

Community Based Performance Monitoring (CBPM): Empowering and Giving Voice to Local Communities

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Abstract

Community Based Performance Monitoring (CBPM) was developed in The Gambia with support from the World Bank as one element in its efforts to help improve governance and enhance development outcomes through social accountability. Building on the Community Scorecard Process developed by CARE International in Malawi, CBPM incorporates enhanced focus group methodologies developed in Sierra Leone. CBPM was piloted in the Gambia, and has been being scaled up nationally to facilitate participatory monitoring of The Gambia's Poverty Reduction Strategy, and has recently been introduced to Uganda. CBPM enables local communities to identify gaps and constraints and negotiate reforms in the delivery of services such as primary schools and health dispensaries. Information on the quality of service provision is generated through the use of structured focus group interactions with user groups as well as with service providers. Feedback from user groups to service providers is almost immediate. Assessments of the current status of service delivery, as well as actions to be taken to correct the situation, are arrived at through mutual dialogue during an Interface Meeting. The community also tracks inputs by comparing actual facility assets and supplies against entitlements. The approach promotes community empowerment and is also used as an information and advocacy tool by aggregating community-generated data across multiple CBPM 'community gatherings'. The paper first presents the origins and attributes of the CBPM approach as a modified form of the Community Score Card Process. The CBPM methodology is outlined, and the experiences to date with the CBPM approach in The Gambia and Uganda are described. The paper reviews a number of ongoing strategic and operational lessons and challenges, and the potential for adaptation and scaling-up of the CBPM approach. In The Gambia, the approach is being broadened geographically and in terms of sectoral coverage, and linked with a concurrent Citizen Report Card approach. CBPM programs sponsored by World Vision are now being planned for Uganda, Brazil, India and Tanzania. The paper concludes that the Community Score Card approach, and the derivative CBPM approach, are powerful and flexible instruments to promote social accountability in the delivery of basic services to poor communities, and thus to improve the achievement of pro-poor development outcomes.

Keywords

Community, performance, monitoring, empowerment, scorecard

I. Background and attributes of key social accountability approaches

In recent years, the World Bank has been promoting a variety of mechanisms for Social Accountability, i.e. engaging civic organisations in expressing demand for public services and exacting accountability from local service providers to improve service quality and thus development outcomes. The 2004 World Development Report highlighted the important role that demand-side accountability can play in improving service performance (World Bank 2004). Two well-known approaches to social accountability are the Citizen Report Card and the Community Score Card. The Citizen Report Card (CRC) uses powerful survey instruments to solicit feedback from citizens on public services, and compiles periodic report cards on trends at the macro level to inform and influence public policy. CRC was developed and used extensively in south India by the Public Affairs Center. More recently, CRC has been promoted by the World Bank in the Philippines, Albania and for the city of Kampala in Uganda (World Bank 2001). The Community Score Card (CSC) approach is a more participatory performance monitoring approach developed by CARE in Malawi, which combines elements of familiar participatory tools such as social audits and participatory rural appraisal. It has subsequently been promoted and adapted in a number of other countries.¹

Key features of the CSC approach include the following:

- CSC uses the four basic principles of participatory monitoring and evaluation:
 - communities generate the data
 - communities understand the data
 - communities review and use the data
 - communities own the data.
- CSC uses the community-level service or service facility as the unit of analysis
- CSC generates information through focus group interactions
- CSC emphasises immediate feedback to service providers, response, and joint decision-making
- CSC enables a change of roles, through which ordinary citizens are empowered to act as evaluators
- CSC is conducted at micro/local level, usually at a local service facility
- CSC results in agreement to undertake reforms to the service to improve development outcomes.

¹ The Public Affairs Center in India has successfully used CSC methodologies to identify key indicators, to be subsequently used by researchers in CRC surveys.

