



Citizen and community report cards are being used all over the world to benchmark public service delivery. So how are Latin American countries using the technique to improve health care?

# CITIZEN PARTICIPATION IN EVALUATING HEALTH SERVICES: THE LATIN AMERICAN EXPERIENCE

## SUMMARY



Throughout Latin America, civil society groups are using report cards as a tool to gather citizen feedback on the quality and coverage of public services. This Brief focuses on the use of report cards to assess health services, in particular. Through these report card exercises, civil society has been able to highlight problems citizens face in accessing quality health care, such as lack of medical supplies or personnel, or long waiting times to see a physician. By bringing these findings before public health agencies and the media, citizens have succeeded in achieving concrete improvements in both health care access and quality. This Brief analyses three different report card experiences, from Colombia, Mexico and El Salvador, emphasising the outcomes of these exercises and the contextual factors enabling their success.

## GENERATING CITIZEN PARTICIPATION TO IMPROVE PUBLIC SERVICES

Governments in developing countries often fail to provide quality health services and effective access to them. As a result, social inequality in access to public health care persists, particularly affecting vulnerable groups.

But how to push governments to improve the health services they offer? One emerging area of practice suggests focusing on citizen participation in service provision, and in particular, strengthening citizen demand for better health services. This itself, though, is challenging to accomplish. Health services are difficult to monitor, citizens often have limited knowledge of their rights and what standards of care they can demand, and they lack strategies for organising and communicating their demands to the state.

## AN INTRODUCTION TO REPORT CARDS

Report cards were first created in 1993 by the [Public Affairs Centre](#) in Bangalore, India, as a technique for evaluating public services in the city by directly assessing citizens' and users' feedback on those services. Since then, report cards have grown to be seen as an effective instrument for promoting accountability and strengthening local-level citizen participation around the world.



Typically report cards aim to achieve one or all of the following goals:

- Generate concrete evidence about the quality and availability of public services, and make this evidence public
- Introduce problems and issues identified into the public agenda
- Improve citizens' effective access to public services, including availability, quality, efficiency and coverage of services<sup>1</sup>

The literature identifies two types of report cards:<sup>2</sup>

1. **Citizen Report Cards:** Participatory surveys that provide quantitative feedback on users' perceptions of quality, adequacy and efficiency of public services. The focus of citizen report cards is on generating and disseminating quantitative information – the results of the survey – to impact public opinion.<sup>3</sup>
2. **Community Report Cards:** Qualitative monitoring tools that are used for local level evaluation of services, projects or government administrative units by the communities themselves. While citizen report cards are orientated principally towards disseminating information, the central objective of community report cards is to make decisions and develop action plans. The community report card methodology combines techniques of social auditing, such as community monitoring, with surveys. The perceptions and feedback generated are used to bring about service improvements and support advocacy efforts with public officials.<sup>3</sup>

## USE OF REPORT CARDS IN LATIN AMERICA

In recent decades, citizens and social organisations in Latin America have participated in the public sphere by carrying out a variety of social actions to demand accountability, such as public demonstrations, advocacy campaigns and journalistic investigations. Recently, Latin Americans have launched new social accountability practices, such as research that

emphasises solid evidence, strategic litigation on issues of public interest and direct interaction with government counterparts.

Other social accountability techniques include participatory public policymaking, public expenditure tracking and participatory budgeting.<sup>4</sup> The citizen and community report cards discussed here are other examples. Overall, these innovative, citizen participation exercises have increased civil society's ability to hold authorities accountable and to advocate for better delivery of public services.

This Brief presents three successful report card case studies, selected to illustrate the diverse ways report cards are being used in Latin America and on the different actors that pushed forward their use. The first case comes from an alliance of citizens and the private sector in a large, capital city. The second, a community report card initiative, is an institutionalised alliance between citizens and public agencies in a smaller municipality, while the third case analyses a CSO-led citizen report card exercise.

### Accessing Latin America's Social Accountability Experiences

International institutions have been making efforts to collect and disseminate the vast experiences in social accountability. The World Bank in particular has published a number of surveys focused on developing countries, such as its publication [Social Accountability: An Introduction to the Concept and Emerging Practice](#).

Focusing just on Latin America, the World Bank has a [searchable database of Latin American social accountability initiatives](#), including community score cards and citizen report cards. Its [Demand for Good Governance Community of Practice](#) website also provides access to a range of case studies and tools from Latin America and other developing regions.

Many publications also accumulate the region's vast social accountability experiences, such as the World Bank publication [Voice, Eyes and Ears: Social Accountability in Latin America: Case Studies on Mechanisms of Participatory Monitoring and Evaluation](#).

