

A Guide to Using Community Score Cards for Youth-Led Social Accountability

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**GET UP
SPEAK
OUT**
for
youth
rights

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Who we are



The International Planned Parenthood Federation (IPPF) is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working with and for communities and individuals.

IPPF works towards a world where women, men and young people everywhere have control over their own bodies, and therefore their destinies. A world where they are free to choose parenthood or not; free to decide how many children they will have and when; free to pursue healthy sexual lives without fear of unwanted pregnancies and sexually transmitted infections, including HIV. A world where gender or sexuality are no longer a source of inequality or stigma. We will not retreat from doing everything we can to safeguard these important choices and rights for current and future generations.

Get Up, Speak out for Youth Rights!



This manual has been developed as part of the Get Up, Speak Out for Youth Rights! (GUSO) program, supported by The Dutch Ministry of Foreign Affairs. In this program, six alliance partners are collaborating in seven countries in order to improve the sexual and reproductive health and rights (SRHR) of young people.

The GUSO program aims to tackle the fact that young people do not claim their sexual rights and their right to participation because of restrictions at community, societal, institutional and political levels. This hinders their access to comprehensive SRHR education and services that match their needs and ability to make their own informed SRHR decisions.



Abbreviations

ARVs	Antiretrovirals
CSC	Community Score Card
CBO	Community Based Organization
DHO	District Health Officer
EC	Emergency Contraceptive
FGD	Focus Group Discussion
FP	Family Planning
GUSO	'Get Up, Speak Out for Youth Rights!'
IUD	Intrauterine Device
IUS	Intrauterine System
LARC	Long-acting and Reversible Contraceptive
M&E	Monitoring and Evaluation
MoU	Memorandum of Understanding
NGO	Non-Governmental Organization
PETS	Public Expenditure Tracking Surveys
RHU	Reproductive Health Uganda
SGBV	Sexual and Gender Based Violence
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
ToT	Training of Trainers
UNDP	United Nations' Development Program
YFS	Youth friendly services
YPLHIV	Young People Living with HIV

Overview of this Guide

Background

In 2015, the International Planned Parenthood Federation (IPPF) partnered with their Member Association, Reproductive Health Uganda (RHU) to pilot a youth-led social accountability initiative. Following the successful outcomes of this initiative, IPPF has trained other Member Associations involved in the Get Up, Speak Out (GUSO) program to replicate the model. These Member Associations indicated the need for guidance to implement the youth-led social accountability model using Community Score Cards.

The aim of this guide

This guide aims to provide a step-by-step approach to implementing youth-led social accountability using the Community Score Card (CSC) approach as a tool to reach and effectively engage young people to understand and demand their sexual and reproductive health and rights (SRHR).

This approach is used to generate evidence about SRHR issues as experienced by young people while providing feedback mechanisms to duty bearers and service providers on the provision of SRH services within their facilities.

This can serve as powerful community mobilization strategy and lead to empowerment of young people through realizing their rights whilst positively influencing SRH services¹.

Who is this guide for?

The manual is intended to be a training and implementation guide for organizations wanting to use the CSC approach to youth-led social accountability for SRHR. It provides information on the concepts of social accountability in the context of young people and SRHR, followed by a step-by-step guide to implementing the CSC approach.



Social Accountability Training in Uganda, 2017

¹ Parmesh Shah and Janmejy Singh of the World Bank's Participation and Civic Engagement Group

Module 1: Introduction to Social Accountability and SRHR

1.1 Defining Social Accountability

Social accountability includes a broad range of actions and mechanisms which rely on civic engagement which citizens can use to hold the state and duty bearers accountable². The assumption of social accountability is that elected governments, from ministries to service providers, have a duty to their citizens, and citizens have the right to hold their representatives accountable for their duties.

Youth-led social accountability involves young people (aged under 25) holding duty bearers directly accountable for the delivery of youth friendly services as per the national or local guidelines and policies. Getting young people involved in social accountability, especially if they are trained to facilitate the process at community level, empowers young people by making them aware of their SRH rights and redefines the relationship between duty bearers and young people who participate directly or indirectly in exacting accountability³.

Social accountability mechanisms complement and enhance conventional internal government mechanisms of accountability like internal audit units, quality assurance departments in health systems by providing a set of tools that young people can use to influence the quality of SRH service delivery by holding providers accountable⁴.

Exercise 1: What is Social Accountability? (30 minutes)

Divide participants into two groups (A + B) and ask those in **group A** to assume the role of duty bearers (health workers, political leaders) mandated to provide SRH services while **group B** assume the role of young people with SRH service needs.

- Ask each group to spend **10 minutes** attempting to define their own understanding of “social accountability” on paper and note the feedback given on a flip chart.

Plenary discussion (20 minutes)

- How do young people currently hold public officials accountable for SRH services in their community? Ask for examples from participants.
- What will demonstrate a government that is capable, responsive, and accountable for SRH rights for young people?
- How can young people help promote a transparent and accountable government?
- Summarize with observations noted and wrap up the session.

² Social Development Papers: Participation and Civic Engagement Paper No. 76 December 2004, World Bank

³ Social Accountability: An Introduction to the Concept and Emerging Practice; World Bank 2004

⁴ Ringold et al. 2012

1.2 Social Accountability Tools

There are various tools and approaches to social accountability, including:

- *Community Score Cards (CSC)*
 - Used on a small, local scale and focus on a specific group of people in the community
 - Conducted at local/health facility level and use the community as the unit of analysis
 - Seek user perceptions on quality, efficiency and transparency of services
- *Citizen Report Cards*
 - Used on a larger scale than CSC
 - Used to get feedback from users about the performance of public services from large numbers of households or individuals
- *Public Expenditure Tracking Surveys (PETS)*
 - Involve citizen groups tracing the flow of public resources for the provision of public goods or services from origin to destination
 - Can help to detect bottlenecks or inefficiencies in service provision
- *Participatory Budgeting*
 - A process through which citizens participate directly in budget formulation, decision making, and monitoring of budget execution

1.3 Key Components of Social Accountability

It is useful to think of Social Accountability in terms of understanding the demand side (service user) and supply side (service provider).

The “supply side” are the inputs needed that support the delivery of SRH services e.g. drugs, health equipment, training and infrastructure.