Community Based Performance Monitoring (CBPM) is a form of the CSC approach that was developed in The Gambia with the support of the World Bank by blending into the CSC methodology a number of features of the Strategic Planning and Action Process (SPP) developed in Sierra Leone.² These new features include more elaborate focus group scoring methodologies to minimise opportunities for lateral influence on voting results, and the routine use of standard indicators (in addition to group-generated indicators) to facilitate the later use of score card data from multiple community events at the same facility, or at different facilities in the same sector. Such aggregated data can be used for program monitoring and/or advocacy purposes. Table 1 summarises the characteristics of the CRC, generic CSC and the CBPM approaches, and highlights the distinctions between these. In The Gambia, both CBPM and CRC have been incorporated into the government system for monitoring implementation of the second Strategy for Poverty Alleviation (The Gambia's Poverty Reduction Strategy). CBPM has also recently been introduced into Uganda by World Vision, as a tool to empower communities in World Vision-funded Area Development Programs, and for advocacy purposes at the local government and national levels.

This paper outlines the CBPM methodology, and describes the experiences to date with variants of the CBPM approach in several African countries. It describes a number of ongoing strategic and operational lessons and challenges, and outlines the potential for adaptation and scaling-up of the CBPM approach.

² Sierra Leone's Strategic Planning and Action Process (SPP) has, since 1996, spearheaded participatory consultations with citizens across the country for the World Bank Country Assistance Strategy and for the formulation of the Sierra Leone Poverty Reduction Strategy.

Table 1. Attributes of Citizen Report Card, Community Score Card, and Community Based Performance Monitoring processes

Citizen Report Card (CRC) Process	Community Score Card (CSC) Process	
	Generic CSC	Community Based Performance Monitoring (CBPM)
<ul style="list-style-type: none"> • Information collected via a survey questionnaire • Indicators/parameters are determined by researchers • Uses formal stratified random sampling to ensure that the data is representative of the underlying population • The major output is the actual perceptions or assessment of services in the form of the report card • Conducted at a more macro level (city, state or even national) • Feedback to providers and the government is at a later stage after media advocacy 	<ul style="list-style-type: none"> • Information generated via focus group interactions and scoring • Only group-generated indicators are used • Involves no explicit sampling. Instead the aim is to ensure maximum participation of the local community in the gathering. • Emphasis is less on the actual score card and more on achieving immediate response and joint decision-making • Conducted at a micro/local level (at local facilities) • Feedback to providers is almost immediate and changes are arrived at through mutual dialogue during the interface meeting 	<ul style="list-style-type: none"> • Information generated via focus group interactions using a concurrent voting procedure to minimise lateral influence • Standard indicators used in addition to group-generated indicators to facilitate the aggregation of results across multiple events • Random sampling of facilities is used to the extent possible • Primary emphasis is on community empowerment through negotiation of local reforms; score card data is systematically collected and aggregated for advocacy purposes • As for generic CSC • As for generic CSC

II. The CBPM process and outputs

As for the generic CSC approach, the core of the CBPM process is the conduct of a series of 'community gatherings' in the field. These are almost always held at or near the facility/service centre to be assessed, such as a primary school or a health centre. The process for organising a community gathering consists of three key stages (depicted in Table 2):

1. preparatory groundwork and organisation
2. a community gathering place in the field that takes place over two to three days, and involves four sub-processes:
 - input tracking matrix preparation
 - provider self evaluation
 - community score card preparation
 - interface meeting (for feedback, dialogue, and negotiation of local reforms).
3. Implementation of agreed reforms to services.

