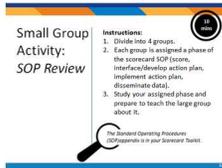
Session 3 – Scorecard Standard Operating Procedure (SOP) and the Facilitator Role

Time: 10 – 11am

Session Objectives:

1. Define each step in the scorecard administration process
2. Define the role of a Scorecard Facilitator in the review meeting and in the interface meeting
3. Define other tasks assigned to the facilitator

Materials: PPT slides
Scorecard SOP

Session Notes:	Timing	PPT slide / Ref. material
<p>Discussion: What is the scorecard administration process?</p> <ul style="list-style-type: none"> - Explain how the scorecard will work: <ul style="list-style-type: none"> o Community members and healthcare facility service providers meet separately to score the scorecard o Both groups join together to conduct the interface meeting, consolidate scores, and develop an action plan o Implement the action plan and monitor actions o Disseminate scorecard data for decision-making - Since the scorecard is designed to fuel a continuous approach to performance improvement, it can be implemented as many times as it is relevant and useful to the community. - Ask participants to find their SOPs handout. Review each step with them. 	<p>5 minutes</p>	<p>Scorecard SOP</p> <p>PPT slide 11</p> 
<p>Activity: Scorecard SOPs review</p> <ul style="list-style-type: none"> - Divide participants into four small groups. - Assign each group to one section of the SOPs: <ul style="list-style-type: none"> o Score scorecard o Interface and action plan o Implement action plan o Disseminate data 	<p>40 minutes</p>	<p>PPT slide 12</p> 

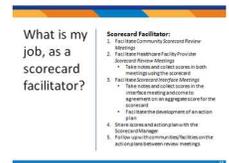
- Give participants 10 minutes to review their SOPs section and prepare to teach it to the group. Remind them to reference the relevant appendices.
- Invite each group to teach their assigned section of the SOPs to the large group.
- Give each group five minutes to teach the large group about their assigned section of the SOPs.
- After each group presents, take questions and discuss.

Discussion: What is the Scorecard Facilitator role?

15 minutes

- **Ask participants what tasks they identified for themselves as they reviewed the SOPs.**
- Review the Scorecard Facilitator role with them:
 - o Facilitate community *Scorecard Review Meetings*
 - o Facilitate healthcare facility provider *Scorecard Review Meetings*
 - Take notes and collect scores in both meetings using the scorecard
 - o Facilitate *Scorecard Interface Meetings*
 - Take notes and collect scores in the interface meeting and come to agreement on an aggregate score for the scorecard
 - Facilitate the development of an action plan
 - o Share scores and action plans with the Scorecard Manager
 - o Follow up with communities/facilities on the action plans between review meetings
- Take questions from participants regarding their role and resolve concerns.

PPT Slide 13



Session 4 – The Scorecard

Time: 11:15 – 12pm

Session Objectives:

1. Review the scorecard and define indicators
2. Review the rating scale and describe how it relates to the indicators
3. Define each level within the scale

Materials: PPT slides
Scorecard

Session Notes:	Timing	PPT slide / Ref. material
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Discussion: What is the scorecard? **5 minutes**

- Review the scorecard with participants:
 - o Remind the group of the overall health goal that we seek to achieve using the scorecard
- Review the areas the scorecard focuses on.

Scorecard

PPT slide 15

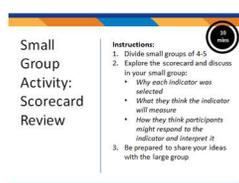


Activity: What are the indicators? **20 minutes**

- Divide participants into small groups of four to five people.
- Ask each group to review the indicators and discuss:
 - o Why each indicator was selected
 - o What they think the indicator will measure
 - o How they think participants might respond to the indicator and interpret it
- Provide 10 minutes for exploration.
- Reconvene the small groups into the large group and discuss their insights.
- Respond to questions about the scorecard indicators.

