

Every Voice Counts

Community Score Card Exchange Visit

18-20 May 2017 | Kigali, Rwanda



COMMUNIQUÉ

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5 KEY LESSONS LEARNED

1. To improve inclusiveness of the community score card process, separate meetings could be held with vulnerable groups as part of phase 1 and/or before the interface meeting, to ensure their voices are also heard. At the same time awareness raising on inclusive governance among community representatives before CSC or as part of phase 1 of CSC are imperative, to ensure that those who score on the services are aware of their entitlements and rights.
2. A program for women and youth is not automatically addressing inclusion. We need to know exactly who is excluded and why, even within the women and youth groups that we work with.
3. If we want to link advocacy interventions to our CSC process and broadly to our theory of change, we need to ensure that we have minimum capacities to be able to do this. We need to analyse existing practices and capacities in order to assess and plan better so that we can meet the minimum standards and also have the capacity to deliver more than what is set in the minimum standards.
4. Meetings with concerned service providers and government agencies should be part of follow-up especially if actions were not fulfilled which means that we need to strategize on how to address the un-met actions even if the CSC process has ended.
5. Holding public authorities to account is easier when there are certain policies that are keeping them in check. We need to know what specific actors can commit to and what they are accountable for as per government policy or their official mandate as public authority and/or service provider. These policies will provide us with windows of opportunities for our advocacy work.

BACKGROUND

The [Community Score Card \(CSC\)](#) is a participatory process that engages service users (citizens), service providers and authorities (duty bearers) in assessing the quality and effectiveness of public services (such as education, health, water/sanitation, agriculture, market development, GBV-related services and security, etc.). This culminates in a joint action plan for improving that service, monitored by the community. Cycles of the model are repeated to detect changes in the quality of the basic service delivery. Interface meetings between service providers, authorities and the community allow to come up with agreed tangible actions to improve service delivery and contribute to improved social accountability by allowing for immediate feedback, rendering the CSC a strong instrument for the empowerment of citizens in fragile states, strengthening accountability, inclusiveness and transparency of local government. The Every Voice Counts (EVC) Programme¹ highlights the potential of the CSC as tool towards increasing inclusive governance processes.

¹ EVC is a multi-country programme which aims to promote inclusive and effective governance processes in fragile settings. The program is a strategic partnership with the Dutch Ministry of Foreign Affairs as part of the Dialogue and Dissent policy framework which aims to build the capacity of civil society in doing lobby and advocacy.

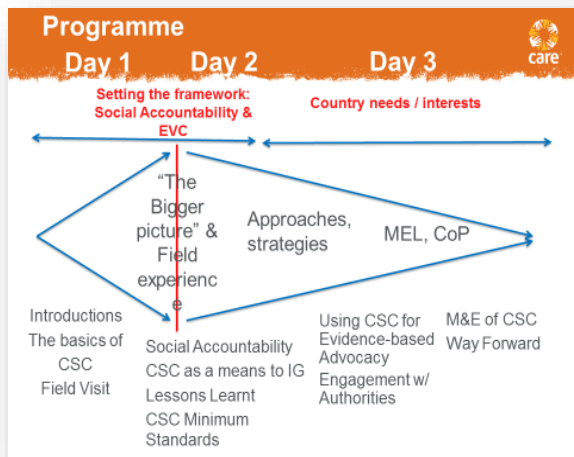
During the first EVC Linking and Learning event organized in November 2016 in Nairobi the following learning questions were raised with regards to the community score card that were addressed in the exchange visit:

- *How do we ensure that we keep momentum of the CSC action plans given limited human capacity? How do we ensure we bring about change?*
- *How do we link the CSC approach as a service delivery and social accountability tool with inclusive governance as an end goal: What are the missing links? How do you avoid impact getting stuck at a local level by adopting evidence-based advocacy?*
- *How can we ensure the quality and inclusiveness of community responses (that CSC processes are truly representative of all the interests in the community?)*
- *How can we ensure that marginalized groups in the community are included in the CSC exercise?*
- *How to monitor the CSC? Including how the community can monitor the action plans.*