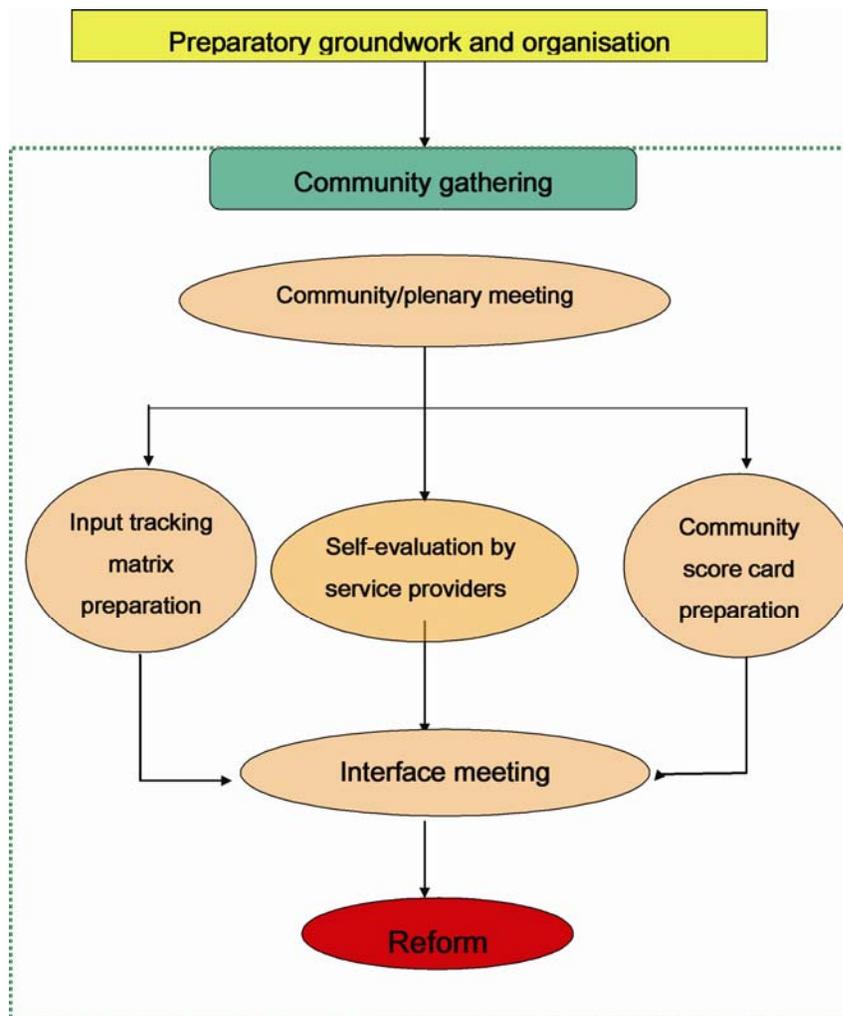


Figure 2. Stages and sub-processes involved in Community Based Performance Monitoring

The key steps undertaken during each of these stages, and the outputs generated, are described below. A summary of the steps involved is presented in Appendix 1.

Stage 1: Preparatory groundwork and organisation

Thorough preparation for a CBPM process is crucial, and should begin at least one or two months prior to the organisation of the first community gathering. This will first involve general preparations to establish the basis for a CBPM program in a given country or area, such as identification of the sectoral scope and intended geographic coverage of the performance monitoring; identification of standard indicators and facility input entitlements for each sector; and identification and training of lead facilitators. Preparation activities specific to each community gathering organised as part of a CBPM program include: involving other community partners; contacting and securing the cooperation of the relevant service providers; identifying the relevant inputs to be tracked; and identifying the main user groups³ in the communities serviced by the focal facility.

Stage 2: Organisation of community gathering

At least a week or two before the conduct of a Community Gathering, designated local staff, such as NGO extension workers or Community Development Officers, should begin to raise awareness in the communities surrounding the focal facility of the intended exercise. They should invite key community leaders to participate, and make appropriate logistical arrangements to accommodate large community/plenary meetings and multiple focus group meetings spread over one or two days at or near the focal facility. A facilitation team should be identified, consisting of at least two Lead Facilitators, and two to four local facilitators/translators who have received prior orientation and training on the CBPM process from the Lead Facilitators. The actual community gathering can be conducted in a single day, but is preferably spread over two to three days. It begins with a community/plenary meeting to explain the context, purpose and modalities of the CBPM exercise. At the end of the plenary meeting, community participants are divided into user groups to join separate focus groups for community score card preparation (for example, at a health center, four user groups might be organised: for antenatal patients, men, women, and children respectively).

