The Community Score Card
CARE Canada's Experience in Ethiopia and Tanzania

by Raymond Nzally (CARE Tanzania) and Anteneh Gelaye (CARE Ethiopia)

Service users participating in an service evaluation session. (Tanzania)

Sample Scoring Chart. (Tanzania)

The provision of quality and accessible services for the poor is often hindered by a lack of good governance. Service providers (SP) do not always listen to service users or the needs of the communities they are meant to serve. As a result, SPs often remain unaccountable for ineffective services, which in turn can contribute to perpetuating poverty, poor welfare of citizens and injustice.

This is why CARE focuses on key elements of governance: transparency, accountability, participation and inclusiveness or (TAPI) to empower marginalized communities. CARE supports the collaboration of different levels of government and the community in the fight against poverty.

CARE promotes governance and multi-stakeholder collaboration through the use of the Community Score Card (CSC). Two Partnership with Canadians Branch/CIDA-funded projects decided to introduce the CSC to monitor and evaluate services and enhance good governance in their projects in order to address governance issues. The methodology was adopted based on success stories reported in other CARE Country Offices (particularly Malawi and in Ethiopia).

This brief provides an overview of the CSC process as implemented by the **Spring Board** project in Ethiopia and the **Governance Accountability Project** (GAP) in Tanzania, which demonstrate the value of adopting the CSC in an effort to empower women and girls and reduce risks that lead to their vulnerability by holding service providers accountable for services rendered.

What is the Community Score Card?

The World Bank* defines the CSC as a qualitative monitoring tool that is used for local level monitoring and performance evaluation of services, projects and even government administrative units by the communities themselves. The CSC process is an instrument to demand social and public accountability and responsiveness from service providers. However, by including an interface meeting between service providers and the community that allows for immediate feedback, the process is also a strong instrument for empowerment. As such, the tool allows both service users and service providers to:

■ **jointly review** and improve the strengths and weaknesses pertaining to a particular service;

- **rate services** and/or performance using a grading system; and

- **share information**, jointly **make decisions** and **empower** community members in the process.

The methodology not only fosters greater participation and transparency between service users/providers and key decision-makers in the community; it also empowers all community members to hold service providers accountable for their actions.

CARE Canada / Partnership with Canadians Branch-supported projects* using the CSC

Ethiopia

Bahir Dar in the North West region of Ethiopia has the highest prevalence of HIV and AIDS in the country. Since 2007, the Spring Board project has aimed to reduce the socio-economic impact of HIV and AIDS among women and youth in this region. The project has determined that in order to reduce the negative impact of HIV and AIDS, it must contribute to improving the quality and response of voluntary counseling and testing service providers (VCTs), as well as strengthen the capacity and viability of community safety nets that support vulnerable households affected by HIV and AIDS.

Tanzania

The Governance and Accountability Project (GAP) aims to strengthen the capacities of Civil Society Organizations (CSOs) in Mwanza, in order for them to participate in and influence government policy processes more effectively. The project focuses on service provision (for example, maternal and neonatal health care, education for disabled children, girl child education) for the poor and marginalized community groups (mostly women and girls).

The project strives to give women and girls a voice in a society that is traditionally dominated by a patriarchal culture. Through more organized and strengthened CSOs, CARE is empowering women and girls to assess services for themselves and work with service providers to improve service provision, which affect their day-to-day lives and that of their families.

As a strategy to achieve their objectives, both projects use CSC to:

- generate, share and use information to advocate for change in service delivery for marginalized women and girls

- provide capacity for CSOs and communities to understand policy processes; and

- empower marginalized communities to demand quality service provision.

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* The projects started in 2007 as part of CARE Canada's Program Agreement funded by CIDA's Partnership with Canadians Branch.

Team of CSC facilitators in an orientation session, explaining what the CSC is about. (Ethiopia)

Outcomes of using the CSC

CARE works with communities to empower vulnerable groups to improve their socio-economic status. Both the GAP and Spring Board projects have seen the CSC contribute to this overall goal in several ways.

A platform for dialogue and empowerment

Services users
Prior to the CSC process, women and girls were in many cases not aware of their rights, public policies or service provider obligations. The CSC helped to fill in these information gaps through facilitated dialogue and open platforms.