The “demand side” is the service user, which in this case is a young person in relation to SRH services. In order to effectively participate in activities to monitor and evaluate the performance of SRH services, young people:

- Need to be aware of their Sexual Rights and Reproductive Rights – see **1.3.1**
- Need to have an understanding of what a comprehensive SRH services for young people are **1.3.2**
- Need to be aware of their SRHR entitlements and the specific obligations of duty bearers
- Need to have a clear understanding of what the mandate of the public health unit to be assessed is

1.3.1 Sexual Rights and Reproductive Rights

A key component of youth-led social accountability is ensuring that young people have access to information about governments’ commitments to young people. Many countries have SRHR policy frameworks that articulate young people’s sexual and reproductive health rights, and national adolescent and youth sexual and reproductive health service standards. Examples of these include National Development Plans, National Health Policies, Health Sector Development Plans, or more specific SRHR policy frameworks like Family Planning Costed Implemented Plans, National Adolescent Health Policies, and SRH service standards.

These policy guidelines and service standards should be largely based on internationally recognized Sexual Rights and Reproductive Rights:

1. Right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children
2. Right to access health services
3. Right to information regarding sexual and reproductive health
4. Right to attain the highest standard of sexual and reproductive health
5. Right to scientific progress and to consent to experimentation
6. Right to make decisions concerning reproduction, free of discrimination, coercion and violence
7. Right to respect of bodily autonomy

1.3.2 Comprehensive SRH services for Young People

IPPF has defined an integrated package of essential SRH services for young people as follows⁵:

Types of SRH services	Essential components
1. Counselling	a. Sex and sexuality AND b. Relationship [Note: counselling is also an essential component for the other types of services]
2. Contraceptives	a. Counselling, AND b. Oral contraceptive pills, AND c. Condoms [also provided under RTIs/STIs & HIV], AND d. Injectables, AND e. At least one long-acting and reversible contraceptive (LARC): intra-uterine device/system (IUD/IUS) OR implants, AND f. At least one emergency contraceptive (EC) method: pill-based OR IUD
3. Safe abortion care	At least one of: a. induced surgical, OR b. induced medical, OR c. incomplete abortion treatment, AND d. Pre- and post-abortion counselling
4. RTIs/STIs	a. At least one RTI/STI treatment method, OR b. At least one RTI/STI lab test, AND c. Condoms [also provided under contraceptives & HIV]
5. HIV	a. Pre- and post-test counselling, AND b. HIV sero-status lab test OR HIV staging and monitoring lab test, AND c. Condoms [also provided under contraceptives & RTIs/STIs]
6. Gynaecology	a. Manual pelvic examination for symptomatic clients, AND b. Manual breast examination, AND c. Pap smear OR other cervical cancer screening method
7. Prenatal and postnatal care	a. Confirmation of pregnancy, AND b. Essential prenatal care, AND c. Essential postnatal care
8. Sexual and gender-based violence (SGBV)	a. Screening for SGBV, AND b. Referral mechanisms for clinical*, psycho-social, and protection services [*Note: EC provided under contraceptives. Other life-saving clinical services include STI presumptive treatment and HIV post-exposure prophylaxis (PEP)]

⁵ <https://www.ippf.org/resource/introduction-keys-youth-friendly-services>

1.4 Key Tips for Social Accountability

- Review youth-related SRH policy commitments made at global and national level
- Conduct meetings to inform young people about their SRH rights and entitlements
- Ensure participation of young people in planning from the start. Train young people on social accountability concepts and identify facilitators on the methodology of the selected social accountability tool (e.g. Citizen Score Card, Community Score Card, PETS etc.)
- Ensure representation of district health department office and area leadership where relevant.
- *Know your stakeholders:* Develop a stakeholder matrix of power and influence to identify stakeholders for the dialogue meeting to ensure you have both direct decision-making leaders and influencers in the dialogue.
- Seek constructive dialogue, highlight the strengths, explain shortcomings related with SRH services for young people and suggest solutions where necessary.

Case study 1: Uganda pilot on Youth Led Social Accountability

Social accountability requires not only developing the capacity of peer educators and program staff but also political representatives of young people. In Gulu district located in the Northern part of Uganda, RHU (Reproductive Health Uganda), a key champion of SRHR in Uganda, identified a number of SRHR champions among district duty bearers before the design of the youth led social accountability pilot. These duty bearers were trained together with peer educators in SRHR advocacy and social accountability to strengthen rights of young people. The champions became very instrumental in linking young people to the most important decision makers in the district and raising voices on issues of youth friendly services in the local media. They also became key allies during advocacy “asks” meetings and re-enforced demands of young people for youth friendly services during the local government planning and budgeting processes.



Social Accountability training in Uganda, 2017

Module 2: Introduction to a Community Score Card

2.1 What is a Community Score Card?

The Community Score Card was originally developed by CARE Malawi in 2002 as part of a project aimed at improving health services.⁶

CARE defines Community Score Cards (CSCs) as a two-way and ongoing participatory tool for assessing, planning, monitoring and evaluating specific services. It provides the opportunity for citizens to analyze a service they receive based on their experience, to express dissatisfaction, to provide encouragement if warranted, and suggest measures for improvement.

It brings together the demand side (“service user”) and the supply side (“service provider”) to understand issues underlying service delivery and find a way of addressing them.

CSCs are a way of increasing participation of young people in SRH service delivery, accountability and transparency between service users, providers and decision makers, contributing to reform in service delivery.⁷ CSCs provide a platform for young people to demand accountability and responsiveness from service providers.

2.2 Main features of Community Score Cards

- Provides young people with information on their SRH rights
- Provides young people with a role in monitoring youth friendly SRH services
- Provides a mechanism for feeding back the perceptions and opinions of young people to improve the functioning of health services for young people
- Facilitates continuous monitoring and performance evaluation of SRH services for young people
- Generates information through focus group interactions and enables maximum participation of the local community
- Provides comprehensive feedback to service providers and emphasizes joint decision making and action planning
- Allows for mutual dialogue between users and providers and can be followed by joint monitoring to document progress and improvements being achieved
- Note that a CSC is **not** intended to evaluate individuals providing the service or penalize them when there is negative feedback on the quality of the service but to provide impetus to SRH improvement for adolescents and young people in a constructive manner. Efforts should be taken to develop the skills of facilitators to be able to skillfully steer discussions in a way that is focused on service improvement.

2.3 Who is involved in CSC?

- A defined “community” e.g. young people. Often the nature of service being assessed defines the appropriate community to participate in the exercise.

⁶ https://www.care.org/sites/default/files/documents/FP-2013-CARE_CommunityScoreCardToolkit.pdf

⁷ Chrispine Oduor, institutionalizing Social Accountability in Devolved Governance, Institute of Economic Affairs, 2015

- Health service providers, especially those in public health facilities e.g. health workers. These should be drawn from the health facility that is being assessed.
- Health Unit Management Committees, an oversight community body constituted by community members. Most public health facilities have management boards or unit management committees appointed by the local administrative unit to oversee health facility management.
- Community health workers or village health teams who link health facilities to communities. These usually are individuals with the responsibility of mobilizing communities.
- Local area technical and political leadership responsible for planning and management of the health facility.
- Community based organizations within the facility catchment area.