Stage 3: Input tracking matrix preparation

This part of the CBPM process provides the community with a rough snapshot of the efficiency and resource constraints with which the focal facility operates, based on a comparison of the facility's actual level of physical assets and service inputs versus the facility's entitlement for such

³ User groups are commonly based on the specific services provided by the facility. User groups based on gender and/or age are routinely convened to promote the inclusion of marginalised groups.

items according to the government’s plans and budget. Much of the basic data collection can be accomplished during Stage 2. Examples of inputs in health and education are as follows:

Education	Health
Teachers, by sex and by qualified/unqualified	Staffing (doctors, midwives, nurses)
Quantities of teaching and learning materials	Quantities of drugs and supplies
Furniture	Medical equipment
Toilet facilities	Infrastructure (water supply, electricity, etc.)

Data on the facility’s entitlement for each key input is collected in advance by the facilitation team during stage 1. Ideally, community leaders are then assisted by the facilitation team to gather data on the actual levels of key inputs at the facility. They draw the information from service providers, key informants, and site inspections. The data is summarised in a standard format — the input tracking matrix (see standard format in Figure 3). This matrix is presented to the community plenary meeting for validation and discussion.

Name of input	Entitlement (or Planned)	Actual	Remarks/ Evidence

Figure 3. Format for an Input Tracking Matrix

Stage 4: Community Score Card preparation

(i) *Establishing the context and voting procedures* — Preparation of community score cards lies at the heart of the CBPM approach. This takes place in focus groups of 15-30 users of a particular service, and is led by a facilitation team of at least one Lead Facilitator and one local facilitator/translator. The focus group process begins with an ice breaker to minimise status differences between participants and create an informal and jovial mood; an explanation of the purpose of and context for the focus group; the introduction of the voting and scoring system to be used; and the conduct of a practice vote with a practice indicator.

The voting and scoring system utilizes a five-point scale to capture participant perceptions relating to a given indicator. To enable the full participation of illiterate and semi-literate participants, the Smiley Scale (see Figure 4) is displayed on a flip chart and explained.

Criteria	Facial Expression	Score
- Very bad		1
- Bad		2
- Just OK		3
- Good		4
- Very Good		5

Figure 4. The Smiley Scale

Using a practice indicator (such as ‘The recent performance of the national football team’), the facilitators first ensure that all the participants are fully aware of the meaning of the indicator and the point of the exercise. Participants are then instructed to decide on a score reflecting their individual perception. Once the facilitator has established that all participants have arrived at their own score, the signal is given for all participants to come forward together to record their score (using a felt pen) on a specially-formatted flip chart. The few minutes of chaos that ensues is an important part of the process: as participants mingle to obtain access to a pen and to record their pre-decided vote, there is little opportunity for opinion leaders to exert pressure on others, i.e. the opportunity for lateral influence on the voting process is minimised.⁴ Figure 5 depicts a focus group voting process in The Gambia.

⁴ The concurrent voting procedure described is based on a value judgment that minimization of lateral influence during the voting process (as distinct from the prior discussion) is good. In many contexts, an open consensus-building approach to arrive at a group score without a voting process is more highly valued.



Figure 5. Community Score Card voting process in The Gambia

Votes are recoded by each participant by drawing a tick (or check mark or a cross) in the appropriate column of a flip chart, ruled up in advance (see example of a pupil's voting chart in Figure 6 below).

NAME OF GROUP: PUPILS	PUPILS				
	V. Bad	Bad	Fair	Good	V. Good
	1	2	3	4	5
Community generated indicators	☹	☹	☹	☺	☺
Use of local languages in school environment	X	X	X		
Commitment of teacher	X	X	X		
Punctuality and regularity of the teachers	X	X	X		

Figure 6. Pupil voting chart at a primary school

By assigning a particular felt pen color to be used only by female participants, gender-disaggregated data is easily generated. Male participants are allowed to use any other color.