Scorecard

PPT slide 16



Discussion: What is the scorecard rating scale?

10 minutes

- Review the scorecard rating scale with participants:
 - o Explain each level within the scale.
- Take questions and discuss.

Scorecard

Activity: How do we use the scale?

10 minutes

- Ask participants to return to the small groups they were just in.
- Ask each group to practice applying the scale to the indicators.
- Allow them time to select and review a few indicators and use the scale to score the indicator as if they were either a community member or a healthcare facility member.
- Reconvene the small groups into the large group and discuss their insights.
- Respond to questions about the scorecard indicators.

PPT Slide 17

Small Group
Activity:
Rating Scale
Review

Instructions:
1. Divide small groups of 4-5
2. Examine the scorecard rating scale
3. Practice rating several indicators
• Rate an indicator "rating" as a community member
• Rate it again as a healthcare facility provider
4. Be prepared to share your ideas with the large group

Session 5 – Practice: Scorecard Review Meeting Facilitation

Time: 12 – 1pm

Session Objectives: 1. Practice administering the scorecard and conducting a *Scorecard Review Meeting*

Materials: PPT slides
Scorecard
Scorecard Review Meeting Guide

Session Notes:	Timing	PPT slide / Ref. material
<p>Discussion: What is the Scorecard Review Meeting?</p> <ul style="list-style-type: none"> - Review the purpose of the <i>Scorecard Review Meeting</i>: <ul style="list-style-type: none"> o To provide community members and healthcare facility providers space to review, discuss, and score the indicators - Review the <i>Scorecard Review Meeting Guide</i>. 	10 minutes	<p>Scorecard Review Meeting Guide</p> <p>PPT Slide 19</p> 
<p>Demo: Facilitate the Scorecard Review Meeting</p> <ul style="list-style-type: none"> - Role play with the group as if you are the <i>Scorecard Review Meeting</i> Facilitator and the training participants are your community members or healthcare facility providers. - Lead them through one section of the scorecard review process, using the <i>Scorecard Review Meeting Guide</i>. - Demonstrate how to use the guide and facilitate effectively. - Ask each group for observations and questions. 	10 minutes	<p>Scorecard</p> <p>Scorecard Review Meeting Guide</p>
<p>Activity: Practice facilitating the Scorecard Review Meeting</p> <ul style="list-style-type: none"> - Divide participants into small groups of four to five people. - Ask each group to practice facilitating a <i>Scorecard Review Meeting</i> using the guide. 	30 minutes	<p>Scorecard</p>

- They should take turns; with each new section of the scorecard, a new person takes over facilitating the scorecard review.
- As they facilitate, ask the other group members to evaluate their use of the scorecard guide according to this rubric:
 - o Did they follow the guide?
 - o Did they take notes?
 - o Did they achieve consensus in the group around a score for each indicator?
 - o Did they keep the discussion from focusing on blaming and finger pointing?
 - o Did they stay focused on being a facilitator and not get involved in the scoring?

Scorecard Review Meeting Guide

PPT slide 20



Discussion: Practice observations

10 minutes

- Reconvene the small groups into a large group.
- Discuss their experiences and observations using—
 - o the guide
 - o the scorecard
 - o the scale
- Take questions and discuss.

Session 6 – Practice: Scorecard Interface Meeting Facilitation

Time: 2 – 3pm

Session Objectives: 1. Practice administering the scorecard and conducting a *Scorecard Interface Meeting*

