



care®



A JOURNEY THROUGH THE COMMUNITY SCORE CARD® IN MALAWI

From innovation to sustainability

Introduction

CARE knows that communities are central to generating solutions to local challenges. When communities—*rights holders*—can exercise their rights and join local stakeholders, institutions and government—*duty bearers*—to participate in dialogue that can spur change and action—social accountability is in effect.

Social accountability consists of strategies, approaches, and tools that enable service users to voice their concerns and hold service providers accountable for the quality of the services they are providing.¹ The ability to voice interests and concerns around the services that have a direct effect on an individual or community's wellbeing and welfare is a significant marker of an engaged citizenry and an informed community.

CARE has a long history of applying social accountability approaches across multiple sectors. However, one of CARE's most effective tools for social accountability is the Community Score Card® (CSC). Created in 2002 by CARE Malawi, the CSC has contributed to strengthening service provision and community-state relations in the health, food security, water and sanitation, and education sectors. It was developed by CARE Malawi to address local challenges and has been recognized globally as an important tool for accountability and community engagement, as well as improving service quality.

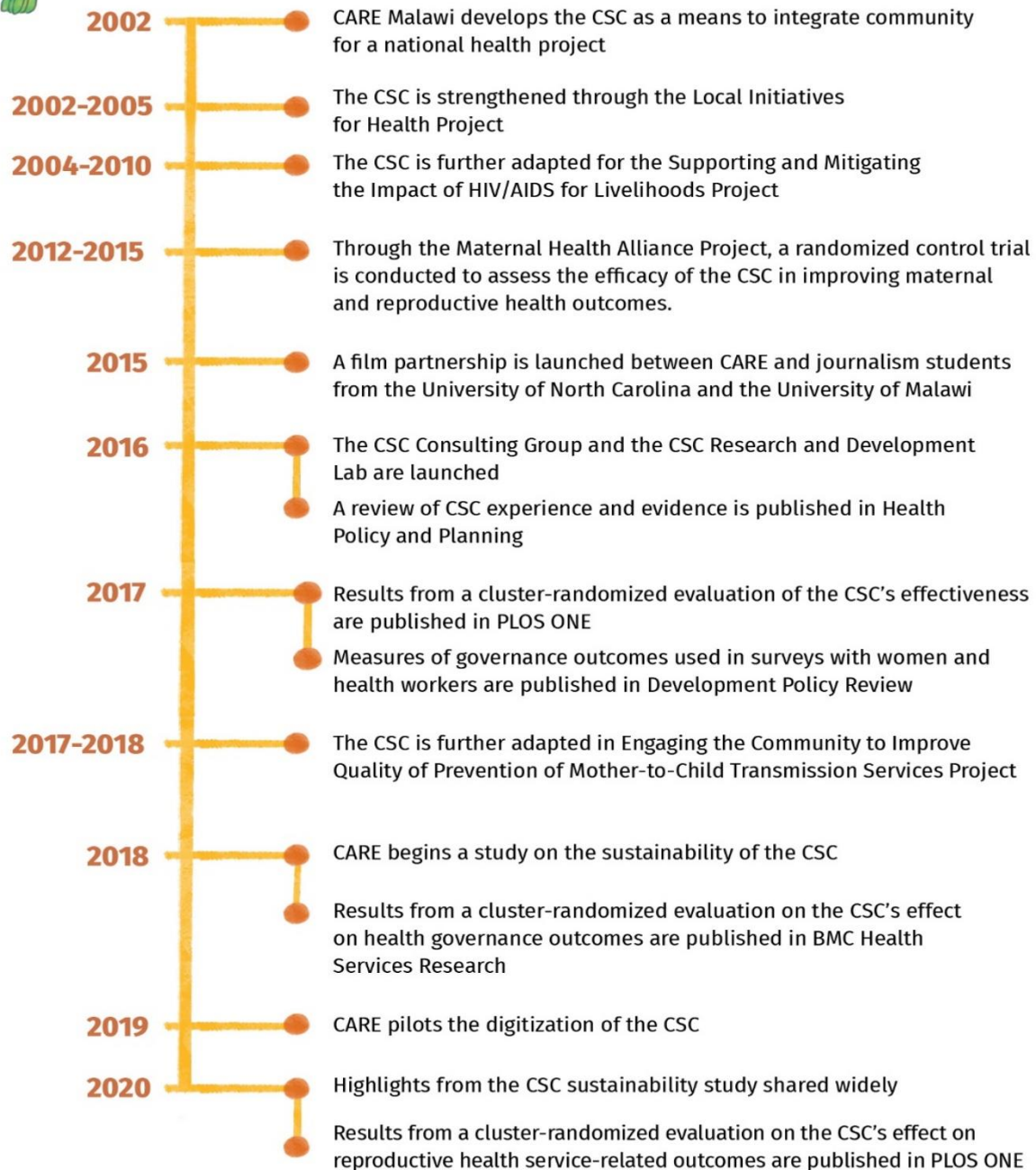
Through this brief, we aim to outline CARE's history in designing and implementing the CSC. We invite you to read about the innovation of the CSC in Malawi and the evidence generated over nearly two decades of implementation and adaptation. We hope you will join us as partners in further expanding the vision and use of this tool as a means to elevate community voice and improve access to critical services.