(ii) *Voting on standard indicators* — Once all participants are familiar with the voting procedure, the facilitation team provides and explains a pre-determined set of two or three standard indicators. If illiterate or semi-literate participants are present, each indicator label on a flip chart is accompanied by a symbol, drawn by a member of the facilitation team or by a participant. For each standard indicator in turn, a vote is conducted. The voting results are evident to all from the pattern of votes on the flip chart. However, to facilitate discussion of the vote, and to enable the presentation of summary results to the subsequent interface meeting, the facilitation team calculates two summary statistics at the end of each round of voting:

- the average score (weighted average of all votes recorded)
- the group assessment (percentage of total votes assigned to 'Good' or 'Very good').

The results of the vote on each indicator are thoroughly discussed. The facilitation team uses the 'outlier' non-conforming votes as an opportunity to probe the reasons behind the differing perceptions held by the participants as a prelude to reaching a consensus on the key local reforms that are needed to improve the service performance at the facility.

(iii) *Deciding and voting on group indicators* — The facilitation team then leads a brainstorming exercise to generate ideas for additional indicators of service performance that may have more relevance and importance to the participants than the predetermined standard indicators. These are then prioritised by the group to select the two or three most important group indicators. For each group indicator in turn, a vote is conducted and discussed as before.

(iv) *Identifying key local reforms, and summarising results in a score card* — The focus group process ends with a discussion of the reforms needed to ensure an improvement in the quality of service provided at the facility. The group's voting results and the proposed reforms are then summarised in a community score card for presentation at the interface meeting. An example of a user group score card is shown in Table 2.

Table 2. Sample community score card for a health centre

Group 2: Outpatient Clients Health Centre	
Benchmark or indicator	Average score (out of a max. of 5)	Group assessment (%)
Standard indicators		
Quality of staff	4.4	60
Overall satisfaction with the service	2.6	20
Group indicators		
Availability of required medicine	3.4	60
Availability of ambulance	1.4	0
Availability of nurses all the time	3.6	40
Staff discipline	1.8	0
Environmental cleanliness	3.0	60

'Average score' is the weighted average of all votes recorded

'Group assessment' is the percentage of total votes assigned to 'Good' or 'Very good'

Stage 5: Provider self-evaluation

Either before or during the community gathering, the service providers (usually the staff of the focal facility) also participate in a focus group to undertake a self-evaluation. The methodology used exactly parallels the Stage 4 process for community score card preparation, i.e establishing the context and voting procedures; voting on standard indicators; deciding and voting on group indicators; identifying key local reforms; and summarising results in a score card.

Stage 6: The interface meeting

The interface meeting is a facilitated plenary discussion of the input tracking matrix and the score cards generated by user groups and the service providers. It holds the key to ensuring that the feedback of the community is taken into account, and that concrete measures are taken to remove the shortcomings of service delivery. It is not unusual for 200-300 community members to attend the Interface, even though no more than about 100 of them may have participated in a prior focus group. Almost always several local politicians attend the meeting, whether specifically invited or not. The meeting is intended to provide a 'level playing field' for the community to provide feedback to service providers and to negotiate agreements on local reforms.

It is important that proper preparations are made for the interface meeting, and that it is well facilitated to have an action-oriented focus on improving performance, rather than getting stuck on situation analysis with adversarial dynamics. The steps to be followed by the facilitation team include the following: sensitise providers and users about the feelings and constraints of the other side; ensure adequate attendance and participation from both sides; facilitate productive dialogue between groups; generate concrete reform suggestions; and document agreed follow-up actions to implement and monitor the reform process. The interface meeting is concluded with a short

ceremony, during which the key outcomes of the community gathering are summarised, and acknowledgments are given to all who contributed to the process. The flip charts and other information generated during the process are left with the community. The facilitation team takes a separate record of all key outputs and significant stories and prepares a report on the gathering.

III. Experiences with the CBPM approach to date

The CSC approach developed in Malawi has been used widely, largely as a result of the dissemination efforts of the World Bank. Countries in which CSC processes are ongoing include Malawi, Tanzania, Armenia, Benin, and India. CBPM, as an adapted version of CSC, has so far been used only in The Gambia⁵ and in Uganda.

