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HOW-TO NOTES

Citizen Report Cards: Monitoring Citizen Perspectives to Improve Service Delivery

SOCIAL DEVELOPMENT

GAC in PROJECTS
IMPROVING DEVELOPMENT OUTCOMES

This note was prepared by Sanjay Agarwal, David Post and Varsha Venugopal of the World Bank's Social Development Department (SDV) as part of the effort by the Social Accountability and Demand for Good Governance team and the GAC-in-Projects team to provide guidance on ways to improve governance and accountability in World Bank-supported operations. Portions of this note are adapted from Wagle, Singh, and Shah (2004); work done by the Water and Sanitation Program—South Asia; and other sources.

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Introduction

The delivery of public services in many developing countries is often inefficient and inadequate, marked by nonresponsive agencies and political leadership as well as corruption. Moreover, even when governments initiate measures aimed at improving the quality and effectiveness of service delivery, citizens often do not have the opportunity to provide input on whether the changes have achieved their desired objectives. This lack of feedback prevents service providers from identifying areas in need of improvement and undermines transparency and accountability.

Social accountability mechanisms are increasingly recognized as a means of gathering feedback, thereby improving service delivery and governance in World Bank–supported projects. Social accountability is an approach that relies on civic engagement in that citizens participate directly or indirectly in demanding accountability from service providers and public officials. Examples of social accountability tools and mechanisms include participatory budgeting, public expenditure tracking, social audits, citizen charters, and citizen report cards (CRCs), the focus of this note.[1]

A citizen report card (CRC) is a simple but powerful social accountability tool that can be used to solicit user feedback on service provider performance. During the CRC process, quantitative and perception-based information from statistically representative surveys is gathered, which means that the findings reflect the opinions and perceptions of the citizen group from which input and information is being sought. A CRC can be used to assess a wide range of services, including water and sanitation, solid waste, police and security, street lighting, road and local transportation, health, and education. It is a useful tool for establishing sound baseline information and benchmarking service coverage and performance as well as for identifying inequities in service coverage and quality based on household wealth or geographic locations. CRCs are most effective when they are employed at the municipal or local government level, where the "space" between citizens (clients) and service providers is minimal. They can also be used at the national level but the effort tends to be less effective.

Initially introduced in India in the mid 1990s,[2] CRCs have been widely used in a number of countries. They are based on the model of customer satisfaction surveys, which have long been used in the private sector and like them, CRCs provide citizens with the opportunity to confirm that they receive service coverage, to comment on the quality of services provided, and to rate the performance of service providers.[3]

1. Despite similar names, citizen report cards differ from community scorecards. Annex 1 highlights the differences between these two social accountability tools.
2. CRCs were pioneered by the Public Affairs Centre, a nonprofit organization based in Bengaluru, India (www.pacindia.org).
3. While CRCs can be effective social accountability tools, it is important to be aware of their methodological limitations. CRCs typically focus on capturing demand-side perspectives of users rather than the supply-side service characteristics or perspectives of nonusers. And although CRC can provide insights about what respondents think about service delivery performance, they do not identify causal relationships; in other words, they do not explain the reasons for people's opinions (World Bank 2008). Finally, the expectations of respondents can be reflecting in scoring standards, which tend to vary between countries and even between regions within the same country (World Bank 2008). The stratification of respondents into categories and the subsequent separate reporting of results separately can mitigate this limitation.

BOX 1
The Benefits of CRCs

For governments and service providers

- Obtains credible feedback on user perspectives regarding service delivery
- Assesses whether programs are achieving desired objectives
- Establishes benchmarks to promote performance improvements
- Tracks delivery performance for services whether they are centralized, decentralized, or contracted out to private providers
- Monitors service-delivery effectiveness across regions and sectors
- Provides incentives for continuous improvement over time
- Serves as a check on corrupt practices by identifying areas of inefficiency, waste, and leakage
- Improves transparency and accountability for public service providers and public-private partnership (PPP) providers

For service users

- Allows service users the opportunity to provide input on service coverage and quality and to identify priority service needs
- Provides citizens with "hard" information which they can use to hold providers accountable for the efficient and equitable provision of services
- Generates public support for positive reforms

For task teams

- Generates new and reliable data on service coverage by locality
- Identifies the priority service needs of citizens
- Mitigates implementation risks by obtaining tangible data from users that can be used to track performance and assess the responsiveness of providers
- Facilitates supervision of projects
- Identifies areas of inefficiency, waste, and leakage
- Strengthens the demand for good governance

Using a survey fielded to a representative sample of the target population, data is collected, carefully analyzed, distilled into a "user-friendly" format, and then widely disseminated to the target population for discussion and comment through a variety of methods, including town-hall meetings, radio call-in shows, television, and newspaper coverage. These media and advocacy campaigns often generate momentum for more responsive and accountable service delivery. CRC findings enable users to demand better services and public agencies to identify strengths and weaknesses in their work.