2.4 Effective CSC implementation requirements

- Good knowledge of the local administrative setup and health service standards for young people and the context of SRH of young people in a given country.
- Good participatory facilitation skills. The success of Community Score Cards is hinged on the effectiveness of a facilitator to guide meaningful discussions and ability to trouble shoot potential conflicts early (see Facilitation Stage box under Stage 3 of Module 3)
- A thorough understanding of the policy context on SRH and key stakeholders within the service delivery structure.
- Strong targeted awareness creation to ensure maximum participation of service users, service providers and other local stakeholders.
- Establishing steps to institutionalize the practice with clear responsibilities and action plans.

2.5 Mitigating challenges in implementing CSC

The direct participation of young people in direct monitoring of youth friendly services can lead to animosity in certain cultural settings where young people are not expected to question authority. As a result, there can be challenges in implementing CSC:

- Acceptance by duty bearers about young people driving issues of service improvement may require time. Therefore, it is critical to do thorough ground work, planning and consultations with relevant stakeholders and getting buy-in from duty bearers.
- Duty bearers can have a perceived belief that service users have limited knowledge of technical aspects of health service delivery. It is therefore critical that young people know about their rights to access SRH services to enable a constructive discussion.
- Due to the sensitive nature of some of the discussions during the interface meetings, there is a risk of individuals being targeted or criticized. Therefore, the facilitator should emphasize the purpose of the exercise, and guide the discussions (see box on facilitation skills under Module 3 for more information on skillful facilitation).
- CSC can raise unrealistic expectations with young people of services and can end up creating a demand that cannot be fulfilled by the service provider. There is need to balance

between community demands and service providers' ability to provide and how the two sides can support each other to improve services. The facilitator should therefore demonstrate how the challenges will be tackled in the short and long term.

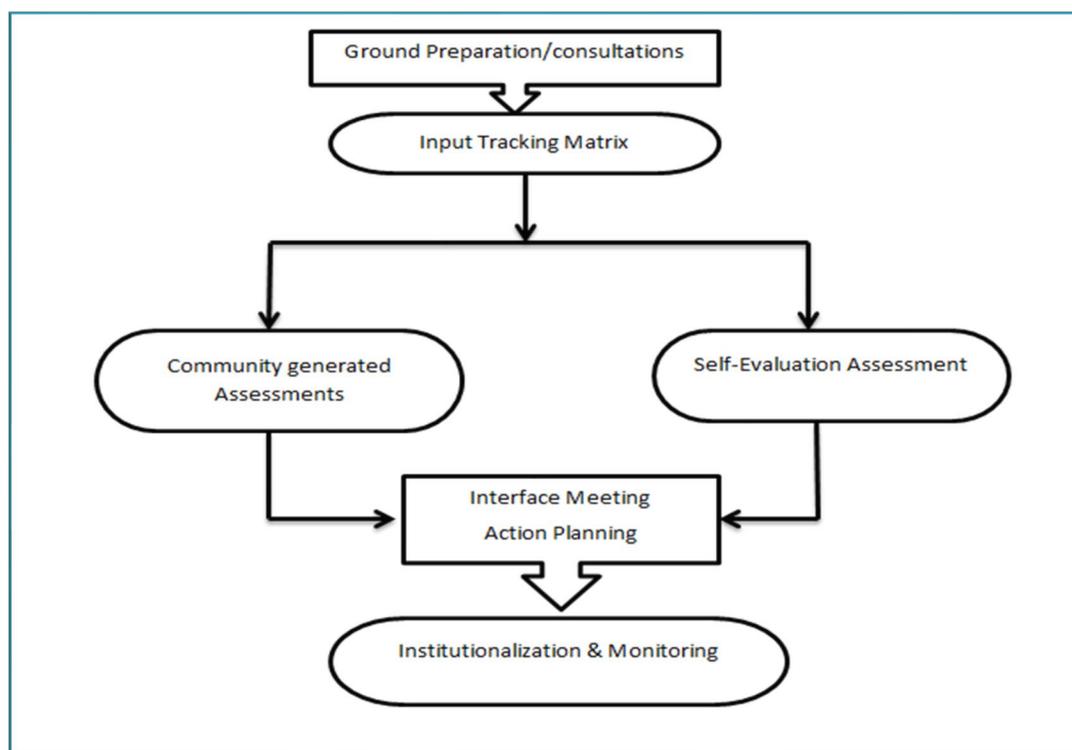
- One of the key principles of social accountability approaches is seeking collective solutions and commitments that go beyond simply lodging complaints. If genuine political will or buy-in is lacking, there is a risk that providers will only pay 'lip-service' to social accountability issues raised by young people and no concrete results will be achieved. One strategy for overcoming this risk is to build safeguards into the design of social accountability mechanisms, for example, explicit agreed guidelines about participation, rules of engagement, monitoring, and follow-up.
- It is important to identify public sector social accountability champions who will support the SRH issues raised by young people. In Uganda (see Case Study 1) during the youth-led social accountability pilot, district youth leaders were identified by Reproductive Health Uganda for training on social accountability together with peer educators and they helped engage district leaders in the SRH issues raised by young people.
- Social accountability initiatives can run the risk of "elite capture", where stakeholders in a position of authority can take center stage to dominate and direct all discussions and decision-making. This needs to be managed well by the facilitator.

Module 3: Community Score Card Implementation

3.1 The Community Score Card processes

There are **six key stages** to the CSC process:

1. Preparatory groundwork
2. Developing the input tracking scorecard
3. Generation of the community performance
4. Generation of the self-evaluation score card
5. The interface meeting between service users, and service providers
6. The follow-up process of institutionalization.



These stages and the tasks involved in them are described below in detail.

Stage 1: Planning and Preparation

- This phase entails identifying the scope of CSC coverage, partners who can help implement the CSCs, planning and logistics-related issues.
- Thorough planning and preparation for the implementation of CSC is crucial. It is advisable to begin preparations approximately **one month** before using the CSCs in the field.
- As part of preparation, one must identify *inputs*, including the facilities, physical assets, service inputs and entitlements for the chosen sector. This stage is used to gather the supply-side information.
- Try to ensure maximum participation of service users and service providers and other stakeholders through field visits, awareness campaigns and advocacy work.