In The Gambia, CBPM has been championed by the government agency SPACO (Strategy for Poverty Alleviation Coordinating Office), which is responsible for coordinating and monitoring the country's Poverty Reduction Strategy. With the support of the World Bank's Social Development Department, SPACO has trained over 100 people in successive facilitator training events, and has organised community gatherings in 59 schools and 15 health centres in seven local government areas. These were selected from the sampling frame used in a prior Baseline Service Delivery survey. Strong dissemination efforts have been made through facility scorecards, a national report, and video documentation. An operational manual has been developed, as well as a customised database to capture and analyse the data emerging from the increasing number of community gatherings being held across the country. Efforts have also been made to institutionalise the approach through involvement of private sector consultant facilitators, and the transfer of SPACO's lead role to an apex civil society organisation, PROPAG. The primary emphasis of the CBPM program in The Gambia has been on participatory information collection and dissemination.

The CBPM process in The Gambia has involved about 3500 participants at the community level. It has increased community awareness of the expected quantity and quality of local health and education services, and documented community grievances about these services. It has begun to revive a self-help spirit among communities by emphasising the community's role in addressing many of these grievances.

World Vision Australia is sponsoring the introduction of the CBPM approach to its partners in East Africa, Latin America and South Asia. In collaboration with its Ugandan national office, an ambitious, cascade (or 'step-down') training program was recently held in Kampala, comprising a two-day faculty training workshop, followed by a five-day Training of Lead Facilitators (TOLF).

⁵ Since its development in 2003, the process in The Gambia has been variously referred to as CSC, Comprehensive CSC, and CBPM.

'Hands-on' experience was provided during the TOLF program by conducting community gatherings at a health facility and primary school. Eleven faculty staff were trained from four countries (Uganda, Tanzania, Brazil, and Australia), and a further seven people (from Uganda, Tanzania and Australia) were trained as lead facilitators. A customised CBPM manual and database for World Vision staff have been developed, and a manual for CBPM Faculty Training is being prepared. World Vision is placing the primary emphasis in its CBPM activities on the empowerment of local communities within their Area Development Programs, with secondary emphasis being placed on the subsequent use of aggregated community gathering data for policy advocacy, to give collective voice to its constituents.

Operational lessons and challenges

- **Adequate preparation and community mobilisation for each CSC/CBPM community gathering is essential.** When program resources are constrained, and when dedicated staff are not available, this is often difficult.
- **It is important to establish and sustain a high quality of facilitator training and performance.** Give the cascade/step-down facilitator training strategy required to scale-up a CSC/CBPM process, program directors need to adopt a variety of measures for quality control, such as the development of fully-documented and user-friendly operational manuals, and the deployment of at least one trained lead facilitator to direct each community gathering.
- **Substantial effort is required early in a CBPM program to determine the appropriate Standard Indicators.** Given the fledgling status of the sectoral and Poverty Reduction Strategy monitoring and evaluation systems in many ministries and countries, it has often proved difficult to identify standard indicators. Ideally, the indicators should be selected from existing outcome indicators used by the concerned ministry and/or the Poverty Reduction Strategy monitoring unit. Where this is not possible, it is necessary for the CBPM sponsoring agency to determine its own standard indicators.
- **The use of facility input entitlements is an important element in community empowerment, but defining these is often difficult.** The concept of input entitlements is usually unfamiliar, even to sectoral ministry planners. However, it is often possible to interpret these by consulting annual budget documents or sectoral development plans. Failing this, the facility staff are usually aware of their facility's planned or normative input endowments.
- **It is important to minimise the manipulation of focus group outcomes by politicians or opinion leaders in the community.** The use of the rigorous voting procedures in CBPM focus groups provides a degree of quality control over the integrity of voting results, but attempts to influence voting outcomes are nevertheless not uncommon (especially during follow-up community gatherings when the process and the stakes involved are more apparent). Careful prior preparation is needed to gain the informed cooperation of key

community leaders, and to place the emphasis of the program on action-oriented service reforms rather than status assessment.