PROGRAMME OF THE EXCHANGE VISIT

The CSC exchange visit aimed at exchanging knowledge and experience on the CSC approach and implementation between Afghanistan, Burundi, Pakistan, Rwanda, Sudan and Uganda CARE country offices and respective partner staff, sharing lessons learnt and best practices and jointly reflecting on **how to address challenges around making CSC more inclusive and effective in generating information and opportunities for evidence-based advocacy.**



The 3-day event was designed taking into account the learning needs of EVC stakeholders (CARE and partners) and the requirements of the EVC programme. The event started off with a field visit to Muhanga and Kamonyi districts in Rwanda where participants interviewed women groups, community facilitators, service providers and local authorities and witnessed in action the conduct of the CSC interface meetings that focused on joint action planning to address issues related to Gender Based Violence (GBV). The second

day focused on using the learnings and recommendations during the field visit to understand and address opportunities in making CSC a means to achieving better policies and practices and towards inclusive governance. The last day of the event focused on understanding how CSC is linked to the theory of change of the EVC programme, showing different pathways in which CSC results contribute to lobby and advocacy outcomes, and understanding indicators related to CSC that need to be tracked during implementation.

KEY HIGHLIGHTS

FIELD VISIT

COMMUNITY MEMBERS' FEEDBACK

Successes: The interviews with grassroots women from Muhanga and Kamonyi districts validated the benefits of using CSC in addressing GBV: community members are becoming more vocal and confident - GBV is now discussed as a public issue and community members are offering help to GBV victims. There is active participation and interaction between service providers, authorities (e.g. National Women Council) and community which resulted to improvements in the scores (e.g. granting of safe rooms in district police stations; provision of ambulance services in villages; increased awareness on the different services available for GBV victims). When developing the action plan in the interface meeting, they emphasized on how to improve the relationship between service providers, users and authorities.

Challenges/Recommendations: Event participants want to learn on how to effectively engage with public authorities so that they remain committed to the CSC process. Community facilitators, however, expressed that community members have very high expectations of them. People have the tendency to raise personal issues at the plenary sessions during the interface meeting. They expect that their issues will be solved immediately, because the authorities are present. It is important to always link their issues to the need to take action on the part of service providers during the interface meeting. Hence, facilitation is very important. If not done well, it can become a ground for complaining and exchanging accusations back and forth which can be time-consuming. In some cases, elements of the actions plans require budget, which is not always available. It was recommended to take into account the limited budget in making the action plan. In addition, alongside the CSC process, there should be income generating and psycho social activities offered to GBV victims. In Kamonyi, the district mayor promised to bring lawyers during the next meetings to improve awareness about policies and guidelines that govern services. For an effective interface meetings, the participants emphasised on the need to invest in the training and coaching of (community) facilitators. Facilitation of the participation of hard to reach groups (who live far away, who can't travel due to age, physical disabilities, youth who are often not interested) also needs to be incorporated in the CSC process. One suggestion is to hold separate meetings with vulnerable groups as part of phase 1 and/or before the interface meeting, to ensure their voices are also heard. Equally important is to invest in awareness raising on inclusive governance among community representatives before CSC is introduced or as part of phase 1 of CSC to ensure that those who score on the services are aware of their entitlements and rights.

SERVICE PROVIDERS' FEEDBACK

Successes: Service providers (district police officers, local authorities and administrative officials of the districts) validated the importance of CSC in bringing GBV issues (which used to be a taboo topic) in the public domain. The CSC process created an efficient space to get direct feedback from the communities; it broke the fear of discussing GBV violations and of bringing the issues to the attention of local authorities. It has increased awareness of service providers, who are now more sensitive about the needs of GBV victims. The local people have their own space to exercise their power and present their needs. They are clear about what they want and they are demanding for it.