<sup>1</sup> For more information about accountability and the right to health, see: Potts, H. 2008. [Accountability and the Right to the Highest Attainable Standard of Health](#). University of Essex, Essex.

<sup>2</sup> To learn more about citizen report cards in developing countries, see: World Bank. 2004. [Citizen Report Card Surveys: A Note on the Concept and Methodology](#). Social Development Papers, Participation and Civic Engagement, No. 94. World Bank, Washington, DC.; Ackerman, J. 2005. [Human Rights and Social Accountability](#). Social Development Papers, Participation and Civic Engagement, No. 86. World Bank, Washington, DC.

<sup>3</sup> The community score card methodology was first developed in 2002 in communities surrounding the Chileka and Nthondo Health Centers in Malawi by CARE through its Local Initiatives for Health (LIFH) project. World Bank. [The Community Score Card Process: Participation and Civic Engagement Group](#). World Bank, Washington, DC.

<sup>4</sup> To learn more about participatory budgeting in particular, read the [ELLA Brief: Participatory Budgeting: Citizen Participation for Better Public Policies](#).



## A Multi-stakeholder Urban Initiative: Bogota, How Are We Doing?

### **The Social Problem**

In 1994, a diverse group of citizens at the local level – Corona Foundation, Bogota Chamber of Commerce and El Tiempo Publishing House – came together out of their concern about improving governance in Bogota, Colombia's capital city of about 7 million inhabitants. They developed a monitoring initiative, known as [Bogota, How Are We Doing?](#) (Bogotá, Cómo Vamos), that aimed to hold the Bogota District Administration more accountable by presenting clear and concise evaluation reports to citizens, thereby encouraging them to take a more active role in public policy design and implementation.<sup>5</sup>

The project's goal is to gather citizens' perceptions while providing experts, the media and the local administration with analytical tools to improve public services. Through its communication strategy, the project publicises information about the city and its problems and provides proposals to address them.

The project evaluates changes in different aspects of quality of life and wellbeing in Bogota, including access to quality health services.<sup>6</sup> Called [How Are We Doing in Health?](#), the health-focused arm of the project measures yearly changes in coverage, quality and public perception of health services.

### **How Was the Report Card Used?**

How Are We Doing in Health assesses two different types of data: statistical impact indicators and citizen perceptions. The first includes variables such as health system coverage, maternal mortality rate and child mortality rate. For the second, a citizen report card survey has been implemented since 1998, measuring citizens' perceptions about health service quality, measured on a scale from 1 (worst) to 5 (best).

Survey findings are published in the media, including newspaper and television, on the Project's website, and are presented in public events and working groups.

### **What Did the Assessment Find?**

Health impact indicators have improved since the initiative first began. For example, in 1998, the first year of the survey, there were 994,000 people covered by public health services. After the initiative's implementation, coverage began increasing; in 2008, coverage rose to 1,669,970 people. Child mortality rates also show an important decrease, dropping from 17.1 in 1998 to 5.3 ten years later.

Interestingly, citizen perceptions have varied over time, rather than constantly increasing. In 1998, citizen perception scored 3.6 out of 5, which increased progressively to 3.9 in 2004. During 2006 and 2007, however, the citizen perception score decreased to 3.5. In 2008, the survey changed from measuring citizen perception of quality, to citizen satisfaction, though still using the same 1-5 scale. The citizen satisfaction score for that year was 3.7. Overall, this worsening of perceptions could be interpreted as the result of an increase in citizens' awareness of their health rights and a greater demand for better services and accountability.

### **Impact**

The main outcome of the survey exercise was disseminating information to citizens – for the very first time – based on the evaluation of the city administration's performance. Before the project started, there was no clear data about the progress of health programs or citizen perceptions regarding access to health care services, and a diagnosis of service delivery was non-existent. In 2008, the initiative published a report analysing key health variables and government performance from 1998 to 2008, and included clear recommendations for improving health services.<sup>7</sup>

The project increased the local administration's transparency, with considerable improvements in the quantity, quality and availability of the information published by the local government. Thanks to the project, the city government now publishes indicators of coverage and quality with outcomes and impacts.

<sup>5</sup> To learn more about the initiative, including its focus on non-health sectors, see Sánchez, M.F. 2003. Evaluation of Changes in the Quality of Life in Bogota, Colombia from a Civil Society Perspective: Bogotá Cómo Vamos. In: World Bank. [Voice, Eyes and Ears: Social Accountability in Latin America](#). World Bank, Washington, DC.

<sup>6</sup> It also assessed other areas such as utilities, environment, public spaces, traffic, citizen responsibility, citizen security, public management, public finances and economic development.

