

Activity Report

Enhancing Transparency Impact (ETI) Project Citizen Monitoring of Local Health Services through the Community Scorecard (CSC)

Ruperto's Inland Resort Binalonan, Pangasinan
May 23-25, 2013

Background

The Partnership for Transparency Fund (PTF), the Coalition Against Corruption-Makati Business Club (CAC-MBC), and the Affiliated Network for Social Accountability in the East Asia and the Pacific (ANSA-EAP) have collaborated for a joint project that would provide capacity building and grant support to citizen groups to monitor the performance of local government projects as well as to promote constructive engagements. For Year 1, The consortium partnered with three (3) member organizations of the Northern Luzon Coalition for Good Governance (NLCGG).

As such, ANSA-EAP conducted an area-based learning event as part of its knowledge sharing support last May 23-25 in Binalonan, Pangasinan. Participants consisted of twenty-five (25) staff and partners of Responsible Citizens, Empowered Communities In Solidarity for Social Change (RECITE, Inc.), Young Concerned Citizens of Abra for Good Governance (YCCAGG), and the Apayao People's Organization for Good Governance (APOGG). The workshop introduced participants to the Community Scorecard (CSC) as a tool for monitoring local health services.

Workshop objectives

The workshop on "Citizen monitoring of local health services through Community Score Card (CSC)" aimed to facilitate a working knowledge among participants of the CSC, and how it can be used by citizens in engaging local governments towards improved health services.

Specific objectives included the following:

1. A common framework for understanding local public health issues and initiatives to address public health needs, towards situating citizen monitoring of local health service delivery;

2. Collective appreciation of how CSC, as a social accountability (SAc) tool, can be situated within efforts aimed at transparent, accountable, and participatory governance, particularly in facilitating citizen involvement in public performance monitoring (PPM);
3. Lessons and insights drawn from the experiences of workshop participants and other citizen groups who have used or implemented CSC or similar citizen monitoring tools; and,
4. Initial understanding of the whole CSC process – including crafting of entitlements checklist, service provider scorecard, and service user scorecard – as applied to citizen monitoring of local health services and constructive engagement towards improving such services.

Discussion points and lessons

Assessing the local health context

- Context analysis should give citizen groups a clear understanding of the public program or service that is being targeted for monitoring including current constraints and problem areas in terms of service delivery or program implementation, which could help CSC proponents identify entry points for their performance monitoring. For this to happen, the analysis should be based on relevant, accurate, and complete information about the target public service or program, and citizen demand for such services.
- The government's system for monitoring and assessing its programs and services may be weak (unsystematic), irregular, and/or non-existent. For example, the Municipal Health Officer's presentation on the health governance context in Mangaldan, Pangasinan pointed to the irregularity of Program Implementation Reviews (PIR) aimed at assessing the work of the Municipal Health Office (MHO) and regional health units (RHUs). In light of this situation, it is important to consider during the context analysis how the planned citizen monitoring could strengthen or complement government's M&E systems.

Developing the community and service providers' scorecards

- Like surveys, scorecards are based on perceptions. However, the Input Tracking Matrix provides some level of objectivity to the CSC as it produces data on compliance with existing laws and guidelines. It is important to note that the input tracking matrix should evaluate required items or processes to deliver the service, and not services delivered.
- The indicators that were presented in the beneficiaries' scorecard showed the

Discussion points and lessons

resources that they considered vital in their local health sector. Differences in indicators between the community and service providers' scorecards connote what the target scorers want to prioritize in terms of public service delivery. This is one advantage of using the CSC — it is based on and starts from the needs and concerns of local stakeholders.

- The FGD also served as a venue for sharing information and resolving disagreements among service users and providers. In order to lessen subjectivity in the process, parties can set an objective rubric on how scores should be determined. Example, they could list down certain scenarios which could fall under and thus define certain scores.

Facilitating the interface meeting

- The need for preparatory work (i.e. data gathering, CSC orientation) was also established as vital in the development of the scorecard and the interface meeting. There is a need for an evidence-based process to establish credibility in the analysis. Official statistics and field reports are good references in coming up with the Action Plan. Recommendations in the action plan should serve as inputs to the planning stage (of the PFM).
- Facilitators should help the group during an interface meeting to explore government performance problems in a more comprehensive manner, avoiding quick decisions and business-as-usual solutions as much as possible : 1) Taking off from framework of providing for citizen entitlements; 2) Looking at the issues from the perspective of both service users and providers; and, 3) Carefully considering other aspects of governance apart from the actual service delivery (e.g., other stages of PFM like planning, other factors that could impact on the success of various government interventions (e.g., presence/absence of health-seeking behaviors in individuals, availability of private services and facilities).
- Intermediary organizations doing the CSC, and facilitators, should take necessary steps to ensure effective documentation of an interface meeting. Knowledge capture should focus on both additional data with regard to service provision (coming from the service users and providers) and insights in terms of improving the process. A robust database from the CSC could provide a good basis for participating in local planning/budgeting.
- Other key steps after the interface meeting: 1) Presentation or sharing of the CSC results to decision- or policy-makers, and to the public; 2) Follow up on the agreements and key action points during the interface meeting; 3) Repeating or replicating the CSC process. Follow up actions could include partnership building between beneficiaries and service providers to lobby or advocate with decision- or policy-makers.

Participants' next steps and plans

- RECITE and partner Parent Leaders plan to enhance the initial scorecards that they have developed during the workshop, for use in their on-going monitoring initiatives under the ETI Project. They also indicated their intention to conduct similar orientations or training with the other Parent Leaders so that they will be able to cover more barangay health units within the Municipality of Mangaldan. One suggestion that came out with regard to possible customization of the scorecard process would be to integrate a short survey to draw out more data on individual health behavior among CCT beneficiaries.
- CCAGG and APOGG plan to customize the CSC process and tool for use in other public service areas such as water and sanitation provision. One key point of interest for these groups was the possibility of building on the CSC results as inputs to local public planning and budgeting processes. This would of course require some process of aggregating the CSC-generated data (both across geographic units and time) and drawing out insights and conclusions on performance of existing public programs and projects. As such, it could complement other participatory research approaches utilized by citizen groups and government for determining existing issues and needs of communities.

Other observations and recommendations

- The facilitators did not anticipate need for pre-workshop data gathering. Instead, the municipal nurse's presentation, formatted as a handout, served as the participants' basis for identifying indicators during the session on developing the scorecards.
- Ground inputs and discussion on facilitation skills more on the CSC process. Include a small group discussion activity in the session to help draw out the challenges and issues in facilitating the whole process (i.e., from the preparatory steps, input tracking score card and related audit, to the scorecards with service users and providers, interface meeting, and subsequent follow ups). Then focus on enhancing facilitation skills needed for CSC.
- Explore the development of video learning materials for the CSC workshop: 1) A 7-10 minute instructional video on the CSC process; 2) Short video clips to illustrate the key facilitation skills (example, encouraging, probing, acknowledging participants' feelings, reframing, summarizing, paraphrasing, capturing common grounds, etc.).
- Translate the workshop evaluation tool in Filipino, and ensure ease of use for ordinary citizens. Consider also doing pre- and post-workshop tests (multiple choice questions) to help establish baselines and changes in awareness of the CSC tool/process. Develop a post-workshop, mid-term evaluation instrument to help



Affiliated Network for Social Accountability in East Asia and the Pacific
... connecting citizens to improve governance

assess capacity building results including continuing learning through field application of knowledge.