Key Messages

After taking this journey, we hope a few key messages remain with you:

- CARE's CSC builds mutual accountability, and ensures that solutions to problems are locally relevant, locally supported, and feasible to implement.
- One of the greatest strengths of the CSC is that it helps build trust between health workers and community members. Past research shows that this relationship is a critical driver of service utilization and satisfaction.
- In Malawi, it has been a platform for learning how issues can be taken up from the grassroots to the national level by the district governments.
- Communities, especially youth, see the power and value of the CSC as a transformative approach that generates local solutions to pressing challenges.

¹ Gullo S, Galavotti C, Sebert Kuhlmann A, Msiska T, Hastings P, Marti CN (2017) Effects of a social accountability approach, CARE's Community Score Card, on reproductive health-related outcomes in Malawi: A cluster-randomized controlled evaluation. PLoS ONE 12(2): e0171316. doi:10.1371/journal.pone.0171316



CARE Malawi: Innovator of the Community Score Card©

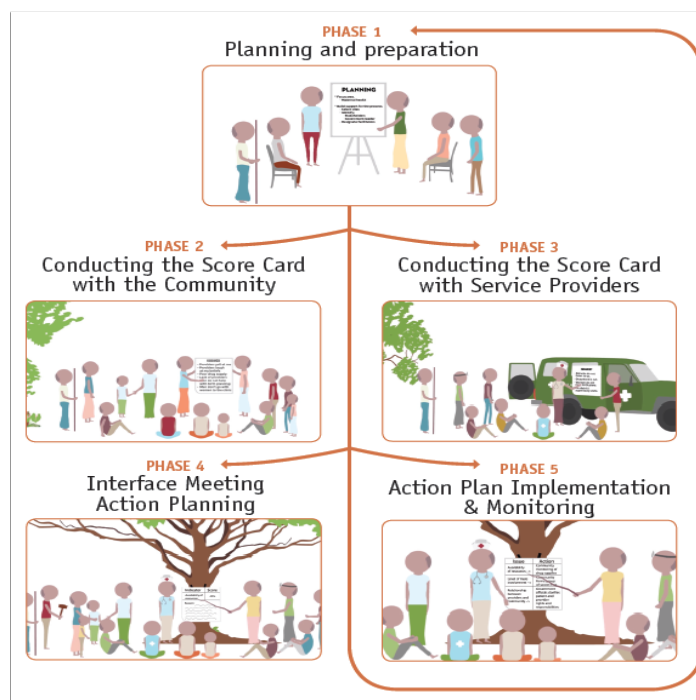
CARE Malawi created the CSC in 2002 as part of the Local Initiatives for Health (LIFH) project, which was implemented from 2002 to 2005. LIFH's objective was to develop innovative and sustainable models to resolve health service quality and access issues amongst rural communities. The project aimed to design a model that would enable collaboration between service providers and service users, ensuring the rights and health needs of rural communities, including women and marginalized groups, were met.²