In the past few years, there have been several innovations related to information and communication technology (ICT) in CRC methodology that have made it possible to disseminate results and mobilize constituents more quickly, including the integration of geographical information systems (GIS), Google mapping and satellite imaging, as well as the use of information technology and social media for dissemination.

When carefully designed and implemented, CRCs have proven to be a highly effective tool for improving citizen engagement with service providers, informing service providers about the priority needs of citizens, gathering reliable information about

coverage and quality of services, and establishing baseline and benchmarking indicators. CRCs can therefore be an effective tool for strengthening the efficiency and effectiveness of service delivery.[4]

This note highlights important issues that World Bank task teams should consider when working with clients to implement CRCs.[5] If designed and implemented well, CRCs have the potential to produce a variety of benefits for governments, service providers, users, and task teams alike (see box 1).

CRCs: An Overview and Critical Success Factors

From a technical standpoint, a CRC is a flexible tool that can generate insights about a variety of in service-delivery issues, including:

- *Performance of service providers:* CRCs can provide valuable information about the coverage, quality and efficiency of a service-delivery provider across a range of issues (e.g., service users can rank police performance as it relates to quality of service, incidence of problems, etc.)
- *Cross-sector comparisons:* A CRC can be used to compare performance across sectors. For example, a survey could compare user perspectives on the quality of sanitation, solid waste, and health services.
- *Intra-sector comparisons:* CRCs are useful for comparing service provider performance within the same sector across sub-regions or regions within a country or province. For example, a CRC could examine the performance of health clinics in two different regions.

Results obtained from these types of analyses can be used for a variety of purposes, including program evaluation, assessment of the impact of sector reforms, determination of baseline service-delivery levels, improvement of efficiency in delivery of services,[6] and an assessment of performance across sectors or geographic locations.

The success of a CRC initiative is contingent on several critical and interrelated factors that should be considered throughout the CRC process:

- *Identification and engagement of a high-level public sector official to champion the CRC.* At the municipal level, this would typically be the mayor or an equivalent political representative. Without a strong local champion with sufficient potical saviness and technical know-how to use both positive and negative feedback in a meaningful way, the CRC is unlikely to effect much change.

4. PAC is now experimenting with CRC+, which goes a step further by digging deeper into factors that underlie weaknesses or problems identified through the CRC—factors that could reveal aberrations in the flow of funds or the chain of functions. The CRC+ is comprised of two analysis tracks: Selected Expenditure Tracking (SET) and Function Marker Analysis (FMA), using information that is with the government. See. www.pacindia.org/projects/crc-plus.
5. This is the seventh in a series of How-To Notes that aim to provide guidance to task teams on operationalizing social accountability issues.
6. This includes cost-benefit analyses of public spending.

BOX 2
Karachi, Pakistan: Improving Delivery of Water and Sewerage Services

A pilot CRC on water, sanitation, and sewage services in Karachi, Pakistan, was launched in 2010, in an atmosphere of deteriorating services, weakened community interface, poor revenue generation, a dysfunctional governance structure, and an emerging consensus that far-reaching institutional reforms were needed.

The initial phase of the CRC involved a series of focus group discussions held separately for groups of men and women that spanned different socioeconomic classes. This phase helped the team gain information about citizen associations, perceptions, and attitudes regarding the delivery of services; identify local issues pertaining to water and sanitation; and refine survey questions for the second phase of research, during which a quantitative survey was conducted in nine Karachi towns covering 4,500 households with representative samples of low-, middle-, and high-income groups.

Water and sewerage services provided by the Karachi Water and Sewerage Board (KW&SB) were examined and the analysis and presentation of data were carried out across eight themes: (1) the availability, access, and use of services; (2) the reliability of services; (3) perceptions of water quality; (4) costs incurred by customers; (5) service user interactions with KW&SB; (6) transparency in service provision; (7) satisfaction with services; and (8) priority areas for improvement. Two overarching findings of the CRC study were that the services provided by KW&SB were deemed satisfactory or above average by only 6.5 percent of users and that both users and the staff of the utility provider wanted to see improvements in systems and services.

A communication strategy was developed to sensitize the media to a citizen-driven reform agenda. Panos International, a media advisory firm, was selected to design and implement a communication strategy that was woven into the three phases of the CRC process: presurvey, survey, and dissemination. Panos identified the participating media partners through a series of engagement activities who included print, radio, and television journalists as well as theater professionals. Because the team involved members of the media as key stakeholders, the CRC erupted into a breaking story that was reported as it unfolded, generating mass awareness among citizens and accountability among service providers.