In the case of both projects, communities now meet with officials regularly and are eager to assess services and suggest ways in which to improve service provision. For example, as a result of a CSC process, suggestion boxes for complaints were established in some communities in Bahir Dar. The boxes provide a space for citizens to formally and anonymously drop off their complaints. It has also been observed that women and girls, after receiving information on their rights, increasingly speak up and share their experiences and suggestions during the different steps of the CSC process.

Service providers
Service providers also gain a better understanding of the roles and responsibilities they hold in service provision. They benefit from the suggestions community members

The CSC process gave communities the opportunity to interact with officials and offer feedback to service providers for the first time in their lives.

Implementing the Community Score Card

The GAP and Spring Board projects both recruit and train volunteer facilitators to facilitate the CSC process. The steps followed to carry out the process are outlined below:

Tanzania: GAP Project	Ethiopia: Spring Board Project
Step 1: Building Capacity of Implementing Partners in CSC	
■ A series of training of trainers' workshops for implementing partners is conducted to facilitate the CSC process. Topics covered include: policy analysis; CSC conceptual framework and methodology.	■ Information sessions are conducted for staff and partners who are new to the governance component of the project and CSC.
Step 2: District Level Groundwork	
■ A district level workshop takes place to introduce the project and raise awareness among service providers and government officials on the CSC process. Potential stakeholders also participate, including community health centres, schools, and microfinance institutions.	■ At the *kebele* level, staff and partners meet several times to familiarize themselves with the tool and to ensure that higher officials are committed to the process.
Step 3: Community Level Groundwork	
■ Implementing partners (IP) hold community meetings to introduce the project and raise awareness on CSC. The community is asked to select five volunteers from each ward who could be trained on the CSC methodology and help CSOs facilitate the process.	■ CSC plans are presented to local leaders. A workshop is also held for higher level municipal officials to familiarize them with CSC and seek their buy-in and cooperation.
Step 4: Building Capacity of Community Committee on CSC	
■ Selected community committee members receive CSC training.	■ Project staff trains community-based trainers (CBTs) to facilitate the CSC process alongside the community and service providers. Simultaneously, the tool is also tested with volunteer CBOs that provide care and support services to OVCs and PLWHAs.
Step 5: Developing the Input Tracking Score Card	
■ To ensure community participation in the input tracking process, both IPs and community volunteers collect data from SPs. The data is then reviewed and analysed by community members in meetings and focus groups, following which, scores are defined and input tracking indicators developed.	■ The community and SPs come up with a list of key elements needed in order to evaluate selected services effectively. To implement this step, the following is usually required: planning logistics and allocating appropriate resources; identifying key user groups in the communities; developing a work plan; meeting with the community members and leaders; and meeting with SPs to ensure their cooperation.
Step 6: Developing the Performance Score Card	
■ Community members develop performance criteria related to a specific service. The process measures the quality of service received as perceived by community members at the time of assessment.	■ With the help of facilitators, indicators are developed and participants allocate scores for each one. ■ A presenter/facilitator to conduct the interface meeting is also selected during that time.
Step 7: Developing the Self-Evaluation Score Card	
■ SPs assess how to improve service provision. They rank the quality of services provided based on existing policy and allocated budget.	■ A SP score card is developed. The evaluation process is the same for both service providers and service users.
Step 8: Interface Meeting	
■ In the case of the GAP project, 16 joint meetings in eight wards (and four target districts) were conducted over a two-year period. Joint action plans were developed to improve the quality of community services.	■ The service users and providers discuss the results of the CSC at these meetings. Both parties work together to develop future action plans. The meetings also provide a forum for key decision makers to participate and gain valuable lessons from this process.
Step 9: Follow-up and Institutionalisation	
■ Joint action plans are implemented and monitored by CARE, partners, community committees and members. ■ The GAP project is actively advocating for the CSC methodology to be adopted by more local service providers and institutions as an effective mechanism to assess/improve community services.	■ Both service users and providers implement the action plans and monitor progress. ■ Facilitators plan a repeat CSC cycle and inform both service providers and users of these plans.