Exercise 2: Policy reviews as a basis for social accountability (45 minutes)

During the Uganda pilot, there were difficulties in understanding the policy context for youth friendly services as an exercise to help come up with indicators. It is important to guide young people in reviewing country policy context on SRHR and demonstrate how to sieve out policy commitments related to SRHR. This exercise can help.

Divide the participants into two groups and ask each group to discuss the questions, search for the appropriate documents and complete the task below.

1. Review the SRH policy framework using your own country context by identifying some of the existing SRH policies and list them down.
2. Briefly explain in short notes what the policy aims to achieve
3. List the SRH rights that the policy addresses
4. Identify the SRH service standards provided in the policy or strategies that policy envisages to use to address the SRH needs of young people
5. What are SRH services that young people should expect at public health facilities based on the policies reviewed – these will form the score card indicators but also build knowledge for a constructive dialogue with duty bearers



Social Accountability training in Uganda, 2017

The following should be considered in this phase:

- Develop a work plan, list of materials required, and budget for the full CSC exercise that goes beyond the assessments to incorporate post implementation advocacy activities and documentation of results.
- Identify the intended geographic coverage of the exercise e.g. district, and health facilities targeted for assessments should be listed so they can be contacted.
- Identify the service users of the facilities targets for assessments.
- Meet with local leaders, e.g. the chief accounting officer of the district, the district health officer to inform them of your plans including:
 - A suitable date for the process that suits everyone
 - The duration of the process to allow for time management
 - How and where the community and leadership will meet in the process
 - Translate key words in the indicator matrix to have them ready for facilitators
- Actively seek out and nurture champions within the public sector who are willing to support the approach. It might be necessary to invest time and energy in sensitizing government actors about the benefits of social accountability, which can go a long way toward achieving political will.
- Involve other community partners like community-based organizations to build greater advocacy efforts for service improvement.
- Contact and secure cooperation of the relevant service providers like district health department employees and local political leaders.
- Identify service inputs needed to deliver SRH services for young people. It is advisable to review policy commitments and service standards for SRH services for young people, e.g. adolescent health policy guidelines and service standards (Ministry of Health 2012) that provide characteristics of SRH youth friendly services (see Exercise 2 above for help).
- Identify and train lead facilitators among young people on CSC approach to facilitate focus group discussions. The facilitators are also critical in facilitating the interface meetings and following up on action plans developed at each health facility.

Reflection questions for successful planning:

1. What do we want to know about the current SRH services for young people?
2. Do we understand the country's SRH policy framework? What does it state and provide for?
3. What is then the purpose of doing our Youth Led Social Accountability on SRH using a Community Score Card? Is it to assess our performance, evaluate the quality of SRH services or empowering young people with information related to their SRHR? Being clear on the purpose will define the scope of the exercise and assist with the generation of relevant issues (while also keeping the discussions focused).
4. In which areas or health facilities do we want to implement the Community Score Cards?
5. Do we have adequate resources to cover all the areas we want to implement Community Score Cards? Including financial, personnel and facilitators?
6. How will we use the information collected during the Community Score Card process? To plan and improve performance or to engage duty bearers responsible for service delivery?
7. How do we increase our responsibility and accountability towards young people?

Case study 2: Preparatory groundwork by RHU in Iganga District

Reproductive Health Uganda (RHU) identified peer educators in Iganga District to pilot youth-led social accountability. Their young people were trained and asked to develop a roll-out plan for implementing CSC to strengthen youth friendly services. Peer educators brainstormed on challenges they would face and came up with mitigation strategies. They held a meeting to review country SRHR policies and service standards and came up with the input matrix and assessment criteria. They then visited the District Health Office to share with the head of the health department their plans to monitor provision of youth friendly services using a Community Score Card tool and also to seek input of the District Health Officer (DHO) to the input matrix. The DHO not only provided them with an introductory letter to the targeted health facilities requesting cooperation and support of the health facility in-charges but also assigned them a representative from his office to accompany peer educators to facilities during assessments. The matrix was harmonized, and another additional meeting was held with SRHR champions identified among public servants and political leaders to popularize the initiative. This ground preparation made health facilities more receptive and supportive of the initiative, leading to a district training of health workers on youth friendly services. In some health facilities that had very low staffing, health workers were recruited and posted to the health facilities, and all facilities put in place youth corners that worked closely with peer-educators.

During review of the actions plans in health facilities, this is what was documented as having changed:

- After the engagements with the duty bearers, every facility now has a youth day on the health center calendar every week.
- In Buguri at one of the health facilities assessed one service provider remarked “...before the social accountability efforts of the youth, this health facility had only two health workers at the station but they now the number has increased to five health workers after those young people engaging the district”.
- Young people are now aware of their SRH rights, where to go and who to meet when they go to a facility.
- Youth corners are functional and equipped well with games like pool table, ludo, providing information about family planning options etc.
- It provided us with an opportunity to have a meaningful dialogue on specific services like youth friendly services. Previous dialogues were focused more on general health and as a result we would be overwhelmed with so many issues.
- Working with the DHO simplified the work during the engagement with the health workers “.....they were more receptive to us when they saw us accompanied by the district senior nursing officer as a representative of the District Health Officer”.
- The CSC also built our engagement skills and confidence given the understanding of the policy commitments on youth friendly services and now we are using that commitment to meaningfully engage and demand for accountability from duty bearers.
- The policy review part was the most challenging for most young people. Even the duty bearers assumed to be policy implementers lacked concrete knowledge of the National Adolescent Health Service Standards 2011.

Stage 2: Input Tracking Scorecard

- This stage involves creating the input matrix for assessment, which uses supply-side information and inputs like drugs, health equipment, training and infrastructure.
- Supply-side data is often based on some kind of national policy (e.g. Adolescent Health Policy Guidelines and Service Standards by ministry of health for Uganda's case⁸), therefore, one must start with reviewing the policy framework around the service being assessed as a means to obtain data from the supply-side of the service, e.g. the inputs required to deliver the service at the health facility as stated in the countries own policies.
- Take this information to the community and the project or facility staff and tell them about it in a consultative meeting before the actual assessments commence. This is the initial stage of letting the community know their rights, entitlements and service providers their commitments and obligations.
- IPPF Member Associations should also consider the IPPF-defined integrated package of essential SRH services for young people (see 1.3.2) if they intend to evaluate their own performance.
- Conduct a second community meeting before the assessments to review the above data and harmonize definitions or meaning of the key words for clarity with duty bearers. Agree upon the input matrix with clear definitions for facilitators.
- Where necessary, compare IPPF-defined service package with supply-side data from government policy documents on sexual and reproductive health service standards.
- Finalize a set of measurable input indicators that will be tracked for adolescent sexual and reproductive health in a given country.