Materials: PPT slides
Scorecard
Scorecard Interface Meeting Guide

Session Notes:	Timing	PPT slide / Ref. material
<p>Discussion: What is the Scorecard Interface Meeting?</p> <ul style="list-style-type: none"> - Review the purpose of the <i>Scorecard Interface Meeting</i>, which is to provide community members and healthcare facility providers space to come together to— <ul style="list-style-type: none"> o agree on consolidated group scores for each indicator o review the scorecard dashboard o provide an update on current action plan o present actions for inclusion in the action plan o select actions to focus on and complete the action plan - Review the <i>Scorecard Interface Meeting Guide</i>. 	10 minutes	<p>Scorecard</p> <p>Scorecard Interface Meeting Guide</p> <p>PPT slide 22</p> 
<p>Demo: Facilitate the Scorecard Interface Meeting</p> <p><i>NOTE: For this section, only focus on the scoring. You will practice developing an action plan later in this training.</i></p> <ul style="list-style-type: none"> - Role play with the group as if you are the <i>Scorecard Interface Meeting</i> Facilitator. - Divide the room into two groups and ask participants to play the role of the group they are assigned to: <ul style="list-style-type: none"> o Community members o Healthcare facility providers - Select one indicator and practice facilitating the two groups into 	10 minutes	<p>Scorecard</p> <p>Scorecard Interface Meeting Guide</p>

agreement on a common score for that indicator.

- Demonstrate how to use the guide and facilitate effectively.
- Ask each group for observations and questions.

Activity: Practice facilitating the Scorecard Interface Meeting

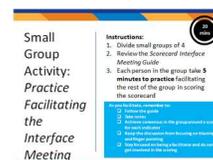
30 minutes

- Divide participants into small groups of four to five people. Have each group divide into two sub-groups:
 - o Community members
 - o Healthcare facility providers
- Ask each group to practice facilitating a *Scorecard Interface Meeting* using the guide.
- They should take turns; with each new section of the scorecard, a new person takes over facilitating the scorecard interface meeting.
- As they facilitate, ask the other group members to evaluate their use of the scorecard guide according to this rubric:
 - o Did they follow the guide?
 - o Did they take notes?
 - o Did they facilitate the group to a common score?
 - o Did they keep the discussion from focusing on blaming and finger pointing?
 - o Did they stay focused on being a facilitator and not get involved in the scoring?

Scorecard

Scorecard Interface Meeting Guide

PPT slide 23



Discussion: Practice observations

10 minutes

- Reconvene the small groups into a large group.
- Discuss their experiences and observations using—
 - o the guide
 - o the scorecard
 - o the scale
- Take questions and discuss.

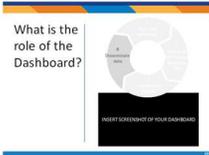
Session 7 – Scorecard Dashboard

Time: 3 – 4pm

Session Objectives:

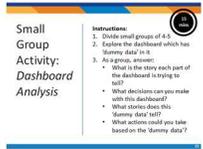
1. Practice analyzing data using the dashboard
2. Practice facilitating the use of the dashboard

Materials: PPT slides
Scorecard Interface Meeting Guide
 Dashboard – *prior to the training, add sample data into the dashboard so participants can practice using a dashboard that contains realistic data.*

Session Notes:	Timing	PPT slide / Ref. material
Discussion: Why do we have a dashboard?	5 minutes	
<ul style="list-style-type: none"> - Ask participants what experience they have with dashboards. - Ask participants how dashboards have helped them turn data into action in other roles or situations. - Review the purpose of the scorecard, which is to generate data that leads to action. <ul style="list-style-type: none"> o A dashboard displays this data so that it can be analyzed and turned into action by decision-makers. o In the <i>Scorecard Interface Meeting</i>, the facilitators will present the scorecard and ask meeting participants to review the dashboard and use it to guide decisions and the action plan. - Share the real dashboard with the group and review each component of it. - Take questions and discuss observations. 		<p>Dashboard</p> <p>Scorecard Interface Meeting Guide</p> <p>PPT slide 25</p> 
Activity: Practice using the dashboard	15 minutes	
<ul style="list-style-type: none"> - Divide participants into new small groups of four to five people. 		Dashboard

- Distribute copies of the dashboard with the sample data in it. Tell participants to pretend that this is their dashboard.
- Ask each group to answer:
 - o What is the story each part of the dashboard is trying to tell?
 - o What decisions can you make with this dashboard?
 - o What stories does the sample data tell?
 - o What actions could you take based on the sample data?
- Reconvene into a large group to share observations and take questions.