The CSC was grounded in rights-based principles and the approach developed in the LIFH project included the values of participation, accountability, transparency, and shared decision-making. At its core, the CSC was created as an approach to uphold rights and ensure citizen voice and participation in the issues that affected their health and wellbeing. Since then, it has been implemented and adapted in more than 30 countries. Gullo and colleagues [published a review of CARE's CSC history in 2016](#). The review notes improvements in citizen empowerment; service provider and power-holder effectiveness; accountability and responsiveness; and expanded, effective and inclusive spaces for negotiation between the citizens and powerholders. The review also captured CARE's vast implementation experience with the CSC and prompted further attention that centralized the CSC as a promising social accountability approach.

The CSC Process

The CSC is one of the core social accountability models with CARE's Governance Programming Framework. The framework outlines three domains, **empowered citizens; effective, accountable and responsible power holders; 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. The CSC process is simple to use and consists of five phases (see figure):

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 CSC. Typically, communities go through several cycles in order to raise new or ongoing challenges, identify better solutions, and monitor implementation and outcomes of action plans. CARE has developed a [toolkit](#) to help practitioners implement and train on the CSC process.³ The

² Gullo S, Galavotti C, Altman, L. (2016). A review of CARE's Community Score Card experience and evidence. Health Policy and Planning 31(10): doi: 10.1093/heapol/czw064

³ CARE Malawi. "The Community Score Card (CSC): A generic guide for implementing CARE's CSC process to improve quality of services." Cooperative for Assistance and Relief Everywhere, Inc., 2013.

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 them to speak out.

The Maternal Health Alliance Project—Effects on reproductive health outcomes

From 2011 to 2015, CARE Malawi, in partnership with the Government of Malawi, implemented the Maternal Health Alliance Project (MHAP). The project was focused on improving utilization of maternal and reproductive health services, including family planning, antenatal care, and postnatal care, and other services. MHAP brought together community members, health providers and local government officials across Ntcheu district to work together to overcome access, utilization, and provision challenges related to reproductive and maternal health. While CARE's experience prior to MHAP relied on the success of the model in various projects, robust evidence had not yet been documented to support scale up of the CSC by others.

While MHAP assessed changes in the score card indicators in Ntcheu over time, CARE also rigorously evaluated the CSC through a cluster-randomized control evaluation design. The results of the study were [published by Gullo and colleagues \(2017\) in PLoS ONE](#). Results demonstrated a large and significant effect on use of modern contraception, with an estimated 57% greater use in the intervention versus control condition at end line. Analyses also showed the CSC increased community health workers' home visits during pregnancy by 20% and after pregnancy by 6%, compared to control. Further, women's satisfaction with reproductive health services increased significantly, compared with control areas.

CARE's study⁴ is one of only a few randomized controlled trials that focused specifically on the potential benefits of a social accountability approach on improving access to – and use of – family planning services. It added to the evidence base that social accountability approaches can contribute to improving service utilization, coverage, quality, and robustly documented the effectiveness of the CSC.

MHAP also spurred other publications, including a [2017 publication in Development Policy Review](#) which articulated the development and testing of measures of governance outcomes.⁵ The measures were used in surveys of women and health workers, which were then used to evaluate the impact of the CSC on governance processes and health service delivery outcomes in Malawi.