Service users attending a CSC orientation session. (Tanzania)

offer in terms of improving service delivery. The process is also reported to help them become more open to constructive criticism through facilitated dialogue with service users. Both Spring Board and GAP projects have observed that SPs often come out of the CSC exercise more proud and confident as a result of having scored highly on certain indicators. In such cases, the CSC motivates SP to maintain their high scores and improve areas where the scoring was weaker.

Changes in Service Delivery

The CSC methodology enables decision-makers to develop or amend policies that address citizens' rights and preferences. Some examples that illustrate this include:

- The number of qualified staff increased at the Igala dispensary in Mwanza (Tanzania) after SPs received feedback at an interface meeting about poor health services.

- In Bahir Dar (Ethiopia), one of the Kebele's microfinance institutions convinced senior officials and the head of the municipality to secure a grinding mill for a savings group as part of their income-generating activity.

- Women in a savings group in Ginbot Haya (Ethiopia) were given a space in a building for a shop; but as the building was not located near a market, the women raised the issue in an interface meeting and the shop was immediately relocated.

- In Mwanza, women and girls grew frustrated when wealthy people in the community (typically men) arrived for a service and would often 'jump the line.' The CSC process helped women understand that they can report this disruptive behaviour to SPs who have since ensured that these rules are enforced.

In the eight wards where the GAP project is implemented, village and ward leaders continue to regularly interact with and inform community members by updating notice boards and consulting with community leaders on important decisions.

- In Mwanza, the Igala health centre has been renovated, including a refurbished labour room with new equipment and birth kits; this was accompanied by the rehabilitation of the Clinical Officer's house and the district government have a plan to build another house to accommodate more health workers.

- In Mwanza, a number of marginalized women contested the results of local government elections; these same women were then nominated to become village leaders because of their courage to seek justice.

Challenges

Two key challenges occurred in both projects:

- Initial resistance from SPs due to a lack of appropriate orientation. This was addressed by ensuring that subsequent CSC exercises included more comprehensive meetings (Step 2) with SPs.

- Low level of understanding among community volunteers (service users) can hinder the CSC implementation. To ensure a successful process, selecting good community facilitators is key to deliver quality training. In addition, policies must be explained carefully and using the local language. A well planned and comprehensive orientation for both service providers and users will help participants feel comfortable throughout the process.

Facilitator developing input tracking indicators with a service user group. (Ethiopia)

Service users participating in the evaluation process. (Ethiopia)

Measuring success

Success with CSC can come at different levels – long term impact, with notable changes in peoples' health due to improved services, changes in the services themselves, and changes in behaviour of local population and CSOs in terms of capacity to use CSC and more confidence to speak their mind and enter into a facilitated dialogue based on the information they do have. Both projects have focused their monitoring on the last two. A change in services and service providers has been vis-à-vis ad hoc observation and tracking the joint action plans that come out of the CSC process. The capacity building process has been more closely followed, with each organization keeping tally of the abilities of CSOs and community leaders to implement a sound CSC process. The GAP project has done this by defining the 'measures of capacity' that each of their partners *should* have – a pathway of change-, and through direct observation and evidence, as well as interviews, have established the level of capacity that their partners have in implementing the process.

A spinoff of this capacity building, and the implementation of CSC, has been an unexpected demand for more capacity building by other partners not originally contemplated in the projects. In the case of GAP, the Advocacy for Improved Maternal Health project have adapted CSC; CARE Tanzania will also use CSC to audit organizational accountability to the beneficiaries they work with. Other development organizations have extended the use of the CSC to their partner organizations in the same region (Mwanza) where GAP works. GAP has now trained 256 people in CSC, including implementing partners, community committees, school committees and community health committee members, of which 164 have

an excellent understanding of the process. In Ethiopia, government officials have also shown interest in adopting CSC, with some offices going as far as developing terms of reference to begin the use of CSC with support from CARE.

In order to respond to these increasing capacity building demands of CSC, GAP is developing a toolkit and implementation guide (using simplified steps), including a CD documentary of success stories. Meanwhile, Spring Board has conducted additional training on CSC with Kebele leaders, other partners and additional CARE staff.