- **‘Tough love’ facilitation of interface meetings enhances the quality of reform recommendations and the likelihood of substantive change.** Hesitation and reserved behavior are common during the interface meeting, given the novelty of the community’s role as service evaluators and negotiators of reform proposals, and the established habit of transferring responsibility for all remedies to the government. The facilitation team should be proactive, by focusing the dialogue primarily on reforms that can be implemented locally and quickly, and also by insisting on the articulation of time-bound, specific, and actionable recommendations, with responsibilities assigned for follow-up and monitoring.
- **Sound data management and analysis is essential to enable good use of CSC/CBPM, and requires local capacity building.** A CSC/CBPM program generates a great deal of both qualitative and quantitative information. This information is primarily used by the community during the community gathering. CBPM facilitation teams are trained to record key data and outcomes onto standardised forms, for subsequent entry into a customised CBPM database. Further work is required to develop a generic, stable, and user-friendly database template, and to build capacity in sponsoring organisations to use the data effectively for monitoring and advocacy purposes.

Strategic Lessons and Challenges

It is important to be clear about the primary purpose of a given CBPM program: local social accountability and community empowerment outcomes can be compromised if the CBPM process is primarily directed to meet the data gathering needs of the sponsoring agency. The balance between alternative emphases is largely determined by the nature and policies of the sponsoring agency, i.e. whether it is a national Poverty Reduction Strategy monitoring unit, an NGO, a social fund, etc. Further work is required to explore actual and potential tradeoffs.

Data generated by a CBPM program can contribute significantly to Poverty Reduction Strategy monitoring. However, this national purpose may be more cost-effectively served through the use of the citizen report card (CRC) approach. Since both approaches are being implemented in The Gambia, there is an opportunity to identify optimal resource allocations to encourage and to exploit synergies between the micro (CSC/CBPM) and macro (CRC) interventions.⁶

Constant follow-up on implementation of local reform action plans is needed to support the community empowerment process and to monitor their impact on development outcomes.

⁶ In Uganda, the World Bank is supporting an impact evaluation of the CRC on the performance of health services. In doing so, they are piloting a fusion of the CRC and CSC methodologies, known as the ‘Citizen Report Card at the Community Level’.

Mechanisms to accomplish such follow-up are still being developed. Sustainability of the CSC/CBPM approach will require the engagement and support of policy makers, local governments, and community development staff. It also requires the building of local capacity to continue CBPM processes independently of the sponsoring agency. In Malawi, CSC is not only being used at the community and health centre levels, but also by health centers to evaluate the functioning of district offices. Community score cards are seen as a part of the larger process, which takes much longer, and much more than just carrying out score cards, to accomplish. (Shah M 2005).

Potential for adaptation, broadening, and scaling up of the approach

In The Gambia, the scope of CBPM as a Poverty Reduction Strategy monitoring process is being broadened both geographically and also to cover other priority sectors (beyond health and education). CBPM is also being adopted as a primary means for participatory monitoring and evaluation for the proposed Community Driven Development Project. In Malawi and India, approaches to institutionalise the CSC approach in local level institutions, and to introduce it at higher administrative levels, are being piloted. Other CSC programs (for instance in India and Albania) are introducing some standardisation of indicators and the use of concurrent voting procedures in focus groups. To the extent that these 'CBPM features' are widely adopted, the value of distinguishing CBPM as a distinct form of CSC will dissipate.

Linking the information and reforms from a CSC process to policy decisions and actions typically requires the engagement of other agencies, because groups sponsoring the local level processes may not have the competence or comparative advantage for higher-level advocacy. Innovative approaches to accomplish this are being piloted in India (Shah P 2005).

The CBPM program in Uganda has only recently been initiated by World Vision. World Vision, as the world's largest NGO, World Vision could play an important role in scaling up the CBPM approach both in Uganda and in many other countries. Follow-up training and CBPM program design activities are now being planned in Uganda, Tanzania, India and Brazil. World Vision is also exploring the potential for mainstreaming the CBPM approach in local government and/or community development ministries and for active collaboration on national Poverty Reduction Strategy monitoring.

Conclusion and sources of further information

The Community Score Card (CSC) approach, and the derivative CBPM approach, are powerful and flexible instruments to promote social accountability in the delivery of basic services to poor communities, and thus to improve the achievement of pro-poor development outcomes.

