



Community Score Card Brief

Background

CARE's Community Score Card (CSC)[©] is a person-driven accountability approach where groups of people or civil society organizations (CSOs) hold public officials, service providers and governments responsible for meeting their obligations to protect and fulfill people's rights and needs. Not only does the CSC help citizens to understand their rights and support them in demanding that duty-bearers respond to community needs, it also opens the door for community members to actively engage in the design, planning, and implementation phases of resource allocation and service delivery systems. CARE Malawi pioneered the CSC methodology in 2002, and since then, it has become an internationally recognized social accountability tool. CARE now has nearly two decades of experience implementing the CSC across a range of sectors, including health, food security, water and sanitation, education, and governance.

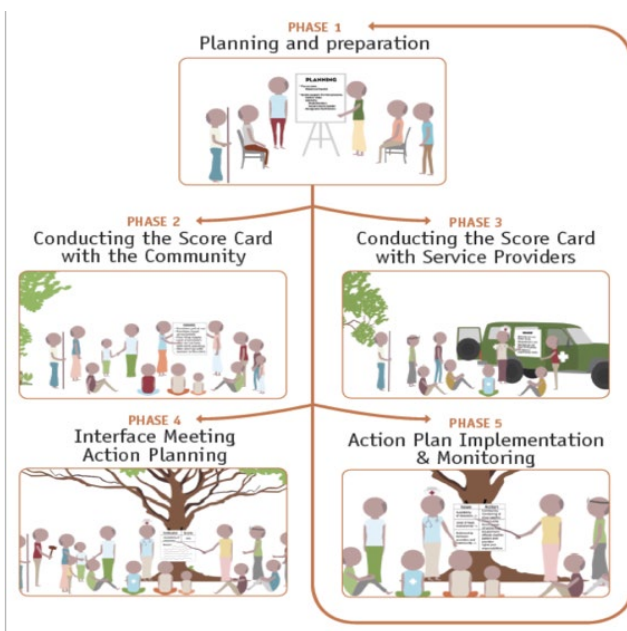
Since CARE began tracking impact data in 2014, 102 projects have used the CSC tool and have impacted more than 8.2 million people in 33 countries. These impacts range from better health care to stronger food systems to safer justice systems that better support women affected by gender-based violence (GBV). The unique added value of the CSC is bringing together a variety of groups with varying social power and creating an inclusive and safe space for marginalized groups to share their experiences, express their needs, and mobilize whole communities to collective action. Moreover, it provides women an opportunity to challenge patriarchal norms and discriminatory behaviors.

Over time, the CSC approach has and continues to be strengthened in several ways. For instance, in 2019, CARE piloted the use of an app called Kwantu, which digitizes data collection to inform real-time data visualizations that affect policies and decision making. CSC data repeatedly indicates that young people and other marginalized groups have greatly appreciated this approach so much that they

continue to implement the CSC even without CARE's involvement aligned with goals of power-shifting and the [Journey to Self-Reliance](#).

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 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 informs responsive and relevant decisions for policy and programs.

The CSC Process



The CSC is one of the core social accountability models within CARE's Governance Programming Framework. The framework outlines three domains: empowered citizens; effective, accountable and responsible power holders; and expanded, inclusive and effective spaces for dialogue and negotiation. The CSC aligns well across the named domains, specifically through elevating community voice, engaging powerholders and negotiating for expanded spaces for dialogue. Moreover, CSC holds gender and inclusion at the center of its process, building agency and voice at the individual level particularly by intentionally engaging women, youth, men, marginalized groups and religious groups, shifting power relations between rights holders and power holds, and influencing system level changes (such as health

system, education systems, and government policy making.)

The CSC process is highly adaptable, but broadly speaking it consists of five phases:

1. Preparatory work and planning, including ensuring the buy in of stakeholders, training male and female facilitators, conducting community research and introductory engagement.
2. Community assessment and scoring of service delivery issued by both men and women as well as marginalized groups (youth, religious, etc.);
3. Service provider assessment and scoring of service provision issues (taking into account gender-related differences in access, quality, effectiveness, and impact);
4. Interface meeting between the community, service providers and government officials, that includes consolidation of findings and action planning that takes into account the voices and issues raised by men, women, and marginalized groups;
5. Gender sensitive action plan implementation and ongoing monitoring and evaluation of actions.