A sample of indicators used in the Uganda pilot context for youth friendly services

Provider characteristics (Health workers)	Health facility characteristics
<ol style="list-style-type: none"> 1. Availability of trained staff to serve young people 2. Non-judgmental attitudes 3. Health facility staff respect young people's SRHR 4. Adequate time for provider interaction 5. Peer counselor available 6. Should possess interpersonal skills to provide good service to the client 7. Should have positive attitudes and willingness to serve young people 	<ol style="list-style-type: none"> 1. Youth friendly services should be integrated in the existing service 2. Convenient location 3. Adequate space 4. Promote participation of young people in service delivery 5. Comfortable environment to offer both visual and auditory privacy, gender-sensitive, clean toilets and hand washing facilities 6. Integrated services 7. Contains information and education materials on the following: <ul style="list-style-type: none"> - Body changes (secondary sexual characteristics) - Personal care and hygiene - Nutrition - Alcohol and substance abuse - STI/HIV/AIDS - Life planning skills 8. Contains posters that are relevant, appealing in size, language and color to young people. 9. Has case management guidelines 10. Simple data recording system for referrals with anonymous data analysis. 11. Availability of job aids for service providers

⁸ Adolescent Health Policy Guidelines and Service Standards May 2012 for Uganda developed by Ministry of Health was used to generate supply side data for assessments by RHU

	<p>12. Strong referral system (linkages with school, health facility)</p> <p>13. Presence of education materials like posters, brochures and pamphlets to give out to young people and where possible radios and TV shows with sexuality education</p> <p>14. Have discussion room(s)</p> <p>15. Attractive recreation materials such as football, netball, indoor games, and music, dance and drama activities.</p>
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Uganda National Adolescent Health Policy Guidelines and Service Standards May 2012, Ministry of Health

Stage 3: Community Generated Performance Scorecard

- Young people from the community served by the health facility should be mobilized to attend the focus group discussion meetings. One young person could be trained to be a peer educator in social accountability to lead and facilitate the group discussions.
- Peer educators should work with community-based organizations (CBOs) that have programs within the community, village health teams or youth leadership in the community to help mobilize young people. Additionally, local media can be used to help reach out to young people to come for the assessments.
- All young people should be briefed fully about the concept of youth friendly health services and given an overview of the assessment criteria, as well as understanding the concept of youth-led social accountability and CSCs.
- With the help of a trained group facilitator, for each indicator, the group agrees the most suitable performance assessment criteria for indicators harmonized in the input matrix earlier developed in stage 2.
- It is important that the community is taken through the basis for the development of the indicators (see **Annex 1**). This provides an opportunity for the community to better understand the policy commitments on a given service in the simplest of forms as captured in the indicators.

Completing the scorecard:

- Work together to evaluate the facility and indicators for youth friendly services under consideration, drawing on the experiences of communities who have accessed the service at local facilities.
- Give relative scores for each indicator, or an alternative could be using symbols to aid the scoring process. The scores should be agreed upon in advance by both young people and service providers for ease of comparison. Scoring typically occurs on a scale of 1–5 or 1–3, with the higher scores indicating “better” performance while lower scores indicate “poor” performance. Example:

5-pt Rating Scale			3-pt Rating Scale		
Score	Criteria	Facial Icon	Score	Criteria	Color Symbol
1	Very bad	☹☹	1	Bad	■
2	Bad	☹	2	OK	◆
3	Just OK	☺	3	Good	●
4	Good	☺			
5	Very Good	☺☺			

- Focus group participants are encouraged to reach consensus through discussion and come up with one score per indicator. The scoring process is a good opportunity to ask

people the reasons for low/high scores; this helps identify outliers and provides more detail about service delivery performance.

- Ask the participants to explain the reasons for the scores to draw out people's perceptions in more detail.
- Ask a member of the group to take notes on a flip chart. The note-taker is going to help the facilitator to capture the scores and reasons for the scores on a flip chart.
- Choose a representative for the group that can present the views of his group during the interface meeting.

Facilitation skills:

As part of youth-led social accountability, young people should be nurtured to be facilitators of CSC. The facilitator's role is to plan, guide and manage a group to ensure that desired outcome of the CSC is met: *"improved quality and access to youth friendly SRH services"*.

The facilitator is responsible for guiding and controlling the group to ensure clear understanding of the objectives, participation by all, as well as ensuring participants' contributions are considered and that participants take shared responsibility for the issues generated by the CSC by ensuring they have a role in the CSC action plan.

Tips:

- Explain the purpose and process to the participants and explain that the objective is to evaluate the service, **not** the people, making sure that nobody feels threatened by the process.
- Ensure that the scores consider the opinions of the quieter participants, and that the group reaches consensus.
- Facilitate the process; do not interrupt or take over the discussions as a facilitator.
- Use local languages and adapt communication style where necessary.
- Be culturally sensitive and aware of local customs.
- Ask open ended questions to probe further, avoid yes/no questions.
- You should be knowledgeable of and comfortable talking about SRH.
- You should have non-judgmental attitudes towards young people.

Facilitation skills: Active listening

- A key method to guiding group discussion is *"Observe-Ask-Reveal"* to help when probe discussions.
- Mirroring, paraphrasing and tracking are three tools a community facilitator can use to help with active listening.
- Mirroring is when you repeat back the speaker's words verbatim. It helps the speaker hear what they just said, shows neutrality, and can help establish trust.
- Paraphrasing, on the other hand, is a way to show the speaker and group that their thoughts were heard and understood.
- Facilitators should try to use tracking, which is keeping track of various lines of thought that are going on simultaneously within a single discussion, helping to summarize the different perspectives and show that multiple ideas are equally valid.

Stage 4: Service Provider Self-Evaluation Score Card

- Just as the community assesses the facility, the health facility staff also need to be taken through the context of the indicators for clarity.
- The indicators template used by young people for assessment and scoring should be the same template used by health workers. This is to ensure they are comparable.
- As in the community gathering, the staff of the health facility needs to fill in their relative scores for each of the indicators and the reasons for the scores guided by a facilitator.
- The health facility staff should be encouraged to reflect on the why they gave scores they did and to also come up with own set of suggestions to improve weak scores identified for the specific indicators.