While some social accountability approaches are adversarial, CARE's CSC takes a collaborative approach, viewing frontline health workers as key stakeholders in the process to improve health care and health outcomes. However, we know that often frontline health workers are unable to exercise agency to change their work environments. Therefore, CARE's CSC approach incorporates them as equal partners in the process, valuing their insights and ideas along with those of community members. As part of the cluster-randomized controlled evaluation, CARE sought to understand the impact of the CSC on frontline health workers' reported service responsibilities and service provision.

Results of the study, [published in 2020 in PLoS ONE](#) showed that a significantly greater percentage of frontline health workers in the intervention areas reported being responsible for antenatal care, comprehensive antenatal care counseling, and tracking pregnant and post-partum women in their communities than frontline

4 Gullo S, Galavotti C, Sebert Kuhlmann A, Msiska T, Hastings P, Marti CN (2017) Effects of a social accountability approach, CARE's Community Score Card, on reproductive health-related outcomes in Malawi: A cluster-randomized controlled evaluation. PLoS ONE 12(2): <https://doi.org/10.1371/journal.pone.0171316>

5 Sebert Kuhlmann A, Gullo S, Galavotti C, Grant C, Cavatore M, Posnock S (2017). Women's and Health Worker's Voices in Open, Inclusive Communities and Effective Spaces (VOICES): Measuring Governance Outcomes in Reproductive and Maternal Health Programmes. Development Policy Review 35(2): <https://doi.org/10.1111/dpr.12209>

health workers in the control areas.⁶ Feeling responsibility for and ownership over job tasks is a critical component of providing high quality care. These results from the health workers converge with the evaluation results from the women's survey and the score card data which indicated an improvement in the availability, accessibility, and acceptability of health care services in the intervention areas. Using this evidence, CARE was able to advocate to the government of Malawi, USAID, the United States Centers for Disease Control and Prevention, and other key influencers that CSC was a critical tool to improve health services. Malawi's Ministry of Health pushed for expansion of the CSC. This is one of the only evaluations to date of a social accountability intervention that assessed the impact on frontline health workers.

Youth and the CSC

In Malawi, over half of the population is under the age of 20 and employing multisectoral approaches to reduce pregnancy among youth is a key focus of the Malawi government. During the Score Card process in Ntcheu, youth identified that they needed safe spaces to talk about their health issues and needs. In response, MHAP worked with a district government official to establish youth clubs in half of the intervention sites. The clubs provided a forum for adolescents to develop and implement solutions to overcome their unique barriers. While MHAP was the first project to directly include youth in the CSC process, youth have remained a cornerstone and catalyst in the CSC's use—enabling youth leadership to enhance accountability for actions and services that affect them.

CSC in preventing mother-to-child transmission of HIV

Building upon CSC implementation for reproductive and maternal health services, in 2017, CARE joined partners to adapt the CSC approach to improve the quality of services related to preventing mother-to-child transmission (PMTCT) of HIV. High incidence of HIV among women of reproductive age in Malawi led the government to support lifesaving services including antiretroviral therapy to HIV-positive pregnant women and testing of infants born to HIV-exposed mothers. However, adherence to treatment for HIV-positive pregnant women continues to be a challenge. To confront challenges related to PMTCT services, the Malawi Ministry of Health, the United States Centers for Disease Control and Prevention and the Elizabeth Glaser Pediatric AIDS Foundation implemented the CSC in Ntcheu and Dedza districts, and the work included a multi-component evaluation of the CSC's effectiveness in improving PMTCT services.

While a mixed-method evaluation found that retention in PMTCT services and early infant diagnosis uptake were not significantly different for CSC participants before and after the intervention, this study did identify other benefits of the CSC intervention. The study found that health care workers and women living with HIV valued the CSC approach, viewing it as a productive way to make meaningful improvements to services. Health workers and clients felt that the process led to improved trust, respect, and relationships, and these improved relationships led to important changes in service delivery. Of the 15 indicators identified as important to PMTCT at the start of the project, 14 improved during the 12-month implementation period, with 8 showing statistically significant change.⁷

By creating an opportunity for mothers living with HIV to form relationships with their health service providers, and local government officials; and jointly identify issues and implement solutions, the CSC process contributed to improvements in the perceived quality of PMTCT services. Results from the CSC's adaptation for PMTCT services were [published in BMC Health Services Research in 2020](#).