These five phases constitute one cycle of the CSC. Typically, communities go through several cycles in order to raise new or ongoing challenges, identify better, more gender-equitable, solutions, and monitor implementation and outcomes of action plans. CARE has developed a toolkit to help practitioners implement and train on the CSC process. The importance and uniqueness of the CSC lies within phases four and five where open dialogue between community members, service providers, duty-bearers and other stakeholders engage in a facilitated process to review score card results and identify action plans. It is important to note that the CSC is not about placing blame or acting as a complaint mechanism. It is a tool that enhances transparency and accountability from local authorities and service-providers. At the same time, it raises awareness among citizens on what they are entitled to and provides them a space in which to speak out.

Why is the CSC Process Unique?

The CARE CSC model has key elements which deliver impact, as seen through impact evaluations. The CARE solution is facilitation based and includes the following distinctive elements:

- **Co-creation:** community members participate in identifying gaps and co-create solutions. The views of people, including women and girls and others who have often remained silent or excluded, are validated by involving them in the process.
- **Buy-in:** getting the commitment of key stakeholders and decision makers (including relevant government officials) *before* undertaking the CSC process is essential to succeed in bringing about change. With their buy-in, some will become leaders of (rather than barriers to) change. Building on existing ties with gender champions, women and youth leaders are critical to success.
- **Local ownership:** stakeholders will go the extra step to support solutions for service delivery if the first two elements are met. This local ownership results in solutions that can respond and adapt to the environment as it changes, that create new opportunities and platforms for marginalized voices, and that keep women and girls at the center. In several contexts, we see CSC being implemented even after CARE-funded projects have ended, often facilitated by marginalized groups such as young people, indicating the local ownership.
- **Women & Girl Centered:** the CSC emphasizes gender equity and inclusion as well as identifying solutions that better meet the needs and rights of women and girls who typically struggle with equal access and utilization of services.
- **Feedback Mechanism:** feedback and accountability mechanisms engage communities on issues they raised and commit to feeding back on corrective actions. This process helps to rebuild structure, trust, and relationships.

CSC in Action

CSC is a cross cutting approach which has demonstrated impact across a variety for sectors to improve service delivery and uptake of services in which the CSC can help communities realize:

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.

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.

Menstrual Hygiene Management is Recognized as a Priority for Education: Through CARE Zimbabwe's Empowering Adolescents for Lifelong Learning project, the CSC has helped adolescents successfully advocate for improved provision of menstrual hygiene management in schools, including access to and disposal of menstrual hygiene kits. These kits help address concerns raised by girls about how the lack of menstrual hygiene products at schools contribute to high rates of absenteeism during menses that disrupt their learning.

Maternal Nutrition Improves: In Malawi, in 2017, the CSC Consulting Group provided support to the GIZ-funded Improving Food Security and Building Resilience Nutrition (IFSBR) project that aligned with the inter-agency Scaling Up Nutrition (SUN) movement. CSC helped the community and various service providers to define roles and responsibilities and clarify some misconceptions, provide the team with feedback on project gaps to inform action planning.

Cash Voucher Assistance Distribution Reaches Targeted Members: The 'Gatumba Emergency Response' project in Burundi provided 872 cash vouchers to the most vulnerable women. The CSC process enabled community members to provide feedback on the emergency response intervention to support quality of CARE's provision of vouchers. This enabled children's return to school, increased capital for livelihoods, improved access to food, enhanced access to essential household items and clothing, greater access to healthcare, repayment of small loans, and a sense of dignity.

Nutrition Status, Access to WASH and Education Services Improves: 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.

Scaling the CSC

CSC Cross Multiple Levels of Government: The CSC Team has had significant success in scaling CSC across several levels of government. For example, at district-level in Malawi, CSC was implemented across 10 health facilities to better understand barriers to accessing family planning services. Since 2017, CSC has reached over 100,000 women of reproductive age and 40,000 new family planning users. At the national level, CARE coordinates 42 civil society organizations and eight departments of ministries to facilitate uptake of the CSC. This has led to Malawi's National Community Health Strategy incorporation of the CSC as a core approach to improving community engagement in health governance.