This pilot CRC exercise provided insightful feedback on citizen experiences with the delivery of water and sewerage services as well as priorities for improvements. By setting credible and concrete benchmarks, the CRC provided a forum for the various stakeholders to converge around issues and explore ideas for solutions and reforms. The organizational buy-in by KW&SB and the strong linkages built between the media and civil society networks have ensured that a healthy blend of "voice" (demand-side advocacy and pressure) and "responsiveness" (supply-side willingness to reform) will continue.

Source: Water and Sanitation Program-South Asia 2010.

- *Upfront engagement with the relevant service sectors.* Significant efforts should be made to explain the objectives and processes of the CRC to the sectors that are its focus. Additionally, these contacts are a vital source of information about service delivery and provision issues. This information is critical in developing survey questions that can gather useful data.
- *Considerable investment of time and resources.* A sound CRC usually takes 6–12 months to design and implement. The commitment of resources for follow-up CRCs should be secured at the outset of the process. One-time CRCs can be useful, but the benefits derived from follow-up CRCs are considerable.

- *Strong media and civil society support.* The team must publicize CRC findings, engage with citizens, and ultimately generate a constituency for change.
- *Using results to engage in constructive discussions.* The team should use the results of the CRC process in a way that invites a dialogue with service providers about opportunities to make long-term improvements. Since a buy-in by political leaders and service providers is crucial, resources must be allocated for communications and outreach efforts to public authorities.
- *Institutionalizing the progress.* Throughout the CRC process, the team must pursue tangible measures aimed at institutionalizing any progress made in the way service providers do business.
- *Maintaining momentum.* CRC momentum is easily lost after the implementation of the survey, which is technically challenging but more straightforward than what is required to distill the data and findings into a form easily accessed by citizens and to effectively disseminate it to a very broad audience with varying access to media and other information sources.
- *The feasibility of conducting CRCs at predetermined intervals over time to track service-delivery improvements.* The iterative nature of the data collection process used in the CRC, the dissemination of the findings in a format easily accessed by service users, and the active engagement of citizens create opportunities to use demand-side strategies in the promotion of improved service delivery.

CRC Design and Implementation: Key Activities

Most successful CRCs have three phases: (1) assessment, planning and preparation; (2) technical information collection; and (3) information dissemination and institutionalization. Each phase is critical to the success of a CRC initiative. Particular attention should be given to the dissemination and institutionalization aspects of a CRC because they are allow citizens to engage with and monitor service providers. Figure 1 presents an overview of various activities that need to be implemented in each phase of a CRC; a more detailed description of them is presented below.

FIGURE 1
Activities in a CRC Initiative

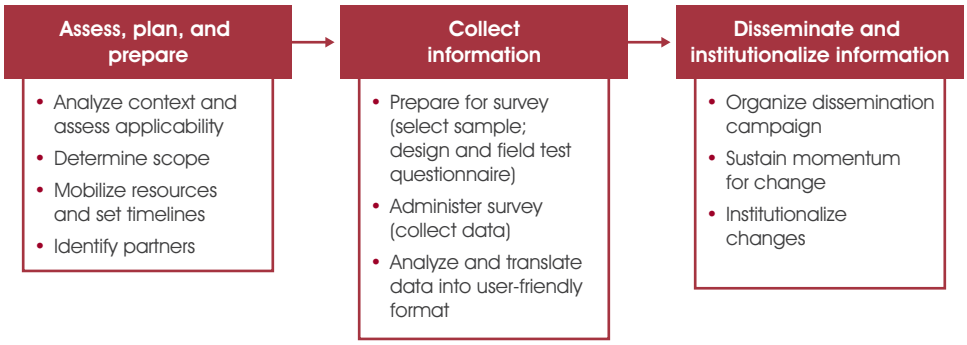


FIGURE 2
"Critical 9" Factors for CRC Implementation

Source: PAC 2007.

Phase 1: Assess, Plan, and Prepare

Analyze context and assess applicability: The team must analyze the sociopolitical context at the assessment stage to determine whether a CRC would be an appropriate social accountability tool to use. The Public Affairs Center (PAC) has identified the "Critical 9" factors required for the successful implementation of a CRC (figure 2): (1) political context; (2) decentralization; (3) security; (4) citizens' freedom to voice; (5) presence and activism of civil society organizations (CSOs); (6) professional nongovernmental organization (NGO) activity; (7) quality of media; (8) leadership orientation of service providers; and (9) government interest[7] (PAC, 2007). It is critical to understand the objectives and limitations of the CRC at the outset. This helps the team know what information can and cannot be elicited from citizens as users of services. For example, information about corruption related to bribes taken from citizens can be easily captured by a CRC but corruption in the awarding of contracts cannot.

Determine scope: Establishing upfront the scope of the CRC is important because it affects the way in which the analysis proceeds. For example, a team could decide to focus a CRC on the performance of health clinics at the village level (box 3) or could choose to include service providers from multiple sectors. The questions below provide guidance on defining the scope of a CRC.