PPT slide 26



Small Group
Activity:
Dashboard
Analysis

Instructions:

1. Divide small groups of 4-6.
2. Explore the dashboard which has sample data in it.
3. As a group, answer:
 - What is the story each part of the dashboard is trying to tell?
 - What decisions can you make with this dashboard?
 - What stories does this sample data tell?
 - What actions could you take based on the sample data?

Demo: Facilitate the use of the dashboard in a *Scorecard Interface Meeting*

10 minutes

- Explain that you will now demo how they will need to use the dashboard in the *Scorecard Interface Meeting* to generate action based on the scorecard.
- Ask each group to divide into two sub-groups:
 - o Community members
 - o Healthcare facility providers
- Facilitate them through the process of analyzing the dashboard as a group.
- Take questions and discuss observations.

Dashboard

Scorecard
Interface
Meeting Guide

Activity: Practice facilitating the use of the dashboard

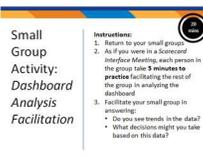
30 minutes

- Return participants into their same small groups of four to five people.
- Ask each group to again divide into two sub-groups:
 - o Community members
 - o Healthcare facility providers
- Have each person in the group take a turn leading their small group in facilitating the dashboard analysis process as if they were in the *Scorecard Interface Meeting*:
 - o Do you see trends in the data?
 - o What decisions might you take based on this data?
- Allow the small groups 20 minutes to practice.
- Reconvene into a large group to share observations and take questions.

Dashboard

Scorecard
Interface
Meeting Guide

PPT slide 27



Small Group
Activity:
Dashboard
Analysis
Facilitation

Instructions:

1. Return to your small groups.
2. As if you were in a *Scorecard Interface Meeting*, each person in the group take **3 minutes to practice** facilitating the rest of the group in analyzing the dashboard.
3. Facilitate your small group in answering:
 - Do you see trends in the data?
 - What decisions might you take based on this data?

Session 8 – Action Plans and Data Collection & Submission

Time: 4 – 5pm

Session Objectives:

1. Practice creating action plans using the scorecard
2. Review the scorecard data collection & submission process
3. Practice using the data collection & submission tool

Materials:

- PPT slides
- Action plan template from the scorecard
- Scorecard
- Dashboard
- Scorecard Interface Meeting Guide*
- Data collection tool
- Data management plan

Session Notes:	Timing	PPT slide / Ref. material
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Discussion: How does the action plan work? **10 minutes**

- Review the purpose of the action plan:
 - o To turn the scores into meaningful action that community members and healthcare facility providers can work on together to improve access to and delivery of quality health services.
- Review the action plan template.
- Review how the action plan is created. The action plan is created when *Scorecard Interface Meeting* participants review—
 1. scorecard scoring which was just completed
 2. scorecard dashboard
 3. prior *Scorecard Interface Meeting* actions and provide an update on progress
- Based on these three points, the group brainstorms a list of actions and then prioritizes a selection of these actions for inclusion in the action plan.

Action Plan Template

Scorecard Interface Meeting Guide

PPT slide 29



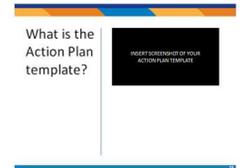
Demo: Facilitate the review and complete an action plan

10 minutes

- Continue to role play with the group as if you are the *Scorecard Interface Meeting* Facilitator.
- Ask the participants to return to the role they played previously as either—
 - o Community member
 - o Healthcare facility provider
- Ask participants to review—
 1. scorecard scoring which was just completed earlier in this training
 2. scorecard dashboard reviewed in the session prior
 3. prior *Scorecard Interface Meeting* actions (this is theoretical— for the training, there are no actions to review)
- Ask them to brainstorm a list of actions based on the dashboard data you just reviewed and the scores they see in the dashboard.
- Facilitate them through the process of prioritizing a list of three to five actions.
- Facilitate them through the process of completing the action plan template for each prioritized action.
- Ask each group for observations and questions.