CSC Beyond CARE: It is not just CARE's programming that is scaling CSC. The global 2020 Family Planning (FP2020) Initiative has recognized CARE Malawi's leadership, utilizing CSC data 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 the CSC: The community scorecard process uplifts important issues, feedback and activities from communities and service providers. At the moment, this data is manually collected globally by a range of stakeholders in silos and is not managed in a way for decision making or long-term data analysis. We are bringing these insights to the forefront with an easy, user-friendly digital product. CARE sees the CSC as the key solution for social accountability at sustainable scale. CARE is currently piloting a digitization process of the CSC in partnership with digital firm, Kwantu 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. Additionally, it provides the flexibility and adaptation of community needs. To increase the accessibility of this digital solution, CARE is working with World Vision, VSO and Kwantu to develop a global digital platform. For each sector, the CSC methodology can be standardized, data can be rolled-up at national, sectoral or global levels for analysis and decision making, and service providers and/or governments can gain access to support services for training and implementation. Centralizing the development of an open-source application will share costs and pool resources for a high-quality product. Organizations will pay dues to belong to the platform and access dashboards that align with their interest in the CSC. Donors, service providers and governments can access dashboards on their specific projects benchmarked against the database as a whole.

CSC and Emerging Priorities

CSC in Emergencies (CSCiE)

CARE is committed to the humanitarian principles, needs-based gender-responsive and transformative programming, and the contribution that humanitarian action makes towards achieving the Sustainable Development Goals (SDGs). To deliver on CARE's humanitarian goals of local leadership and a more equitable humanitarian system, we center accountability at the heart of our programming in crisis-settings and implement the CSC where possible to ensure that our efforts generate and result in locally driven solutions in partnership with women and girls. CSC enables working with women and girls, youth groups, community leaders as well as power holders such as government officials to co-design and implement the CSC within affected communities to ensure marginalized voices are heard by authorities and that those authorities are accountable to them. Furthermore, CSC enables sharing of real-time data from crisis-affected communities to inform policy and planning for humanitarian action.

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 governance and accountability mechanisms allowed the CSCiE pilot communities in Uganda and the DRC to liaise directly with local, district and national health authorities and duty-bearers to affect change. See the [CSCiE Learning Brief for additional details](#).

CSC as Critical for a Fast & Fair Vaccine Roll-Out

Preliminary learning from Malawi: In March 2020, when COVID-19 was first detected in the country and began to limit in-person discussions, CARE adapted and piloted the CSC remotely. CARE set up an SMS platform and WhatsApp groups through which groups of men, women, young people, community leaders, and service providers could voice their concerns and hesitations. Building on this experience, in 2021, CARE implemented the CSC to support a fast and fair vaccine roll-out in Malawi in both urban and rural communities. Although initial steps of the CSC were undertaken in-person for all three pilot locations, one location utilized SMS for identifying issues or concerns from a wider range of community members and another tested digitizing CSC data through the Kwantu Go-app. The CSC helped to identify major concerns around the vaccine and aided stakeholders in creating locally driven solutions to combat misconceptions and increase the uptake of vaccines. CARE seeks to build on learning from applying the CSC to Fast & Fair Vaccine roll-out in Malawi to integrating CSC across COVID-19 programming around the world. See the [learning brief](#) for additional information. Also see [CARE's guidance on how to imbed inclusive governance in CARE's COVID-19 response](#).

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.

In Ntcheu, Malawi, young people have been using the CSC approach to mobilize change in their communities. The youth highlighted three aspects of the CSC process that help them facilitate sustainability: 1) providing a safe space for them to speak out and build agency that enables them to work with various offices and be heard as an important stakeholder group in the community; 2) create transparency through conducting the scoring and prioritization phases in an open, public forum; and 3) generating accountability in monitoring community affairs through the development of action plans that are reviewed every cycle.

Youth in Ntcheu have accomplished a range of achievements that they credit to the CSC process including reduction in early marriages, increase number of girls in school, decrease home deliveries, increase patient confidentiality, increase contraceptive use, and decrease in unintended pregnancies. However, the most important outcomes were not health indicators, but the perception of *self-reliance* and *empowerment* amongst youth.

“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 visit:

<https://www.care.org/our-work/health/strengthening-healthcare/community-score-card-csc/>

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