- What information is the team seeking?
  - What is the purpose of this CRC?
  - What are the issues or problems that it is meant to address?
  - What is the stance of the community on this issue?
  - Would information obtained by a CRC add value to existing studies and current action?

7. For a more detailed discussion on the "Critical 9," please see PAC, *CRC Learning Toolkit*, http://www.citizen-reportcard.com.

- Who or what is the focus of the CRC?
  - Is it targeted toward a single service provider or to multiple ones?
  - Is the objective to gather comparative information from a wide range of service providers?
- How will the information be used?
  - Who will use the results of the study?
  - Will it be used to reshape existing programs?
  - Will it be a catalyst for new program development?
- How can the data be obtained?
  - What methods will be utilized (e.g., qualitative or quantitative)?
  - How will survey participants be identified?
- How will data be collected?
  - What tools are needed?
  - Will random sampling techniques or focus group discussions be employed?
  - What level of skills will staff and field workers require to carry out the survey?

Mobilize resources and set timelines: At the outset, the CRC team must make certain that adequate financial and technical resources are available to implement the CRC program in its entirety. The cost of a CRC is highly dependent on the specific context, size, scope, scale, location, and number of respondents, ranging from US$30,000 in India to US$150,000 in Ghana.

A broad range of technical skills is needed to design and implement a CRC; it is quite likely that multiple entities will be required to provide the full range of expertise needed. Some key technical skills that often require contracting are statistical sampling, survey questionnaire development and implementation, GIS capacity, data manipulation and analysis, social marketing, and public outreach.[8]

As previously mentioned, the design and implementation of a CRC can last 6–12 months. Presurvey activities take approximately 2–3 months, data collection and entry 1–2 months, postsurvey analysis and report-writing 1–3 months, and the dissemination of the findings and initiation of an advocacy campaign 2–4 months.[9]

Identify partners: Teams must determine who will implement the CRC. In some instances, implementation responsibilities are given to project staff, but World Bank-supported projects also work with credible government entities, NGOs, and independent consortium (box 3).[10] It is vital that the organization selected to lead the exercise be reputable

8. These sets of skills are often found in private sector consulting firms, think tanks, and universities. Most NGOs are not normally staffed with technical experts with the referenced set of skills.
9. The time duration may vary depending on the geographical spread of the locality and sample size for the survey and fieldwork.
10. Ideally, a CRC should be conducted by an independent entity comprised of technical experts with no direct interest in the outcome. If a government entity conducts the exercise, it would, in effect, be evaluating itself, and hence be biased. Very few NGOs have the technical skills and capacities required to perform a CRC, but they do play a critical role helping to disseminate findings and with public outreach. Resources available for CRC implementation often determine the ultimate composition of the CRC team.

BOX 3
Zanzibar, Tanzania: Implementation Arrangements for the CRC

The Revolutionary Government of Zanzibar, an island province in Tanzania, set up a committee to review international best practices regarding citizen participation in governmental decision making. The committee identified CRCs as one of three tools that could be useful in Zanzibar. The government decided that an independent consortium of representatives from government, civil society, the media, and other groups would be best suited to lead the CRC. The government's statistics agency assisted in the fieldwork and data analysis; funding was provided by the United Nations Development Programme (UNDP). Services covered in the pilot CRC included drinking water and primary education. The feedback on drinking water exposed a high incidence of unprotected wells, the usage of which increases during times of water scarcity. As a result of these CRC findings, the UNDP made a public commitment to support a project to reclaim dried wells.

Source: PAC and Asian Development Bank (ADB) 2007, http://www.citizenreportcard.com/crc/pdf/manual.pdf.

in the relevant area of focus; committed to long-term changes in service delivery; skilled in survey techniques and quantitative analysis (although this function frequently requires outsourcing);[11] and experienced in working with multiple constituents.

Phase 2: Collect Information

This phase of the CRC exercise focuses on the technical aspects of sampling, survey administration, and the analysis and translation of data into user-friendly formats.[12]

Prepare survey: The combination of methods that a CRC initiative ultimately uses depends on a variety of factors, including the key objectives of the exercise and the availability of resources, but most CRCs integrate quantitative and qualitative research approaches. Moreover, CRCs usually follow a somewhat standardized template in terms of the type of information collected (box 4).

At the outset, the organization implementing the survey should hold detailed focus group discussions with users and service-delivery providers in order to identify key service challenges and design the preliminary questionnaire. Service providers can share valuable information about their responsibilities and can offer suggestions about the type of feedback from clients that could improve their delivery of services. Similarly, users can provide insights about service problems that might exist so that the survey can be tailored accordingly.