Scorecard Dashboard Action Plan Template

PPT slide 30



Discussion: Collecting data

10 minutes

- Explain that the scorecard process creates a lot of data:
 - o Scorecard scores
 - o Reasons for the scores
 - o Actions
 - o Updates to the actions
- All of this data must be collected so it can be monitored and analyzed.
- Explain that a tool has been created to collect this data and send it to a central Facilitator Manager.
- Share the tool and walk the group through it.

Data Collection Tool

PPT slide 31



Activity: Practice collecting data

20 minutes

- Distribute the tool.
- Provide participants time to practice using the tool to collect data.
- Take questions and discuss observations.

Data Collection Tool

Discussion: Managing data

10 minutes

- Explain the data management plan:
 - o What tools are used to collect data

Data Management Plan

- Who has access to data
 - Who has access to the dashboard
 - How the data/dashboard will be shared
- Who approves the data/dashboard.

PPT slide 32

What is our data management plan?	
Tools Used:	[[List the tool we use to collect data]]
Data Access:	[[List who has access to collected data]]
Dashboard Access:	[[List who has access to dashboard data]]
Distribution:	[[List how the collected data / dashboard are shared]]
Approvals:	[[List who approves collected data / dashboard]]

Session 9 – Wrap up

Time: 5 – 5:30pm

Session Objectives:

1. Clarify roles and responsibilities
2. Identify next steps

Materials: PPT slides

Session Notes:	Timing	PPT slide / Ref. material
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Discussion: Roles and responsibilities

15 minutes

- Review roles and responsibilities:
 - o Facilitate community *Scorecard Review Meetings*
 - o Facilitate healthcare facility provider *Scorecard Review Meetings*
 - Take notes and collect scores in both meetings using the scorecard
 - o Facilitate *Scorecard Interface Meetings*
 - Take notes and collect scores in the interface meeting and come to agreement on an aggregate score for the scorecard
 - Facilitate the development of an action plan
 - o Share scores and action plan with the Scorecard Manager using the tool practiced in the previous section
 - o Follow up with communities/facilities on the action plans between review meetings
- Take questions and discuss observations.

PPT slide 34



Discussion: Next steps

15 minutes

- Review timeframes for conducting scorecard review meetings.
- Explain any outstanding issues related to the tools or data.

Appendix I: Scorecard Costing Template Example

Scorecard Costing Template Example

This costing template is an example of how a costing tool can be used to estimate costs and inform budgetary decisions for implementing the Community Scorecard.

This tool contains three sections:

- *Summary* This section is a high level summary of the steps in the scorecard process and the cost of each, and includes the key assumptions that are determinants of cost.
- *Inputs and Assumptions*: This section contains all parameters and inputs for calculating estimated costs for each activity. Default parameters can be found under General Assumptions in the top left corner. Green and yellow highlighted cells should be reviewed and revised for each implementation activity. All other cells are calculation inputs and should not be changed. See bottom of Inputs and Assumptions sheet for additional information.
- *Definitions*: This section contains the data used to estimate cost inputs, such as staff daily rates, and overhead and expense rates. These should be reviewed and adjusted before using the tool to account for country and organization context, and at least annually to account for inflation and other macro changes.

Sample screenshots of the tool are included on the following pages.

All data provided are sample data meant to be illustrative. This example assumes:

1. The scorecard will be administered in 15 sites within 1 district.
2. Four community-based organizations will participate as scorecard facilitators.