Re-thinking the process

After more than three years building the intensity of using CSC, both projects have key lessons that they would bring to the process in the future:

- **Place more emphasis on stakeholder analysis –** Although not an 'official step', a thorough stakeholder analysis is necessary to understand who has interests in different services and who has the authority to bring about change, and who needs to know what information.

- **Impact measurement –** Much emphasis has been placed on capacity building, and assessing that capacity. This needs to be balanced with a more rigorous monitoring and evaluation system that works with service providers, such as health centres, to collect impact-level data that can more robustly demonstrate a change in service provision. At the same time, we need to devise way to measure and capture unexpected change. For example, anecdotal evidence from Ethiopia suggests that women, after participating in the CSC process, are more empowered to raise issues at home and with neighbours. In addition, from the Spring Board project we have noted that women and men having participated in a CSC process around one issue (for example, microfinance), on their own go to demand changes around another service (for example, health centres).

- **Facilitation skills** – Knowing the steps and process of the CSC is important for the person facilitating, but this should also be complemented with some support on how to be a good facilitator in general. The facilitator will also need to act as a 'translator' – to be able to effectively explain policies to those who have never heard nor fully understand such policies.

- **Ownership in the implementation plan** – The implementation plan (which draws on the 'solutions' / responses envisioned by the service providers and users) should utilize the capacity of the service providers, as well as the users, and not be based on actions that require the sole input of NGOs. This means having a discussion of the capacity that exists and how to best employ it – something that the facilitator should push for.

Yes we can compete and win!

Agripina Paskali, 45 lives in Bwasa village in the Mwanza region of Tanzania with her husband and seven children. She knows firsthand just how beneficial the Community Score Card process can be for empowering the community.

Her village started using the CSC tool three years ago and Agripina says that in the past, her community did not understand how the government worked. The CSC has given the public the opportunity to gain valuable knowledge, meet government officials and demand better services.

Agripina joined other women to monitor the accessibility of micro loans for women and girls. The CSC helped them discover that many women failed to get loans and together they acted to remedy the situation. The group also evaluated reproductive health services and developed a plan to improve women's healthcare and build a village dispensary.

These positive outcomes persuaded Agripina to compete for a *Kitongoji* (chairperson seat in the local government election). She says, *"…in order for women to become successful they should join groups to create a powerful voice that can be easily heard by the government… Now I am able to influence other women and we can prove that we can do anything".*

Glossary

CSC	Community Score Card
VCT	Voluntary Counseling and Testing
CBO	Community Based Organizations
TAPI	Transparency, Accountability, Participation and Inclusiveness
CSO	Community Service Organizations
GAP	Governance and Accountability Project
NSGRP	National Strategy for Growth and Reduction of Poverty
CO	Country Office
Kebele	The smallest administrative unit in , equivalent to a ward or township
CBT	Community Based Trainers
PLWHA	People Living With HIV/AIDS
ART	Standard Anti-Retroviral Therapy
CSSG	Community Self-Help Savings Groups
BPR	Government Business Process Reengineering
MWDA	Mwanza Women Development Association
Kitongoji	Village Street

A Service Provider institutionalizes the tool

Following the first process in which the Kebele Administration was involved, they found the CSC to be so useful that they decided to continue using it internally to regularly assess the services they provide to the community.

Almaz Abegaze is 29 years old and works at the Shumabu Kebele Administration as a leader for the Department of Women's Affairs in Bahir Dar, Ethiopia. As a service provider, she says that the CSC gives her the opportunity to meet regularly with the community to address challenges, develop action plans and find sustainable solutions together.

"I am thrilled to be able to see the joy on our beneficiaries faces when our services meet their needs. Women and girls have told me directly how much they have gained from the process. They have developed awareness about their rights and a keen sense of how government works. Indeed, women are being taken more seriously as valuable members of their community. The CSC has transformed the way we deliver services and improved our beneficiaries' lives. I always share my experiences with other community groups so we can all unite in the fight against poverty".

For more information on the CSC process, plese contact:

- Raymond Nzally: Raymond.Nzally@co.care.org
- Anteneh Gelaye: AntenehG@care.org.et

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