Determining the appropriate type of sampling design is another important aspect of the CRC process. When carried out accurately, sampling gathers feedback from a representative group of the larger population; sampling errors should be carefully avoided (see box 5). Teams should develop and refine questionnaires based on input from users, relevant public agencies, and other experts. A balance must be found

11. This is a highly specialized area and very few NGOs have in-house staff with the technical skills needed to conduct this kind of technical and quantitative analysis.
12. This section is adapted from Wagle, Singh, and Shah 2004 and Water and Sanitation Program 2007, http://www.wsp.org/UserFiles/file/64200712647_SAEngagingwithCitizensVCPCaseStudy.pdf.

BOX 4
Typical Areas of Focus for CRCs

Access: How many members of a given population have access to a particular service? How accessible is the service? This analysis can be further disaggregated to capture differences among locations, gender, age, socioeconomic groups, and ethnic groups.

Usage: Where access exists, to what extent is the service infrastructure being used? What are the reasons for nonuse where it exists?

Quality: How satisfying, useful, or relevant is the service to the client? What is the technical quality of services?

Reliability: Is the service being delivered in accordance with stipulated schedules and specifications or are there deviations from norms? What are the reasons for the discrepancies?

Frequency of problems and responsiveness: How often do respondents experience service problems? Do they complain about it? If so, to whom? Does the problem get resolved? If so, how quickly?

Service and opportunity costs: What costs, if any, are respondents bearing due to poor service, including "forced" investments in alternatives, demands for unauthorized payments, frequent travel over large distances and inconvenient delivery schedules or mechanisms?

Transparency in service provision: To what extent do service providers proactively disclose norms and standards as it relates to service delivery? What is the extent of corruption in service delivery faced by users? How does the corruption manifest itself?

Source: http://www.wsp.org/UserFiles/file/64200712647_SAEngagingwithCitizensVCPCaseStudy.pdf.

between the level of detail sought and the time that is required to complete a survey. Surveys conducted through direct interviews should not exceed 45 minutes in urban areas and 60 minutes in rural areas; longer interviews longer can lead to less thoughtful and incomplete answers from respondents as they begin to tire or lose interest, undermining the quality of the resulting data. One useful practice for decreasing the length of time that one individual has to spend answering questions is to divide the questionnaire into multiple modules, each of which is answered by a different member of the household.[13] It is also important to pilot the questionnaire throughout the survey development process to ensure that it is capturing the desired information.

Administer the survey: The team should draw on the answers to the questions in the Determining Scope section of this note to determine an appropriate targeting strategy. Targeting and stratification decisions should be made based on a variety of factors, including geographic boundaries, demographic composition, and service infrastructure. Larger sample sizes are generally preferred but must be balanced with time, budget, and staffing constraints. Therefore, CRC teams should determine the minimum number of respondents needed to generate statistically significant results for each service being surveyed.[14]

13. Ideally, a household is considered a respondent in a CRC and any member of the household can be asked to answer any part of the questionnaire (based on who has experience with the relevant service. One questionnaire should be filled out for one household and responses should be solicited from a household member with informed answers. There can be multiple respondents within a household for a single service.
14. Based on research conducted for several CRCs, PAC has determined that a sample size of 350–400 respondents for each service at the lowest level of analysis required is sufficient to provide reliable estimates. Increasing the sample size further will not achieve better results.

BOX 5
Romania: Collecting Meaningful User Feedback with CRCs to Inform Social Assistance Program Reforms

In an effort to encourage more direct citizen participation in the monitoring of public service reforms, a pilot CRC exercise was recently conducted for three programs in Romania: the family allowance, the guaranteed minimum income, and heating benefits. These programs were selected because of recent reforms in the content, service-delivery method, and institutional structure of the social assistance sector in Romania. A CRC makes it possible to collect and make us of meaningful user feedback during the course of these reforms that include increasing equity through improved targeting of low-income households; consolidating benefits of the three programs; improving administrative efficiency (i.e., reducing application and administrative costs by harmonizing and simplifying rules and procedures); and reducing fraud and errors in during the application process. The CRC survey was designed to collect feedback and information about the level of awareness and access to information about service changes, the ease with which citizens can apply for benefits and the costs for doing so (e.g., enrollment fees and charges for receiving payments), grievance redress mechanisms, and overall user satisfaction (including factors that determine the level of satisfaction).

The pilot faced several technical issues. First, formulation of the sample design was the most challenging part of the exercise because the team wanted to minimize spillover in responses across different programs (i.e., when respondents are enrolled in multiple programs and a response about a program is affected by the performance of another). While it was impossible to avoid overlapping questions completely, the questionnaires were designed to flag respondents enrolled in multiple programs to account for the potential spillover effect. Second, to ensure that the sample of respondents adequately represented program beneficiaries and that the findings were statistically significant, the task team worked in close partnership with consultants familiar with local beneficiary datasets and statistics. Finally, access to beneficiary data required extensive and confidential communications and follow-up efforts with relevant agencies.

Source: World Bank 2012.