6 Gullo S, Galavotti C, Sebert Kuhlmann A, Msiska T, Hastings P, Marti CN (2020) Effects of the Community Score Card approach on reproductive health service-related outcomes in Malawi. PLoS ONE 15(5): <https://doi.org/10.1371/journal.pone.0232868>

7 Laterra A, Callahan T, Msiska T, Woelk G, Chowdhary P, Gullo S, Mgoli Mwale P, Modi S, Chauwa F, Kayira D, Kalua T, Wako E. (2020). Bringing women's voices to PMTCT CARE: adapting CARE's Community Score Card to engage women living with HIV to build quality health systems in Malawi. BMC Health Services Research. 20(679): <https://doi.org/10.1186/s12913-020-05538-2>

Family planning light: Government-led CSC

Due to MHAP's success, both the national and district governments expressed interest in using the CSC to improve family planning services in Ntcheu, Malawi. The district included the CSC into their District Implementation Plan. This began the transition of having the government lead the CSC; which was the first time in CSC implementation history that CARE would work with a government to support institutionalization and adaptation of the CSC into a lighter model.

While the CSC process is usually led by and facilitated by community-based organizations, or an NGO, like CARE, the district government in Ntcheu and its district health management team took lead and adapted the CSC model, in collaboration with CARE. The adaptation included several considerations, including a government-led process, with limited engagement from CARE and the streamlining of the number of indicators across facilities to ease reporting.

Over the course of government implementation of the CSC, scores improved across seven indicators including: availability of health services, health seeking behavior, quality of methods available, information on family planning, provision of family planning counselling, male involvement and youth involvement. The government-led CSC created a process whereby a district government, with limited resources, was able to effectively lead an accountability process that brought improvements to family planning service quality. This work, and the success of the model, ultimately contributed to both the adoption of the CSC approach as the primary accountability tool by the Government of Malawi in its National Community Health Strategy and the allocation of national and sub-national resources to achieve Family Planning 2020 (FP2020) commitments.

CSC sustainability study

While the RCT from MHAP demonstrated the CSC's effectiveness, CARE wanted to understand if and how the CSC was sustainable. In 2018, CARE began a large-scale qualitative study to learn how communities in Ntcheu were adapting and sustaining CSC processes. The study included interviews and focus groups with over 400 people, including youth groups, community health action groups (CHAGs), local government including frontline health workers, national government, partner organizations, and CARE Malawi staff. Motivating factors, challenges, and successes of groups implementing the CSC were discussed. The study aimed to identify which partner-led approaches best support and sustain the CSC; describe the process of various partner-led approaches; determine outcomes of various partner-led approaches; understand factors that facilitate or hinder the different partner-led approaches.

More than two years after the formal end of MHAP, many groups have continued using the CSC to create change in their communities. The CSC has created a sense of ownership and responsibility among communities to address issues of concern. They feel empowered to identify problems and create solutions themselves that capitalize on their community resources and assets. At the community level, traditional governments, youth groups, and CHAGs continue to use the CSC to collectively name problems, identify solutions, and enact and track changes with the support of civil society and government actors.

During a focus group discussion related to the sustainability study, a youth from Chigodi shares, *"...another thing I can talk about is that we are free, knowing each other, being free so that we can speak in public. At first it was difficult when we had not started scorecard for a person to stand in public in the village and speak as youth in our ages. 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."*

Although various groups have adapted the CSC process to meet their specific context (such as frequency of meetings, incentives for participation), the community groups continuing to use the CSC are all utilizing the fundamental principles of the process. The district government continues to use the CSC to identify, prioritize,

and plan for reproductive health services, while local health workers are using the CSC to improve delivery and utilization of services. Stakeholders from all perspectives appreciate the transparency and avenues for accountability that the CSC creates.