Score card template (See Annex for a sample template)

Scoring matrix						
Name of the health Facility:						
Date:.....						
Indicator	Score					Remarks
	Very Bad 1	Bad 2	Just Okay 3	Good 4	Very good 5	
Indicator 1						
Indicator 2						
Indicator 3						
Indicator 4						

Tips for scoring:

- Rating and discussing each indicator one-by-one encourages open and critical dialogue, stimulates reflection, generates creative ideas and catalyzes joint actions to improve conditions and relationships.
- Make the scoring criteria simple and basic to make it easier for non-literate populations to understand and actively participate in the process.
- Endeavor to capture reasons for the scores clearly by asking for examples.

Stage 5: Interface Meeting

- This joint meeting brings together the two focus groups – service providers and service users. They will present their scores to generate constructive dialogue.
- At the meeting, the score cards from each group should be shared.
- The interface meeting itself provides an accountability platform for young people to engage duty bearers on issues generated from the community score card assessments. Encourage a productive dialogue between the service users and providers, and help them develop a list of actionable changes.

- At this phase, try to ensure the attendance of key decision makers and elected local leaders under whose jurisdiction the health facility is administered.

Key considerations for identifying stakeholders for an interface meeting:

- Who needs to be invited?
- What levels of government need to be represented?
- Who are the people who can take decisions about the issues raised during the interface meeting?
- Who has the mandate to take the issue forward including budgeting for certain activities?
- Which community leaders and institutions (e.g. local area leaders, committees, CBOs) need to be invited?
- Who can explain why certain services are delivered less well?

At a minimum, the people at the interface meeting should include:

- Young people who were involved in the community score card assessment of SRH services
- Service providers of the given health facility assessed
- Local leaders – e.g. sub county leaders responsible for overseeing the delivery SRH services at the health facility
- Local politicians (if possible) or elected leaders from within the health facility catchment
- Local NGOs and CBOs concerned with the service
- As many community people as can be mobilized

Tips for conducting joint interface meeting:

- Prepare both the young people and health workers for the interface meeting.
- Nominate two representatives, and consider gender balance, to present the consolidated scores to each group.
- Identify a good facilitator among a pool of facilitators trained during the preparation phase to facilitate an interface meeting between both groups.
- Identify the most critical issues with low scores from both groups and reflect on the reasons given for low scores.
- Come up with a list of concrete changes that they can implement immediately and those that require higher level engagements. These should be put into the action plans.
- Look through issues with low scores and the reasons behind low scores to generate appropriate action points.
- Think of the level of mandate required to address the issue so as to apportion responsibility. Set a date for a review meeting of agreed actions.
- Young people's feedback can reveal significant problems at health facilities and can risk becoming personal by singling out specific providers. If not well-facilitated, interface meetings can shift from collaborative to confrontational. Strong facilitators are needed to manage the process and identify challenges all parties want to solve, not individuals to blame.

Joint action planning:

- Jointly prioritize the issues
- Put them in order of priority on a flipchart with participants suggestions for improvement
- Guide the participants to develop suggestions for improvements that are realistic and achievable

Action planning matrix example:

Issue identified	Action needed to address the issue	Who will lead the action	With whom (institution/ name)	By when should it be done (realistic)	Remark
Health staff to work with youth assigned but not yet trained in YFS (youth friendly services)	Provide necessary supportive training and mentorship to the assigned staff on YFS during a CME session	Mr. Bedmont at DHOs office	RHU Gulu	By 27 th Feb 2016	Joint activity to orient health workers on YFS
No specific time provided for young people / Youth friendly service program	Health centre dedicated 12:00 – 5:00 pm every Friday Popularize the session using the community news reporter for Gulu FM RHU to support in SRH information sessions, HCT	Mrs. Auma Grace The health facility in-charge	Gulu FM community Radio RHU Gulu	By end of Feb 2016	This is intended to ensure young people are made aware and mobilized for YFS

Stage 6: Follow-Up and Institutionalization of CSC

An interface meeting does not mark the end of the CSC process, this only helps address key issues within the means of the health facility. However, broader advocacy meetings should be organized to reach other stakeholders who are critical in making decisions about SRH service delivery.

CSC exercises, especially those that take place as a continuous exercise, often serve a longer-term purpose of progressively improving SRH services for young people. Both demand and supply-side measures can be undertaken to ensure institutionalization. From the supply-side, the key is to get local governments and districts to create forums for feedback from communities through a CSC so that performance-based action can be taken. In Uganda, for example, White Ribbon Alliance undertook facility assessments and advocacy to increase funding for emergency obstetric care in three districts, which resulted into districts planning and allocating resources to construct operating theatres at health centers of level four of health care in Uganda's referral hierarchy and identifying doctors for recruitment especially in heard to reach areas.⁹

⁹ Hoffmann, K.D. 2014. The Role of Social Accountability in Improving Health Outcomes: Overview and Analysis of Selected International NGO Experiences to Advance the Field. Washington, DC: CORE Group

Engage existing Community-Based Organizations in facilitating the score cards and review meetings of the action plans developed to reinforce sustainability and legitimacy of the process and also strengthen post-implementation advocacy efforts on SRHR for young people.

Community Score Card findings should also be disseminated into various public domains like local media outlets, local administration information and coordination meetings. This can be done via grassroots media like community radios, or through the national press and television¹⁰. For example, AGHA Uganda, a social accountability practitioner, piloted CSC to strengthen maternal, newborn and child services in rural districts in partnership with local community radios. To galvanize advocacy on issues generated from CSC, AGHA trained local radio station journalists and developed a Memorandum of Understanding to broadcast the CSC interface meetings live. Listeners were later allowed to call in and discuss the issues highlighted during the interface meetings and suggest solutions to strengthen these health services. The program became the most listened to and the radio station developed a weekend session inviting higher-level district leaders to discuss issues raised during interface meetings and the community provided suggestions to address these.

Summary of key activities:

- Encourage local governments and districts to create forums for feedback
- Integrate CSC findings into programs by using the results as the basis for allocation of resources
- Train Community Based Organizations to play a supportive role in mobilization of young people, planning advocacy meetings, follow up of action plans
- Disseminate data and findings of CSCs to the public

Exercise 4: CSC practice (1 hour)

Divide participants into two groups – one as a group of young people and the other as that of service providers. Using the attached tool for youth friendly services provided (in **Annex 1**), conduct a mock community score card exercise. **(45 min)** Emphasize to the participants the need to think of real life situations of an actual health facility assessment and have them fill up the matrix provided in the Annex as young people and another as health workers.