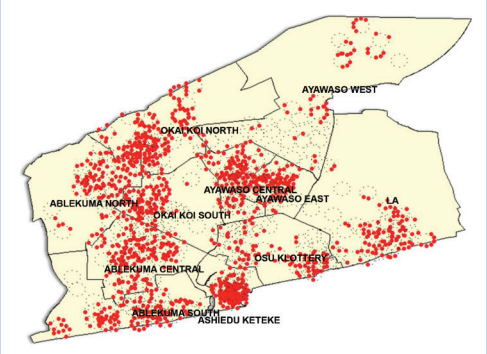
As previously mentioned, the surveying organization can hire an outside organization to administer the survey or hire and train in-house staff to complete the work. In either case, the people conducting the survey should be informed about the purpose of the CRC exercise and receive training on how to interact with respondents. The questionnaire should be refined as needed after surveyors have used it on a pilot basis. As the surveying process progresses, project managers should conduct random spot monitoring of interviews for quality control purposes.

Analyze and translate data: Data collected from the questionnaires should be entered into a database to be analyzed and interpreted. Typically, respondents rate or give feedback on aspects of government services using a scale (e.g., –5 to +5, 1 to 7, etc.)[15] The ratings are aggregated and translated into a satisfaction score in the form of a percentage. This is the statistical information that should be included in the CRC (see box 6). The findings that emerge from this process must then be translated into user-friendly formats, allowing citizens to easily and quickly understand the findings.

15. Initially PAC used a seven- or five-point scale. However, most recent CRCs have used a two-step approach in which respondents are first asked if they are satisfied, dissatisfied, or neither satisfied nor dissatisfied. In the second step, respondents who report being satisfied are asked to further explain whether they are completely satisfied or partially satisfied; respondents who report dissatisfaction are asked to explain the reasons for it.

BOX 6

Accra City, Ghana: The Consultative Citizen Report Card on Municipal Service Delivery



Accra City is Ghana's administrative and economic center that incorporates an amalgam of municipal areas. At its heart is the Accra Metropolitan Assembly (AMA), managed by a mayor and a mix of elected and appointed councilors who represent its 11 submetro areas. AMA is a rapidly growing and dynamic city, home to a very diverse population. Informal settlements are large and expanding rapidly, and pressures on basic municipal services are intense.

The AMA's relatively new mayor wanted to improve the information base about municipal service coverage and quality (which was very poor), and to more effectively respond to resident demands for better service delivery. He championed the AMA's first CRC exercise, supported by the World Bank and designed to gather information on seven core municipal services: toilets and sanitation, gutters and drains, refuse and solid waste collection, public markets, basic education infrastructure, secondary roads, and water service (a PPP).

The process involved initial fact finding and focus group meetings with AMA officials and residents; the fielding of a statistically representative survey of residents that collected data on service coverage and quality as well as on citizen perceptions of AMA officials and their performance; and the analysis and widespread dissemination of the survey findings to both public officials and—very importantly—residents. New tools and technologies were incorporated into the CRC process including Google mapping and GIS. The latter helped identify localities in the AMA where significant numbers of residents reported service coverage and quality as being particularly poor or particularly good.

The CRC experience was highly informative with a notable 99 percent of households responding to the survey, reflecting the high level of concern and interest surrounding this issue. A significant finding of the CRC was that the priority concern of residents was not in fact about water services as AMA officials had predicted, but instead was about toilets and sanitation. This discovery stimulated a rethinking of strategy and budget allocations by the administration. The CRC also revealed considerable disparities among users with regard to service access and quality—a factor brought to light even more dramatically with the use of GIS mapping. Some neighborhood areas lack any form of sanitation service, relying on highly unsanitary disposal methods; other neighborhoods receive excellent service. Survey findings on resident satisfaction with AMA officials was also revealing: 19 percent of residents report being satisfied with the AMA's ability to fix service problems; 23 percent are satisfied with the honesty of AMA officials; and 30 percent of residents are satisfied with the helpfulness of AMA officials.

The mayor, energized by the findings and challenges identified by the CRC, wanted to be responsive to the priorities and concerns expressed by residents. He presented the CRC findings at open town hall meetings in each of the AMA's sub-metro areas, participated in radio talk shows and Q&A sessions, and worked with print and TV media to reach out to residents. Finally, the mayor, along with AMA officials, immediately announced policy responses to the priority concerns and called for a follow-up CRC to be conducted in a couple of years to benchmark his administration's progress in the improvement and more equitable distribution of service delivery.

Source: Carolyn Winter, World Bank Task Team Leader.

This translation process often requires a significant commitment of time and an expertise in communications. The information is converted into an analytical report that becomes the basis for a citizen-to-government dialogue about the current status of services and potential areas for improvement. This final report should focus on identifying areas for improvement and constructively presenting recommendations; it should not aim to publically chastise or embarrass a service provider.

