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Community Score Card Brief

Background

Since CARE began tracking impact data in 2014, 102 projects have used the Community Score Card (CSC) tool and have impacted more than 8.2 million people in 33 countries. These impacts range from better health care to stronger food systems to safer justice systems that better support women affected by gender-based violence (GBV). The unique added value of the CSC is bringing together diverse groups impacted by varying gender and social power dynamics and creating an inclusive and safe space for women, youth and other marginalized groups to express their needs, voice their ideas and co-create solutions that are locally relevant, responsive and feasible to implement.

Service users feel empowered during the CSC process as they can build their agency as well as ensure public services are responsive to their needs, thus increasing quality and utilization of those services. Service providers adopt the CSC because it helps them do their jobs better, build trust and strengthen relationships with community members, and increase efficiency. Governments choose to scale the CSC due to its ability to receive and produce real-time data, which bolsters government capacity to support policy and programs that are responsive to citizen's needs and feedback. Aligned with CARE's gender equality framework, CSC therefore enhances agency of women, girls and other marginalized groups at the individual level, builds trust and shifts power at the relational level and provides an opportunity to challenge patriarchal norms and discriminatory behaviors, creating a more enabling and inclusive environment. CARE serves as a bridge between service users and power holders to create interface mechanisms to jointly identify issues, co-create solutions and play a role in implementation and accountability of action-plans.

Over time, the CSC approach has and continues to be strengthened in several ways. For instance, in

2019, in partnership with Kwantu, a digital company, CARE piloted the use of an application that digitizes CSC data collection, analysis and visualization that enables sharing of data from communities including women, men and marginalized groups with decision-makers and powerholders in real-time to inform policies and decisions. In addition, sustainability studies repeatedly indicate that young people and other marginalized groups continue to implement the CSC even without CARE's involvement aligned with goals of power-shifting and the [Journey to Self-Reliance](#).

CSC in Action

- **Youth have increased trust in their governments:** CARE's governance programming in Egypt, demonstrated through the [Local Partnership for Accountability project](#), that 65% of youth think services have improved and 54% say they have a better relationship with service providers.
- **Improved access to and utilization of Sexual Reproductive Health (SRH) services increases:** The randomized control trial from CARE Malawi's health service intervention, the MHAP, in partnership with the Government of Malawi indicated an estimated 57% greater use in SRH services, an increase in community health worker's home visits during pregnancy by 20% and after pregnancy by 6%, compared to control areas. Furthermore, women's satisfaction with SRH services increased significantly, compared with control areas.
- **People are more satisfied with services:** In Cambodia's [Integrating Social Accountability Framework](#), 86% of people report that they are satisfied with local services, 5.8 times more than they did when the project started. They are 47 percentage points more likely to say that local officials will respond to complaints.
- **Women grow to understand and believe in their own rights:** Burundi's [Every Voice Counts project](#), a gender based violence intervention, 63% of women believe that they can be in public spaces without their husband's permission, compared to 20% of women who stated so during the baseline study. They are also 58% more likely to believe they have the right to not be abused. Additionally, survivors received better treatment. There was also a 52% increase in the number of people who were satisfied with GBV services, up to 93% satisfaction rates.
- **The nutrition status and access to WASH and education services improves: Nutrition, WASH & Education:** The Southern African Nutrition Initiative (SANI) in Zambia utilized the cross-sectoral CSC process to increase nutritional access. In the action plan phase, the construction of a local health post emerged as a priority. The community and members of the Ministry of Health worked together to build a health post that now serves more than 6,000 people. Another priority that emerged was access to clean water to support stronger immune systems. As a result, 5 boreholes were repaired and now 1,206 students and 187 households have clean water. As a result, children are healthier and spend more time in schools and mothers and their new-borns are healthier.

CSC beyond CARE:

It is not just CARE's programming that is scaling CSC. The global 2020 Family Planning (FP2020) Initiative, now the FP2030 Initiative has recognized CARE Malawi's leadership in utilizing lifting up CSC data from

district to national level to advocate for adequate budgeting for family planning in Malawi. In addition, the US Government Initiative, President's Emergency Plan for AIDS Relief (PEPFAR) has also adapted and utilized the CSC ([CSC toolkit](#)) in PEPFAR's 2020 country office guidance plan. In the Democratic Republic of Congo, the Foreign, Commonwealth and Development Office (formerly known as the UK Department for International Development) invested \$400,000 in using the CSC to ensure youth-friendly family planning services in protracted crisis settings as part of CARE programming. In Tanzania, the Canadian government put nearly \$11 million into replicating the CSC model. Collectively, the CSC has been able to influence more than 13 additional donors in more than 11 countries to adopt and scale the model for a total of \$83.5 million.

Digitizing CSC:

CARE is currently piloting digitizing CSC in several locations (Malawi, Nepal, Cambodia and Burundi). While the CSC process of in-person collaboration and trust building is maintained, digitization enables data to be aggregated, analysed and shared beyond local levels in order to address accountability at scale and trends over time. CARE and Kwantu are working to also create a digital platform that would enable data sharing on accountability across partner agencies to serve as a social accountability tool for the development sector as a whole to support governments, policy makers and other stakeholders in more informed and responsive people-centered programs and policies.

CSC in Emergencies (CSCiE):

Given the critical role of accountability in humanitarian programming aligned with the Core Humanitarian Standards, CARE is working to scale up its CSC programming to support more humanitarian efforts that are more responsive to the communities we serve, particularly women, girls and other marginalized groups. For example, in 2020, CARE piloted CSC in two crisis-affected contexts, specifically Uganda and the Democratic Republic of Congo (DRC). This initiative aimed to surface the core challenges and key accountability barriers faced by refugees and host populations in emergencies around the quality, equity and coverage of SRHR services/information, SGBV referrals, ration distributions and more. Learning and evidence from this pilot indicates that the CSC provided a mechanisms and process through which communities in Uganda and DRC could liaise directly with local, district and national health authorities and duty-bearers to affect change. See the CSCiE Learning Brief for additional details.

CSC & Youth and Other Marginalized Voices:

The CSC process provides an opportunity for the youth and other marginalized groups to participate in the design, implementation and co-creation of services in their communities. Youth have continued to demonstrate robust leadership in the CSC and even demonstrated sustained leadership, facilitation and impact of CSC even beyond the life cycle of a project. The collective power, voice and vision of the youth and district governments demonstrate a promising future of the institutionalization of the CSC and social accountability in communities and at all levels of governance.

“We thought those who would speak in public were only the elders. **But through scorecard we have benefitted as youths to speak**, if we have observed a problem at a particular time in the village or in a family or wherever we have observed, **we are able to stand and speak.**” - Youth from Chigodi, Malawi

For more information on the CSC, please click [here](#). For additional information, please contact Thumbiko Msiska, Technical Director of CSC Consulting Group at thumbiko.msiska@care.org.