Feedback in plenary about any challenges or questions **(15 min)**

¹⁰ SPACO (Gambia): Draft Operational Manual on Community Based Monitoring of the Strategy of Poverty Alleviation (SPA-II), April 2003

Module 4: Presenting and Disseminating Findings

4.1 Issues to consider when compiling data and reports

- Think about your audience when presenting the data.
- Summarizing of issues and recommendations should always be based on the actual assessments.
- Consider having some “vox pops¹¹”
- Make direct quotations from young people when they give the reasons for the scores. These provide powerful personal statements and feeling about a given service.
- Summarize findings into graphs by tallying the indicator scores in an Excel sheet based on the assessment criteria. The heights of the bars in the graph will show challenges across health facilities based on scores.
- Think about what visual depiction of the data will be the most provocative and clear. For example, photos of an empty youth corner.
- Are the numbers we are using comparable in terms of the sample, weighting system and type of service?
- You could organize data into themes, e.g. provider characteristics, facility characteristics, staffing and proportion of staff trained in providing youth friendly services, type of services, IEC/BCC materials.
- Analyze discrepancies of indicators rated as good or poor. Discrepancies are observed events or indicator scores that depart from expectations.

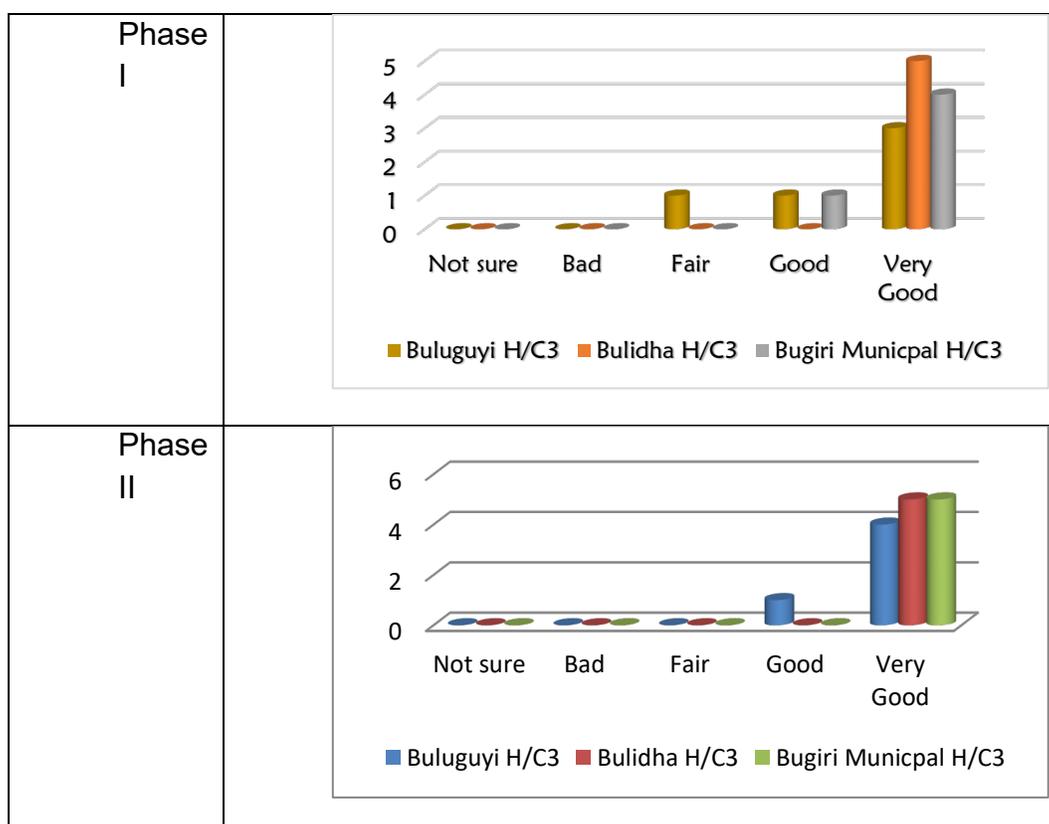
¹¹ Vox pops are popular opinion as represented by informal comments from members of the public, especially when broadcast or published.

4.2 Example

HIV/AIDS services Access in Iganga district

	Makuutu H/C3	Busesa H/C4	Busowobi H/C3
Not sure	0	0	0
Bad	0	0	0
Fair	0	0	0
Good	0	2	2
Very Good	4	2	2

Trends analysis of HIV/AIDS services availability and access over 3 months period



4.3 Summarizing issues and recommendations

- Recommendations will typically come from the challenges identified during the CSC process for each health facility, e.g. those that had low scores.
- The action plan is a good source of issues and recommendations. It provides commitments and can become a powerful informer to developing budgets for the facility.
- Reflect on the challenges you faced during implementation as well.

4.4 Format of a Community Score Card report

1. Introduction
 - What the community score card is all about
 - The objectives of the Community Score Card
 - The areas/health facilities assessed, districts/counties
2. Methodology/Approach
 - Description of the CSC process and its key aspects
 - Steps and methods used
 - Selection of participants
 - Selection of venues
3. Main Findings from the process
 - Highlighting the good and bad rating of adolescent reproductive health services as given by the young people in the FGDs
4. Conclusion and recommendations
 - Conclusions drawn from the results of the CSCs
 - Lessons learnt and recommendations for the services assessed (Action Plan)

A sample action plan template:

A sample Action plan			
Name of facility.....		Sub county.....	District.....
Issue Identified	Action Required	Date	Responsible Person

Exercise 5: Producing a CSC Report (1 hour)

Based on the exercise provided in the earlier section (**Exercise 4: CSC practice**), task each group to come up with a Community Score Card report based on the guidance provided in Module 4. Develop a tally and generate graphs in Excel. Summarize the key issues generated from the Community Score Card assessments of youth friendly services and explain why they are issues of concern to young people (usually extracted from reasons given for the scores by young people). Highlight the challenges and extract recommendations that you will take as your key advocacy “asks” from duty bearers/service providers to improve quality of youth friendly services. The report should be structured in the format provided in 4.4.