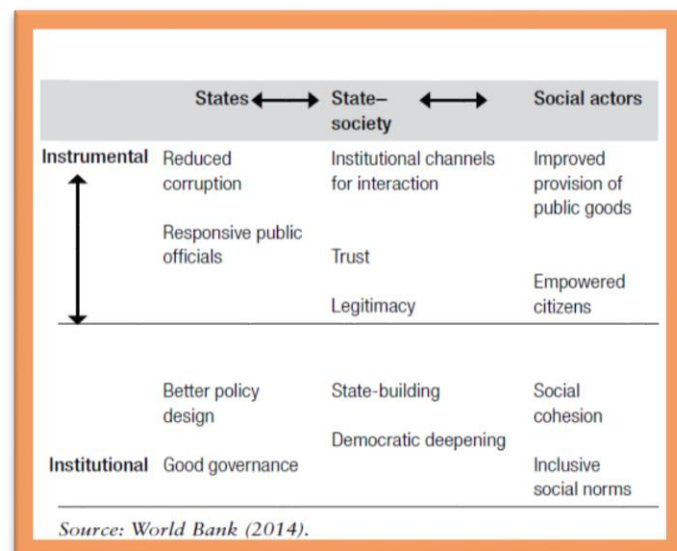
Challenges/Recommendations: During the interface meeting, it became clear that service providers have too many expectations of NGOs. They expect CARE or ProFemmes to address the needs of

victims, for instance by providing them livelihoods services or a training on GBV law. When addressing the community, public officials always refer to the laws, however the disconnect between the laws and their role in implementing them is not always addressed. It is recommended that prior to the interface meeting, CSC facilitators and service providers should have a preparatory meeting to explain the “action planning” objective of the interface meeting and agree beforehand on the content of the action plan and on how the service providers should present it. Some police officers took a lot of time giving speeches during the interface meetings. CARE/ProFemme needs to support/coach service providers/public authorities on making the actions expected from service providers more concrete and make these actions the focus of their speeches during the interface meetings. During the interface meeting itself, CSC facilitator(s) should also try to guide service providers to talk about the actual actions and measures to be taken by them. In addition, service providers also expressed that they are not sure how the community needs should be presented to the higher level (of government). Rwanda has a centralised process of decision making (top-down) - community priorities might not connect with the priorities at national level, potentially blocking the goodwill of local authorities. Generating income at district level is also a challenge for district authorities. If action plans include something that is beyond the capacity or reach of the service provider it could be because of (lack) of budget and/or responsibilities might go beyond the mandate of that specific service provider. For example, during the interface meeting in Kamonyi district, there were a lot of requests to the police, but not all of them were related to police responsibility.

SOCIAL ACCOUNTABILITY AND CSC FOR INCLUSIVE GOVERNANCE

Most of CARE’s CSC interventions are focused on the instrumental level, mostly linked to improved provision of public goods and services with elements of citizen empowerment. In the EVC programme, we also aim for change on institutional level: we want to have more responsive and accountable public officials who can help us in designing and implementing better policies and finally in the long term, achieve good (inclusive) governance.

At present, most EVC countries are at the instrumental/social actors level. Rwanda, Afghanistan and Sudan are at the level of ‘improved provision of public goods’ which they see as a good entry point/ foundation for implementing an effective CSC process. Rwanda, Afghanistan and Burundi are also at the level of ‘empowering citizens’. In Burundi, CARE and partners help the community to speak out as they believe that citizen empowerment is a pathway to inclusive governance.



During the session on understanding exclusion, it was emphasised that the EVC programme is not only about empowering women and girls, but also about addressing the drivers of exclusion. Exclusion has a different meaning for different people in different contexts.

Exclusion is related to power imbalances within the communities but also on higher (political) level. While the lack of income is often stated as a reason for exclusion, there are many other factors and drivers of social exclusion. For instance, even after inclusion in VSLA-groups, people might still feel

excluded from accessing certain services like health and education due to gender discrimination, and spatial issues, e.g. people live in hard-to-reach areas, or face physical obstacles.