Summary:

Client	(client name)
Date:	(date)
District:	(name(s))
Number Districts:	1
Number Facilities:	15

Activity	Examples provided below	Cost
1. Scope the scorecard concept		\$ 2,991
Type of Activity	NGO implement/ NGO TA	
2. Design the scorecard		4,178
Type of activity	NGO implement/ NGO TA	
Type of scorecard	Existing template/sector	
Number of indicators	15	
3. Design the scorecard process		1,350
Type of activity	NGO implement/ NGO TA	
Type of scorecard	Existing template/sector	
4. Train scorecard stakeholders		7,344
Type of activity	NGO implement/ NGO TA	
Type of scorecard	Existing template/sector	
5. Score the scorecard with the community		13,076
Type of activity	NGO implement/ NGO TA	
Frequency	Quarterly	
6. Score the scorecard with service providers		13,076
Type of activity	NGO implement/ NGO TA	
Frequency	Quarterly	
7. Hold interface meeting to finalize results and action plan		10,886
Type of activity	NGO implement	
Frequency	Quarterly	
Scoring takes place at interface meeting?	No	
8. Analyze quantitative indicator score on dashboard		6,332
Type of activity	NGO TA	
Frequency	Quarterly	
9. Monitor and follow up on Action Plans		\$ 24,085
Type of activity	NGO implement	
Frequency	Quarterly	
Total Cost		\$ 83,318

Sample View of Scorecard Costing Template

To use this template, please see the Toolkit's associated Excel file.

General Assumptions		PLANNING					
Default Facilities per Advisor/Officer	15	1. Scope the scorecard concept			2. Design the scorecard		
Default scorecard frequency	Quarterly	Type of Activity	NGO implement/ NGO TA	Type of activity	NGO implement/ NGO TA		
Default indicators per scorecard	15	Frequency	One time	Type of scorecard	Existing template/sector	← (type number here)	
Number of Districts	1			Number of indicators			
No. Districts Nearby	1			Frequency	One time		
No. Districts Far	0			LOE based on number of districts only. Assumes 1 set of indicators within district.			
Number of Facilities	15			Convene focus group to select the indicators and rating scale	Develop an action plan template	Develop a scorecard dashboard to monitor scores over time and database to capture data	
No. Facilities Nearby	10	Carry out introductory visits to key stakeholders in the targeted communities and secure cooperation with service providers	Develop a budgeted work plan of the CSC	Total			
No. Facilities Far	5						
Period of Performance	One Year						
Resources -- per district and up to 15 facilities							
Prog Coord/Advisor	Planning	2	1	3	1	0 1	
Prog Coord/Advisor	Provincial Exec Mtg	0.5		0.5		0	
Prog Coord/Advisor	District Exec Mtg	0.5		0.5		0	
Prog Coord/Advisor	Ward meetings	1		1		0	
Prog Coord/Advisor	Sensitization			0		0	
Prog Coord/Advisor	Focus Groups/workshops			0	1	1	
Prog Coord/Advisor	Scoring/Review meetings			0		0	
Prog Coord/Advisor	Develop Tools			0	1	6	
Prog Coord/Advisor	Training			0		0	
Prog Coord/Advisor	Follow up/QA			0		0	
Facilitator/CBO Officer	Planning			0		0	
Facilitator/CBO Officer	Scoring/Review meetings			0		0	
Facilitator/CBO Officer	District Exec Mtg			0		0	
<i>Formulas in this sub-section are driven by LOE</i>							
STAFF (daily rate includes cost of support staff)							
Prog Coord/Advisor	205			5		8	
OH						1640	
Management oversight	7%			72		115	
Benefits	15%			157		251	
OH/ Indirect expenses (see	145			725		1160	
CBO (all-inclusive contract daily rate)							
Facilitator/CBO Officer	72			0		0	
				0		0	
<i>Formulas in this sub-section are driven by Frequency</i>							
EXPENSES (reimbursement basis)							
Travel total daily rate -- nearby*	50			550		550	
Travel total daily rate -- far*	70			350		350	
Material per facility or activity	7			112		112	
Equipment	If needed, add to activity						
Venue	If needed, add to activity						
Meals/ lunch	If needed, add to activity						
* Includes transport, accommodation, meals							
Total Estimated Cost for Project/ Activity				2,991		4,178	