Module 5: Disseminating Community Score Card Findings

5.1 Why hold dissemination meetings?

In order to institutionalize the process of ongoing service improvement over time, it is important to disseminate CSC findings, and continue to follow-up on action plans. Dissemination meetings serve multiple purposes:

- To share results and action plans with relevant authorities for redress
- To communicate problems that young people face and the reasons behind them when accessing youth friendly services in health facilities
- To outline what is requested from the government in terms of support and improved SRH services for young people

5.2 Planning for a dissemination

- Think of dissemination and advocacy as taking place at multiple levels, e.g. Community, Health Facility, Sub county, District, National and international levels
- Identify what problems and recommendations require action from each level and schedule meetings with respective stakeholders for each level with clear “asks” or commitments from them.
- Identify what problems and recommendations require local or district level action with monitoring and follow-up from higher levels. Which would require changes in policy?
- How will advocacy at those higher levels be carried out and by whom? Partner and collaborate widely.
- When disseminating the results to higher levels, report on the local-level CSC activities and the including dissemination or engagement meetings
- Identify who to target – those able to make/influence decisions on issues raised from community score cards should be your primary targets, influencers should be your secondary targets.
- Consider other forms of dissemination and advocacy – social media, brochures, blogs, and local media discussions.
- Participation of local media and personalities helps to take your message beyond the dissemination meetings. These can form powerful news items for media to report on.
- Ensure the participation of all stakeholders that were involved in the score card process at various levels of advocacy. They become your “eyewitness account” providers and provide legitimacy to the issues generated and raised during the Community Score Card.

Note:

- If multiple CSCs are being conducted as part of a cohesive exercise, the overall results need to be analyzed and a synthesis report prepared.
- Copies of the report should be shared with government officials, service providers and communities.
- The findings should include statements about the strengths and weaknesses of the health facilities that were assessed and recommendations for improvement.

Tips to prepare presentations:

When making a presentation of findings to different audiences, consider the following contents:

- An introduction about the Community Score Card to assess youth friendly services
- Purpose and aims of the assessment – why did you decide to conduct it?
- Overview of the process – what did you want to assess? Who did you collect the information from? How did you do it?
- Methods and tools used – what type of data collection did you conduct? How were the data collection instruments developed?
- Results of the assessment – what were the most important findings from the assessment? What were the different views from the different data sources?
- Conclusions and recommendations – what were the main conclusions? What are your recommendations for what should happen next?

Post-implementation activities may entail the following further actions:

- Collect, consolidate and aggregate feedback
- Conduct monitoring and evaluation of the action plan periodically
- Publicize actions and repeat the CSC process at agreed intervals

Exercise 6: Advocacy dissemination meeting

Based on the earlier two group categories of young people and service providers, assume the service providers to be the district leaders that young people are targeting to engage on emerging issues from the Community Score Card assessments. Task the young people to:

- Prepare for the dissemination meeting by asking them to generate a list of individuals to be invited for the district meeting
 - Why they are targeting those specific individuals?
- Get them to develop a purposeful meeting agenda
- Prepare a powerful Community Score Card presentation to the district leaders.
- Organize a typical engagement seating arrangement and let the young people present the report to the stakeholders

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10. World Bank 2004: Social Accountability Sourcebook

Annex 1: Community Score Card Tool used in Uganda Pilot

Name of facility..... Date of assessment Facilitator.....

Indicator	Not sure 1	Bad 2	Fair 3	Good 4	Very Good 5	Reason
Provider Characteristics						
1) Availability of trained staff(s) accessible all the time to serve young people,						
2) Should be non-judgmental, considerate, and easy to relate to.						
3) Health facility staff respect young people's SRHR i.e. health-care provider treated you in a manner that made you feel respected?						
4) Adequate time for provider interaction						
5) Peer counselor available.						
6) Should be with positive attitudes and keen to serve young people.						
7) Should possess interpersonal skills to provide good provider client communication						
Health Facility Characteristics:						
1) Youth friendly services should be integrated in the existing service.						
2) Is part of or actively participate in the school health program where possible.						
3) Health facility conducts outreaches to hard to reach areas						
4) Has quick effective mechanism of referring young people to specialized services as found appropriate.						
5) Convenient location						
6) Availability of space for free young people's interaction (youth friendly spaces)						
7) Comfortable environment to offer both visual and auditory privacy, consultation, examination, treatment						
8) Gender sensitive clean toilets and hand washing facilities favoring young people with disabilities.						
IEC/BCC						
Contains information and education materials on the following:						
- Body changes (secondary sexual characteristics)						
- Personal care and hygiene						
- Nutrition						

- Alcohol and substance abuse						
- STI/HIV/AIDS						
- Life planning skills						
2. IEC/BCC strategy Contains posters that are relevant, appealing in size, language and color to young people.						
Presence of education materials like posters, brochures and pamphlets to give out to young people and where possible radios and TV shows with sexuality education						
SERVICES						
HIV AIDS services-						
1) Pre and Post-test counseling						
2) Prevention counseling,						
3) Support to YPLHIV (Young People Living with HIV)						
4) Testing kits available						
5) ARVS						
Condom services						
1) Are they available?						
2) Are they accessible?						
STIs/ STD Services						
1) STIs screening						
2) Treatment						
3) Cost of service						
4) STI counseling						
Family Planning services						
1) FP counseling						
2) Availability of FP methods						
3) Management of side effects						

Annex 2: IPPF-defined package of essential SRH Services

Indicator matrix		Objective Score					Reason for the score
Types of SRH services	Essential Components	Very bad 1	Bad 2	Just Ok 3	Good 4	Very good 5	
1. Counseling [Note: counseling is also an essential component for the other types of services]	Sex and sexuality						
	Relationship						
2. Contraceptives	Counseling						
	Oral contraceptive pills						
	Condoms [also provided under RTIs/STIs & HIV],						
	Injectables						
	At least one long-acting and reversible contraceptive (LARC): intra-uterine device/system (IUD/IUS) OR implants						
	At least one emergency contraceptive (EC) method: pill-based OR IUD						
3. Safe abortion care	At least one of:						
	a. Induced surgical						
	b. Induced medical, OR						
	c. Incomplete abortion treatment, AND						
	d. Pre- and post-abortion counseling						
4. RTIs/STIs	a. At least one RTI/STI treatment method, OR						
	b. At least one RTI/STI lab test, AND						

	c. Condoms [also provided under contraceptives & HIV]						
5. HIV	a. Pre- and post-test counseling, AND						
	a. Pre- and post-test counseling, AND b. HIV sero-status lab test OR HIV staging and monitoring lab test, AND						
	c. Condoms [also provided under contraceptives & RTIs/STIs]						
6. Gynecology	a. Manual pelvic examination for symptomatic clients, AND						
	b. Manual breast examination, AND						
	c. Pap smear OR other cervical cancer screening method						
7. Prenatal and postnatal care	a. Confirmation of pregnancy, AND						
	b. Essential prenatal care, AND						
	c. Essential postnatal care						
8. Sexual and gender-based violence (SGBV)	a. Screening for SGBV, AND						
	b. Referral mechanisms for clinical*, psycho-social, and protection services [*Note: EC provided under contraceptives. Other life-saving clinical services include STI presumptive treatment and HIV post-exposure prophylaxis (PEP)]						