About the Community Score Card

CARE’s Community Score Card© (CSC) is a citizen-driven accountability approach that creates space for dialogue and negotiation, and collaboration between service users and service providers to improve the coverage, quality, and equity of services. The CSC brings together community members, service providers and government officials to identify service utilization and provision challenges, mutually generate solutions, and work in ongoing partnership to implement and track the effectiveness of the solutions identified. CARE’s experience has shown that engaging communities and service providers in a process that builds respect, trust, and mutual accountability can support improvements in the quality of, and satisfaction with, services delivered. The CSC is simple to use and can be adapted to any program or sector seeking to engage the community in the governance of service delivery.

The Score Card Process

Given its adaptability and the wide range of contexts within which it is used, the CSC implementation process varies according to what is appropriate within different settings. Broadly speaking, however, the CSC consists of five phases:

1) Preparatory work and planning, including training facilitators, community research and introductory engagement;
2) Community assessment and scoring of service delivery issues;
3) Service provider assessment and scoring of service provision issues;
4) Interface meeting between the community, service providers and government officials, includes consolidation of findings and action planning;
5) Action plan implementation and ongoing monitoring and evaluation of actions.

These phases constitute one cycle of the Score Card. Typically, communities go through several cycles in order to raise new or ongoing problems, identify better solutions, and monitor implementation and outcomes of action plans.
**Strengthening understanding and relationships**

Before implementing the CSC in Ntcheu, Malawi, the understanding and respect between community members and health providers was low. In some areas, women were forced to mop the floor and clean the bed sheets after delivery. In other areas women were led to deliver by themselves due to a shortage of providers. Through the Score Card process these issues were brought to light and action was taken, including:

- Orienting providers to patients’ rights - no more yelling at women or forcing them to clean
- The district government sending more health providers to facilities that were overstretched, allowing for higher quality visits.
- Communities and health providers reporting that openly discussing these barriers and identifying solutions together, strengthened understanding and relationships.

**CARE’s experience**

CARE Malawi pioneered the CSC methodology in 2002 as part of a project aimed at developing innovative and sustainable models to improve health services. Since then, the CSC has become an internationally recognized social accountability tool, spreading within CARE and beyond. CARE now has well over a decade of experience implementing the CSC across a range of sectors, including health, food security, water and sanitation, education and governance, and within countries including: Cambodia, Egypt Ethiopia, Malawi, Nepal, Rwanda and Tanzania.

In 2015, CARE completed a rigorous cluster-randomized control trial in Ntcheu, Malawi to understand the CSC’s impact on:

- The empowerment of women and communities to participate in quality improvement efforts as well as to access and utilize family planning and maternal health services;
- The empowerment of health workers to be more responsive, effective and accountable to community needs and;
- The coverage, quality and equity of reproductive, maternal and newborn health services.

Notable results from the study, published in [PLoS ONE](https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0171316)* include:

- Increased contraceptive use: contraception use was 57% greater in communities that participated in the CSC process than in those that did not.
- Better care for pregnant women: Pregnant women in CSC communities experienced a 20% greater increase in visits from community health workers than did those in the comparison areas – dramatically improving their access to care close to home.

**Want to learn more?**


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