



Case Study of Scale: Community Score Card (CSC)

In Cambodia, people say it made citizens braver. In Egypt, government officials call it the magic solution. In Bangladesh, they have written songs celebrating it. Young people in Malawi say, “we are able to stand and speak.” What’s the tool that can make these changes? The Community Score Card.

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. The approach helps citizens to understand their rights. Then it supports them to access the processes and tools to monitor how resources are allocated, how services are delivered, and demand that duty-bearers respond to their needs and fulfill their rights and responsibilities. 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 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 that have used the Community Score Card tool have been able to create impact for **8.2 million people** in 33 countries. These impacts range from better health care to stronger food systems to safer justice systems that protect women from Gender Based Violence. Reinforcing mutual accountability has also created power-shifting between CSOs and duty bearers.

It’s not just CARE’s programming that is scaling Community Score Card. The global FP2020 Initiative has recognized CARE Malawi’s leadership. The US Government Initiative, PEPFAR has also adapted and utilized the CSC (the CSC Toolkit) in PEPFAR’s COP20 guidance. In the Democratic Republic of Congo, the UK Department for International Development invested \$400,000 in using the CSC to ensure youth-friendly family planning services in a protracted crisis setting. In Tanzania, the Canadian

government put nearly \$11 million into replicating the CSC model. Collectively, the project 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.

What are some impacts?

- **Youth trust their governments more.** In Egypt's [Local Partnership for Accountability project](#), 65% of youth think services have improved, and 54% say they have a better relationship with service providers.
- **Women believe in their own rights:** In Burundi's [Every Voice Counts project](#), women are more than 3 times likely to believe that they can be in public spaces without their husband's permission (now more 63% of women believe this.) They are also 58% more likely to believe they have the right to refuse abuse.
- **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 actually respond to complaints.
- **Government officials allocate budgets to help poor people—and they feel better about their jobs:** In Bangladesh's [JATRA](#) project, nearly 55% of budget requests in the Open Budget process came from the poorest people, and nearly 25% of budget is now allocated to meet their needs. The process costs less than 1% of a budget audit and feels much more constructive for everyone. Local officials now feel that they are better able to do their jobs and respond to requests from the people they are supposed to serve.
- **More families get the health care they need:** In Madagascar's [AINA](#) project 46% more children are getting the required first year checkups and 55% more likely to get the vaccines they need in their first year. Men are now coming to pre-natal consultations and children's vaccination visits with their wives. They are also starting to participate in health and nutrition education sessions.
- **Acceptance of violence went down:** In Rwanda's [Umugore Arumvwa](#) project there was an 83% drop in the number of people who believe that gender-based violence is normal and acceptable. Survivors got better treatment, too. There was a 71% increase in the number of cases of GBV that received treatment for the consequences. There was also a 52% increase in the number of people who were satisfied with GBV services, up to 93% satisfaction rates.
- **Girls spend more time in school.** Girls in Zimbabwe's [IGATE project](#) successfully advocated for access to and disposal of menstrual hygiene kits, so they could spend more days in school. It also gave girls a way to feel confident. In the words of one girl, "I am also important."

What does evolution look like?

- **Move to new sectors.** Originally designed to improve services in community health centers, now Community Score Card shows up in agriculture, climate change, WASH, education, and government budgeting. Anywhere people and service providers can come together to solve a problem, CSC works. In Nepal, the team used CSC to help women have conversations with police officers about how to better address gender-based violence in communities.

- **Function in crisis.** CSC started in stable development settings but has moved into fragile and crisis-affected contexts. An estimated 37% of our current CSC programming is in Nexus settings that move between stability and emergency, and 10% are in purely humanitarian contexts. Now, we are working to use CSC to get better at offering cash and vouchers in emergencies and provide better housing to refugees. This is a big change from FY19, where 70% of projects using CSC were in stable contexts.
- **Work in new places.** Since the team in Malawi invented CSC, it is now being implemented in 63% of CARE's country offices. 83% of country teams would like to do more with CSC and need a little extra technical support to apply it to their programming.
- **Share tools with all kinds of people.** In Malawi, young people are running Community Score Card during the [COVID-19 pandemic](#) to improve access to services. They've come up with creative ways to host activities that would normally have happened in person and get input via cell phones to overcome barriers of lockdown.

How did we get there?

- **Think simple and flexible.** [Community Score Card tools](#) are simple, can be adapted in many contexts. They can be used in-person or remote. They can be on paper or [digital](#). I've even seen the tools painted on the sides of schools and health centers—whatever works best for the community.
- **Lead with experts, wherever they are.** To shift power in a locally-led and globally connected model, we have worked to elevate and leverage the expertise of Malawi-based CSC experts. In essence, the CSC Consulting Group was established to respond to the rising demand both by CARE and other partners for the CSC in addressing barriers to **locally-led, sustainable solutions that shifts power, builds trust and contributes to accountable, inclusive and responsive services, structures and systems**. Since its inception, the CSC Consulting Group has trained several organizations across a number of countries in Africa, Asia, and Latin America and the Caribbean.
- **Invest in evidence.** In 2012, CARE was convinced that Community Score Card was a success but didn't have the evidence needed to convince others to scale up. The Sall Family funded rigorous research to identify impact. With that research, CARE documented a 57% increase in family planning, an increase in service providers' commitment from 73% to 96%, nearly doubling the relationships between communities and service providers, and a 22% increase in access to health information.
- **Share your evidence with others.** The CARE team published a [peer-reviewed article in a health journal](#) that was nominated as one of the 10 most influential health articles of 2017. To make sure we could reach different audiences, the team also hosted a [video project](#) in Malawi.
- **Work with partners who can scale.** Using this evidence, CARE was able to advocate to the government of Malawi, USAID, the CDC, and other key influencers that CSC was a critical tool to improve health services. Malawi's Ministry of Health pushed for expansion of the Score Card, stating that it is their job to help share the learning from CARE's project with the rest of Malawi's districts.
- **Use technology when it makes sense.** CARE is piloting [digital CSC](#) in partnership with a digital firm, Kwantu in Malawi, Uganda and DRC. Digitization streamlined not only the approach itself, but also its impact by taking advantage of digital data that can be aggregated, analyzed, and shared beyond local levels in order to address accountability at scale.