Further information on the methodologies discussed in this paper can be obtained from the sources listed below.

For more information on social accountability, participatory monitoring and evaluation, CRC, CSC, CBPM and related topics, visit <<http://www.worldbank.org/participation>>.

The World Bank's Environmentally and Socially Sustainable Development (ESSD) Advisory Service provides timely information to clients in the areas of Agriculture and Rural Development, Environment, and Social Development. It does this by conducting research on client queries and putting clients in touch with experts in the ESSD Network. Phone 1-202-522-3773; email eadvisor@worldbank.org; <<http://www.worldbank.org/eadvisor>>.

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Methodology Workshop for Implementing a Citizen Report Card and a Community Score Card in Various Sectors Uganda, February 16-21, 2003, visit <<http://www.worldbank.org/participation/events/workshops/uganda0203/wkfeb03.htm>>.

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Appendix 1. Summary of CPBM stages and steps

Source: *World Vision Australian Draft Operational Manual for CBPM for use by World Vision National Offices, vol. 3b.*

CBPM stages

1. Preparatory Groundwork and Organisation
2. Organisation of Community Gathering
3. Developing an Input Tracking Matrix
4. Community Scoring of Performance (Score Card)
5. Provider Self-Evaluation (Score Card)
6. Feedback to Stakeholders — the Interface Meeting

Stage 1: Preparatory Groundwork and Organisation

- 1.1 Identify the Scope and Locations of the Performance Monitoring
- 1.2 Identify and Train Facilitators
- 1.3 Involve Other Community Partners
- 1.4 Contact relevant service providers
- 1.5 Identify relevant Standard Indicators
- 1.6 Identify the relevant inputs to be tracked, and entitlements
- 1.7 Identify the Main User Groups in the community

Stage 2: Initiating the Community Gathering

- 2.1 Mobilise the Community
- 2.2 Prepare for the Community Gathering
- 2.3 Invite People from outside the Community
- 2.4 Hold a Community/Plenary Meeting to Explain the Context and Focus of the CBPM Exercise

Stage 3: Input Tracking Matrix Preparation

- 3.1 Explain which inputs are to be tracked
- 3.2 Provide information on entitlements
- 3.3 Discuss and agree on the input indicators
- 3.4 Fill in the Input Tracking Matrix
- 3.5 Record data
- 3.6 Inspect physical facility outputs or inputs

Stage 4: Community Scorecard Preparation

- 4.1 Prepare a set of five flip charts for each User Focus Group
- 4.2 Divide gathering into focus groups based on usage
- 4.3 Explain the purpose and context
- 4.4 Introduce the Smiley Scale scoring system
- 4.5 Conduct a practice vote with a practice indicator
- 4.6 Provide and explain a set of two or three Standard Indicators (with symbols)
- 4.7 For each Standard Indicator in turn, conduct a vote, calculate Average Scores and Group Assessments, discuss results, and identify needed reforms
- 4.8 Brainstorm user's own performance indicators and select the 2 – 3 most important
- 4.9 For each group-generated indicator in turn, conduct a vote, calculate Average Scores and Group Assessments, discuss results, and identify needed reforms
- 4.10 Summarise results in Community Scorecards and Comparison Charts
- 4.11 Capture information in a Focus Group Results Template

Stage 5: Provider Self-Evaluation (Score Card)

- 5.1 Decide on performance indicators
- 5.2 Provider scoring of data
- 5.3 Reflect on and explain high/low scores
- 5.4 Record Data
- 5.5 Obtain the group's suggestions for reform/improvement
- 5.6 Agree on follow-up actions to monitor the reform process

Stage 6: The Interface Meeting

- 6.1 Prepare providers and users for meeting
- 6.2 Ensure adequate attendance and participation from both sides
- 6.3 Facilitate productive dialogue between groups and come up with concrete reforms
- 6.4 Agree on follow-up actions to monitor the reform process
- 6.5 Conclude community gathering with a short ceremony
- 6.6 Report discussions and minutes of meeting