GREEN	Needs to be revised for every activity estimate
YELLOW	May need to be revised periodically or according to client; see Definitions

Definitions

STAFF (daily rate includes cost of support staff)

Prog Coord/Advisor	10,000 Annual
Includes Prog Coord, Finance Officer, Driver full time	41.666667 Daily Rate

OH

Management oversight *

Includes PI (5%), F&A Mgr (7%), Prog Mgr (67%) 7% percent of Staff Daily Rate

Benefits

Includes NSSA, WCIF, airtime allowance, medical aid 5% percent of Staff Daily Rate

Indirect expenses **

see detail below 100 per day for local organizations

* For international funders, consider higher rate to include greater contract/ client management support

** For international funders, consider higher rate to include longer term costs such as IT equipment, vehicles, furniture, as appropriate

CBO (all-inclusive contract daily rate)

Facilitator

see detail below 50 per day

OH/ Expenses

see detail below 10 per day

DETAIL

OH/ Indirect Expenses	per month	per day
Insurance, licences and parking fees,	1000	50
Office Rental	500	25
Telephone	100	5
Internet services	100	5
Motor vehicle maintenance	150	7.5
Bank Charges	50	2.5
		95

CBO Rate estimates

	per month		per year	
Director	3,000.00	5%	1,500.00	
Program Officer	650.00	100%	5,500.00	
Program Intern	50.00	100%	500.00	
Finance Officer	300.00	67%	1,000.00	8,500.00
Program Manager	2,000.00	10%	1,000.00	
Program Officer	700.00	100%	4,000.00	
Finance Officer	800.00	25%	1,500.00	6,500.00
Program Director	107.50	100%	500.00	
Program Officer	750.00	100%	4,500.00	
Finance Officer	400.00	63%	1,500.00	6,500.00
Director	700.00	40.0%	1,500.00	
Program Officer	500.00	100%	3,000.00	
Finance Officer	600.00	45.0%	1,500.00	6,000.00

average 6,875.00
 daily 28.65
 benefit 10%
 total daily 31.51

Definitions, continued

CBO Expense estimates

Office utilities (Electricity and Water)	\$ 50.00	100%	600.00	
Rental contribution	\$ 100.00	100%	1,200.00	
Communication	\$ 45.00	100%	\$ 540.00	
Bank Charges	\$ 45.00	100%	\$ 540.00	2,880.00
<hr/>				
Office Rental	\$ 250.00	60%	\$ 1,800.00	
Communication	\$ 35.00	100%	\$ 420.00	
Internet services	\$ 45.00	100%	\$ 540.00	
Motor vehicle maintenance	\$ 100.00	100%	\$ 200.00	
Bank Charges	\$ 30.00	100%	\$ 360.00	\$ 3,320.00
<hr/>				
Office Rental	\$ 100.00	100%	\$ 1,200.00	
Communication	\$ 30.00	100%	\$ 360.00	
Internet services	\$ 30.00	100%	\$ 360.00	
Utilities	\$ 40.00	100%	\$ 480.00	
Printer tonner	\$ 35.00	100%	\$ 210.00	
Motor vehicle maintenance	\$ 100.00	100%	\$ 200.00	
Bank Charges	\$ 20.00	100%	\$ 240.00	\$ 3,050.00
<hr/>				
Office Rental	\$ 500.00	10%	\$ 600.00	
Internet services	\$ 50.00	100%	\$ 600.00	
Motor vehicle maintenance	\$ 150.00	100%	\$ 300.00	
Communication	12	7.50	90.00	
Bank Charges	\$ 60.00	100%	\$ 720.00	\$ 2,310.00
<hr/>				
			average daily	2,890.00 12.04



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