<sup>7</sup> El Tiempo, Bogota Chamber of Commerce, Corona Foundation. 2009. *Evaluación de los Cambios en la Calidad de Vida en Bogotá Durante 2008: Sector Salud* ([Assessment of Changes in the Quality of Life of Bogota During 2008: Health Sector](#)). Bogota, El Tiempo, Bogota Chamber of Commerce, Corona Foundation, Bogota.



The report card tool made it possible to put health services problems on the public agenda, making it easier to push authorities to implement changes. In general terms, health policy has taken into account citizens' demands. The health system coverage, maternal mortality rate and child mortality rate have shown improvements over the years. The participation of citizens, private sector and local administration during the 17 years since the project was launched has proven to be an effective way to advocate for transparency, accountability and better access and delivery of public services.

Perhaps the best indicator of success is the fact that the initiative has been replicated in other Colombian cities, including Cartagena, Cali, Medellín and Barranquilla. These cities have come together to form the [Colombian Cities' 'How Are We Doing' Network](#) (*Red Colombiana de Ciudades Cómo Vamos*). The methodology has even been adapted for use in other Latin American cities, such as [Rio de Janeiro](#) and [Sao Paulo](#), in Brazil, and [Lima, Peru](#).



Figure 1: Bogotá, Cómo Vamos  
Source: [Bogotá, Cómo Vamos website](#).

## Health Committee in Guanajuato, Mexico: Institutionalising Citizen Demand

### *The Social Problem*

Lomas de Zempoala is a small, rural community in the Guanajuato province in central Mexico. In 2007, an initiative of various federal and provincial health and oversight ministries, together with the local community, set-up a Health Committee to encourage citizens and local health authorities to work collaboratively towards enhancing the medical services offered at the community's primary care hospital. Located in Lomas de Zempoala, the hospital provides services for the population of three other small communities: Tepetates, Las Delicias and La Angostura.

The Committee was mandated to undertake a variety of activities related to oversight, including: identifying users' challenges in accessing health services as well as potential solutions; collaborating to develop health projects like education and disease prevention campaigns; and finally, monitoring local level health programmes.

Committee members received training from the Federal Ministry of Public Management on citizenship rights like access to information, monitoring mechanisms and advocacy strategies.

### *How Was the Report Card Used?*

The Committee implemented a community report card as a tool to monitor and advocate for better medical service delivery. In a way, the Committee itself was a permanent mechanism for monitoring hospital services. Its members held periodic meetings with the community to assess users' needs, and held monthly meetings with hospital staff to review those needs and elaborate proposals for solving problems. The meetings' minutes serve as reports that included exact details of these needs assessments.

The Committee then used the information gathered to support their advocacy strategy of sending letters with specific demands to provincial health authorities. For their advocacy efforts, the Health Committee capitalized on the knowledge they acquired in the training from the Federal Ministry of Public Management.

### *What Did the Assessment Find?*

The community score card revealed four key problems citizens faced in accessing quality health care:

1. Lack of medical personnel, since the hospital employed only one medical practitioner and one assistant
2. Limited schedule for medical consultations and lack of 24-hour emergency care
3. Deteriorated furnishings
4. Users' mistreatment by nurses

### *Impact*

During 2007, the Health Committee focused on using the information to demand service improvements at the hospital. Through their advocacy strategy with health authorities





from the local and state level, the Committee succeeded in getting another physician and two nurses assigned to the hospital, as well as an increase in the time allotted for medical consultations and sanctions for nurses that mistreat users.

The advocacy strategy also allowed the Health Committee to establish a permanent service monitoring mechanism together with the local health authorities. The authorities also began carrying out strict surveillance of the hospital's operations.

The alliance between the authorities and the Committee continued on during 2008, when the Committee began advocating for remodelling the hospital. They succeeded in getting the hospital painted, repairing bathrooms, and extending and furnishing the waiting room.<sup>8</sup>

## Citizen-Led Report Cards in Cuscatcingo, El Salvador

### *The Social Problem*

In 2011, the CSO [Fundación Maquilishuatl](#) started a pilot project to assess health service delivery at the primary care hospital of the municipality of Cuscatcingo, an urban area located in the San Salvador department, close to the country's capital. The organisation had sensed there were problems in health services, such as lack of medical supplies, limited health coverage, and overall poor quality of services.

They decided to use a Citizen Report Card approach to tackle these problems, aiming to foster citizens' own assessment of health service delivery, and then disseminate the results to shape public opinion and, in the long-term, advocate for improvements in health access.