Phase 3: Disseminate Information and Institutionalize

While the process used to collect data is important for ensuring robust results, the dissemination and mobilization aspects of the CRC are what make it an effective social accountability tool. The mobilization and advocacy phase of the CRC process is based on three essential activities: disseminating findings to key stakeholders, sustaining momentum for change, and working to institutionalize the CRC approach.

Disseminate findings to key stakeholders: The CRC team should disseminate both the survey findings and the main conclusions of the analytical report to users, the media, and relevant agencies. Given that the goal of the CRC process is to improve service delivery and advance positive reforms, it is vital that survey findings be shown to relevant public agencies first, giving service-delivery providers the chance to respond to any serious criticisms prior to the public release of the report. Service providers might supply relevant feedback on mitigating factors like staffing or budgetary constraints, which can then be reflected in the written report. Allowing service providers this opportunity to respond to survey results in advance of its wider release also increases the chances that authorities will agree to partner for change in the future.

There are three important points to consider when disseminating CRC findings:

- The findings should be constructively critical and should not aim to embarrass or laud a service provider's performance.
- The media are the biggest allies of dissemination efforts. Preparing press kits that include short, readable stories, media-friendly, press releases, and copies of the final report translated into local languages is an effective approach.
- Following the publication of the CRC survey findings, service providers and users should meet and discuss the key issues. This not only allows for a constructive dialog, but also puts pressure on service providers to improve performance prior to any subsequent surveys.

The team should design a comprehensive public relations strategy to disseminate the CRC findings. A wide dissemination effort is critical in order to promote transparency and accountability; it also makes it more difficult for a service provider or agency to ignore the survey results and corresponding recommendations. In most circumstances, findings should be presented at a high-profile press conference and materials distributed to members of the print, radio, and television media. The preparation of press kits and press releases facilitates this process. The team should partner with

CSOs and other stakeholders to disseminate the results of the CRC at the community level; the results should also be posted online. The report should be translated into local languages so that it is accessible to a broad range of stakeholders.

Sustain momentum for change: The dissemination of CRC findings will not in and of itself enhance service-delivery performance—it is crucial that CRC teams collaborate with citizens, CSOs, and the service agencies themselves to use CRC results as a basis for promoting sustained improvements (see box 7). Since CRC surveys are usually conducted multiple times in order to monitor changes in service-delivery performance, the dissemination of results should aim to drive the reform process forward in a systematic fashion.

A variety of strategies can be used to translate CRC results into action, including awareness campaigns, public dialogues, requests to service providers that they make public commitments with regard to the improvement of service-delivery performance, continuous monitoring of providers by CSOs and the media, town hall meetings between government officials and citizens, workshops for the exchange of best practices, and the integration of CRC findings into governmental policy processes (see box 7). Town hall meetings with users and service providers allow stakeholders to use CRC results as a basis for engaging in a constructive dialogue, and this format provides an incentive for providers to improve service-delivery performance prior to the next meeting. When multiple providers or agencies are involved in the CRC evaluation, public meetings can foster productive competition among them.

BOX 7
Bengaluru, India: Disseminating Results and Maintaining Momentum for Change

In an effort to maintain momentum after the Bengaluru CRC findings were released in 1999, PAC, the agency leading the process, initially decided to present mini-report cards to four of the key service providers in order to solicit their initial reactions before publically releasing the results. In the resulting discussions, the agencies did not dispute the findings but defended their performances by explaining the constraints they were operating under.

The 1999 report was then circulated to all public agencies and senior state government officials, followed by a launch ceremony for the press—crucial allies in the CRC process. After the results were disseminated, a two-part workshop was held with members of the public and senior officials from the relevant agencies. During the first part of the workshop, agency officials were able to interact and learn from one another, including what some of the more responsive agencies were doing to best address user concerns. In the second part of the workshop, heads of the agencies answered questions from citizens about steps being proposed to improve the quality, efficiency, and adequacy of services.

The third CRC in Bengaluru, conducted in 2003, demonstrated how constant pressure from civil society, proactiveness of political leadership, and the vision and willingness of service providers to bring about reform can lead to improved services for all citizens. The Bengaluru Metropolitan Transport Corporation (BMTC) shared the CRC findings with its employees. Cartoons made by bus conductors and proud declarations by BMTC staff about their top ranking demonstrate how CRCs can be used by service providers to effectively improve services.

Source: World Bank 2003.

It can be useful to combine CRCs with other social accountability tools, such as Community Score Cards (CSCs) or Public Expenditure Tracking Surveys (PETS). For example, a World Bank-sponsored audit of local governance and service delivery in Bosnia successfully utilized CRCs along with CSCs by first conducting a CSC process in four municipalities to capture qualitative information through focus group discussions and in-depth interviews with a range of stakeholders, and then conducting a CRC process in 20 municipalities that included a household survey and a series of stakeholder feedback meetings to discuss the results. Another example is a CSO in Rwanda that, with assistance from the World Bank, conducted a 2005 study combining the CRC and CSC processes to evaluate the delivery of health and education services in four provinces. In this instance, the CRC and CSC processes were carried out simultaneously to obtain more in-depth results.