After analysis, in 2020, the study concludes that the CSC is sustainable by community groups and local government even several years after the end of a formal intervention, with no or limited support from external actors/facilitators. While the sustainability study gathered qualitative evidence, the reflections and insights from communities, coupled with the quantitative data generated from previous CSC studies in Malawi demonstrate that communities see the power and value of the CSC as a transformative approach that generates local solutions to pressing issues. Sustainability of the CSC is an ongoing process and challenges remain, the findings from this study support the ability to think about the CSC's implementation beyond one community or district.

A globally recognized approach

Global implementation

As a result of the evidence generated from this approach and its increasingly significant use as an effective tool for social accountability, the CSC has become a widely recognized and utilized tool for improving service delivery. A few examples include:

- In Tanzania and Ghana, the World Health Organization has invested in adapting the CSC to improve family planning services.
- The global FP2020 Initiative has recognized CARE Malawi and its valuable leadership in the civil society space in the country, especially as it relates to the use of the CSC in reproductive health, including family planning.
- The US Government Initiative, PEPFAR has also adapted and utilized the CSC (the CSC Toolkit) in PEPFAR's COP20 guidance as a means to enable community monitoring of the services they access.

Additionally, while the CSC has been implemented in more than 30 countries, experiences in Sierra Leone, the Democratic Republic of Congo, and Tanzania demonstrate the power of the tool to leverage and scale the model for health. For example, 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.

CSC Consulting Group

As CARE continued to generate robust evidence around the CSC, the demand for training of the process also increased. Given CARE Malawi's rich expertise, the CSC Consulting Group was established to respond to the rising demand for the CSC in addressing barriers to high quality service delivery. The consulting group provides a range of services to arm practitioners with the technical skills they need to implement the CSC, including how to incorporate the CSC in their projects and hold capacity building workshops. The group offers a menu of services and continues to arm practitioners globally with the CSC approach, in addition to carrying out research and development to expand the CSC's reach. 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.

What's next

Digitization

In 2019 CARE Malawi piloted a digitization process of the CSC. Digitization aimed to take the CSC five-phase process and digitize certain aspects of the approach as a way to not only streamline the approach itself, but further its impact by attempting to digitize data that can be aggregated, analyzed, and shared beyond local levels in order to address accountability at scale. While other organizations have created CSC-type applications for use in various countries, this was the first time CARE's CSC was digitized and considered the important differences of CARE's CSC compared to other CSC-like tools.

Through the development of CARE's CSC digital application and field tests, including one in Ntcheu with the FP Light project, challenges and opportunities were gleaned. Building on the pilot, CARE is continuing to test and learn from the CSC digitization through a multi-country humanitarian program. It is well noted that the CSC application can enhance the facilitation process and enable more streamlined tracking. CARE is continuing to explore the opportunities that a digitized CSC can offer.

Youth

Youth have continued to demonstrate robust leadership in the CSC, from MHAP through the FP Light project, and their engagement has led to CARE's support of youth leadership in the implementation of the CSC process. CARE has seen youth drive promising results in improving services for themselves and train the next generation of CSC implementers. The collective power, voice and vision of the youth and district governments in Malawi demonstrate a promising future of the institutionalization of the CSC and social accountability in communities and at all levels of governance.

Conclusion

Nearly two decades of implementation experience combined with quantitative and qualitative evaluation data from community members, youth, health service providers and local government officials all point to the effectiveness and sustainability of the CSC to empower communities and enhance the quality and coverage of services. The rich and robust evidence on the CSC that has been generated over several years through CARE Malawi's leadership has demonstrated innovation, growth and impact. We hope you will stay tuned to see what comes next.

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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