### *How Was the Report Card Used?*

Fundación Maquilishuatl designed the report card survey, and in June 2011, it was implemented with a sample of 98 individuals, 64% women and 36% men, who had accessed primary health care services at Cuscatcingo hospital. The survey questions gathered quantitative information about three aspects of users' perceptions:

1. Quality in the service they received
2. Friendliness of hospital staff in providing services
3. Supply of medicine and out of pocket expenditures

### *What Did the Assessment Find?*

The survey highlighted three main problems regarding health service delivery. The first was the long wait time to see a physician, with 39% of people interviewed reporting having to wait from one to two hours outside the doctor's office. This meant citizens lost valuable work time and spent out of pocket money on food while waiting to get medical attention. Second, the medical appointment's typical duration – just 10 minutes – was considered insufficient by users. Third, because of limited supply of medicine, 29% of users interviewed had to spend out of pocket to buy medicine themselves. With regards to service friendliness, the findings reveal that the majority of users believed that medical personnel had a good and positive attitude, but that this could improve.

### *Impact*

The report card's main impact was successfully introducing issues related to health care access into the public domain. Survey results were presented in a press conference, attended by local media from radio and TV, local and provincial authorities from the Health Ministry, and CSO leaders, making it easy to publicise the results widely and to highlight the importance of citizens' assessments to improve access to health care services. The survey's design and application is proving useful to other Salvadorian CSOs that want to identify and tackle similar problems in access to health services in their regions.

The Cuscatcingo report card assessment is less than a year old, so it is still too early to see clear impact; that being said, Fundación Maquilishuatl and the citizens who carried out the survey are already making plans to use the results to conduct advocacy strategies to achieve their main goal: guaranteeing effective access to health care for Salvadorian citizens.



Figure 2: Work Group Participating in a Health Services Diagnosis as Part of the Report Card Exercise  
Source: Fundación Maquilishuatl.

<sup>8</sup> Chacón, G. 2011. The Enforceability Right to Health by Using Social Accountability: Case Study of the Health Committee in the Primary Care Hospital in Loma de Zempoala, Yuriria Municipality in Guanajuato. In: Cejudo, G. et. al. [Social Accountability in Mexico: Experiences of Citizen Participation and Accountability](#). Secretaría de la Función Pública, Secretaría de la Contraloría y Transparencia Gubernamental, Gobierno del Estado de Oaxaca, Oaxaca.

## CONTEXTUAL FACTORS

## ENABLING LATIN AMERICA'S SUCCESSFUL USE OF REPORT CARDS



In the last few decades, the active participation of CSOs, local communities and citizens in general has changed and strengthened the relationship between citizens and the government in Latin America. Report cards can be seen as part of a wider process for strengthening citizen participation and advocacy. In particular, the capacity building and training of CSOs played an important role for citizens' empowerment and for the effectiveness of their advocacy strategies.

The successful use of report cards depends on factors that go beyond citizens' capabilities. As the case studies from Colombia and Mexico show, the success of social accountability actions could

not have been possible without governments' political will. This includes the government's willingness and ability to implement citizens' proposals and to institutionalise citizen participation as a system of checks and balances for governance.

Finally, international recognition of social accountability techniques provided an important impetus for Latin American actors. The World Bank in particular has played an important role in the implementation of report cards in Latin American countries, disseminating details about the tool and its usefulness and experiences from other regions of the world.

### LESSONS LEARNED

**1** Reports cards are an important – and effective – tool to strengthen citizen participation and create public awareness about problems in health service delivery.

**2** The relevance of report cards lies in their potential to promote accountability at the local government level, both vertically to other governmental entities, and horizontally to citizens, ultimately enhancing the access and delivery of public health care services.

The experiences presented here show how the use of report cards facilitated concrete improvements in health services.

**3** The use of community report cards seems to work best when implemented as a process that includes an interface meeting between community members and service providers that allows for immediate feedback. Considering this, it has the potential to be a strong

instrument for empowerment and for modifying the relationship between citizens and local government.

**4** Latin American experiences show that changes in the delivery of public health services are more likely to happen if civil society is able to undertake strategic advocacy actions such as publishing the report card results and proposals through the media and engaging local authorities and health policymakers in the process.

### CONTACT [FUNDAR](#)

To learn more about CSOs' use of report cards for advocacy and accountability in Latin America, contact Gina Chacón Fregoso, researcher in Fundar's Budget and Public Policy Analysis Area, [gina@fundar.org.mx](mailto:gina@fundar.org.mx).

### FIND OUT MORE FROM [ELLA](#)

To learn more about citizen participation in Latin America, read the [ELLA Guide](#), which has a full list of the knowledge materials on this theme. To learn more about other ELLA Development issues, browse other [ELLA Themes](#).



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