Institutionalize changes: The final step of the CRC process is to devise ways to institutionalize the changes promoted by it. A CRC is not a one-time event; ongoing initiatives should seek to promote sustainable improvements in service delivery at a broader level. Efforts should aim to advance a number of important goals, including

- educating stakeholders about the CRC methodology and the kind of insights it can provide;
- enhancing the capacity of CSOs to monitor service-provider performance;
- maintaining regular interactions between users and providers to assess service-delivery performance;
- working with service providers to integrate independent assessments of service-delivery outcomes into the broader performance management system;
- helping clients develop internal monitoring and evaluation systems that can be used to track, analyze, and utilize performance-related data produced by CRCs;
- incorporating CRCs into governmental policy processes by using it as a tool for analyzing results of national development plans, sector strategies, and performance-oriented budgets; and
- integrating CRCs into local government monitoring toolkits for the services under their purview.

The long-term accomplishment of these objectives is contingent on a buy-in by service providers—including high-level officials—and ongoing public support for the reforms, without which sustaining momentum generated by the CRC process is unlikely (see box 8).

BOX 8
Uganda:
The Importance of
Follow-Up Activities

In response to perceived weakness in health care delivery at the primary level, Uganda initiated a pilot CRC project aimed at enhancing community involvement and monitoring. The project was designed by staff from Stockholm University and the World Bank; it was implemented in cooperation with a number of Ugandan practitioners and 18 community-based organizations. Information collected through the exercise was compiled into CRCs that compared user satisfaction and health outcomes with neighboring areas using easy-to-understand graphic tools. The CRCs provided the basis for an informed dialogue with community members and between community members and health workers.

In order to determine the impact that CRC follow-up activities have on service delivery performance, the project randomly assigned 25 sites to the treatment group and 25 to the control group (e.g., facilities that would continue using their existing feedback mechanisms). Local NGOs organized focus groups with residents and health service providers In the treatment communities to discuss the results of the CRC. No such discussion took place in the control communities. Interestingly, in the communities where meetings were held, absenteeism by providers decreased and the quality of service (measured by wait time, quality of care, and cleanliness of facilities) improved.

The CRC pilot led to demonstrated improvements in a number of outcomes—both in the quantity and quality of health-service delivery. It prompted the development of stronger processes (e.g., instituting suggestion boxes, numbered waiting cards, and duty rosters); improved treatment practices and staff behavior (measured by reductions in waiting times for patients and staff absenteeism as well as increases in information-sharing and immunization coverage); and better usage of services, leading to improved health outcomes (reflected in a decrease in the under-five mortality rate in communities where meetings were held).

Source: Björkman and Svensson 2008; Khemani 2008.

Conclusion

CRCs combine a rigorous technical analysis with robust demand-side good governance interventions, giving them the potential to drive positive outcomes in service delivery across the World Bank's portfolio of projects. Indeed, if designed effectively, CRC initiatives can provide stakeholders with a number of benefits, including increased public accountability, analyses of service-delivery performance using a proven methodology, and access to impartial data that can provide the basis for a constructive dialogue about service-delivery improvements. But in order for CRCs to be effective, project teams must have both the technical expertise to carry out the analysis and the ability to achieve a buy-in by all stakeholders (e.g., users, service providers, media, civil society, and government) to keep the reform process moving forward. Moreover, CRCs may be more effective in some contexts than others. For example, a CRC is most likely to be effective when there is strong country ownership (by either the government or by CSOs), a commitment by the client to carry out the CRC process over a sustained period, and a reasonable likelihood that a productive dialogue with providers about the quality of service delivery can occur. To the extent that teams are able accomplish these objectives, CRCs represent a step in the right direction toward service-delivery transformation.

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Annex 1. Differences between CRCs and Community Scorecards

Citizen Report Card	Community Scorecard
Unit of analysis—household/individual	Unit of analysis—community
More relevant for macro level (city, state, or even national)	Meant for local level (village cluster and/or facility level)
Often used in urban settings	Often used in rural settings
Survey instrument—data collected through questionnaires	Participatory process—data collected through focus group discussions
Emphasis on monitoring demand side data on performance and actual scores	Emphasis on immediate feedback and accountability; less on actual data
Implementation time longer (3–6 months)	Implementation time short (3–6 weeks)
Feedback to providers and the government is provided at a later stage often through media advocacy	Feedback to providers immediate; changes are decided upon through dialogue
Requires strong technical skills	Requires strong facilitation skills
Intermediary conducts survey and data analysis	Intermediary serves mostly as facilitator of the exercise
Output is perception-assessment of services in the form of the report card	Less emphasis on scores, more on immediate response; joint decision-making

Source: Wagle, 2004.

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