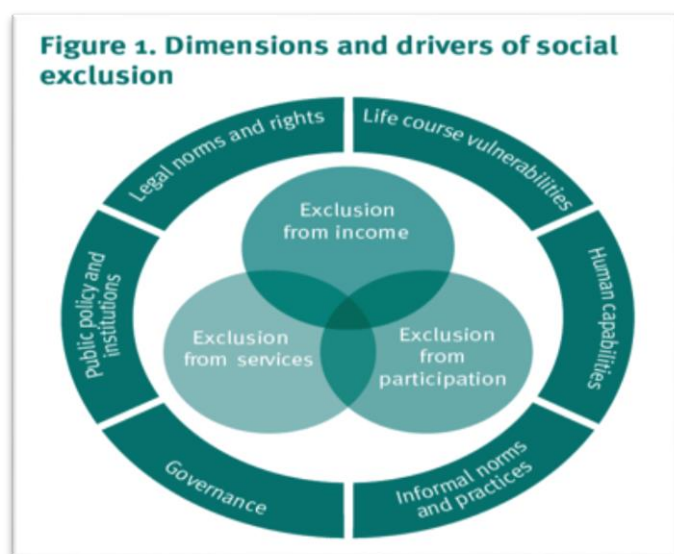
EVC aims to improve outcomes in relation to social and political inclusion especially in claiming /creating spaces for dialogue in order to address the other drivers of exclusion (e.g. economic; spatial) and achieve effective and inclusive governance in fragile settings.

EVC addresses:

- Social exclusion (especially of women and youth)
- Harmful and discriminating social norms and practices
- Lack of political voice and space for dialogue and negotiation
- Non-existence of/poor policies and gaps in policy implementation

A program for women and youth is not automatically addressing inclusion. **We need to know exactly who is excluded and why even within the women and youth groups that we work with.**

In EVC, CSC is envisioned as a means to achieve better policies and practices. How do we get there? **In envisioning a “CSC process for advocacy” we need to identify and analyse different levels of change.** For example, it might be necessary for us to talk to different stakeholders (formal and informal actors) at different levels (local, sub-national, national). CSC should not be seen as a separate activity. The aim is to connect CSC to the different tactics and different advocacy activities of the formal decision-making processes. **It is important to be clear on what to ask/demand from power holders and decision makers and this will require us to do a review of different planning and policy processes and identify target actors who can make the change happen. We need to know what are the key government policies and formal decision-making processes related to the issues that come up in the CSC processes. We need to know what specific actors can commit to and what they are accountable of as per government policy or their official mandate as public authority and/or service provider.** Asking for accountability from government representatives will be easier if there are certain policies that tell them they have to do it. Look for windows of opportunities! Think about what can we prioritise given the influencing opportunity. Where should we focus? Who can we target and what do we need to achieve our advocacy objective given the opportunity at hand? Addressing these questions might require us to adjust our plans (periodically) or to be more specific. This is what advocacy is all about.



Source: ODI (2012).

EVC programme and possibly link to

LESSONS LEARNED AND RECOMMENDATIONS ON CSC

RWANDA

In order to be more inclusive, the EVC team in CARE Rwanda and ProFemme, plan to hold discussion with separate groups (young women and men) to ensure that the voice of the youth are represented

and that they can directly participate. The youth are generally not interested in joining community meetings, hence the team will target them separately in the CSC roll out.

Participants advised Rwanda to continue working with women as a target group and stated that the interface meeting could continue in the same fashion as well. On the other hand, while recognized as a difficult challenge, participants suggested to look for different ways of facilitating the interface meetings to limit the personal stories that people bring forward and instead focus on the general action planning.

Selecting community representatives and not the whole community to go to the interface meeting was also suggested, as well as including awareness raising on inclusive governance at an earlier stage.

The Rwanda team expressed that they want to learn more about the 'minimum standards' for an effective CSC process. Some issues raised in the action plans cannot be resolved at district level and they need to know more on how to properly analyse government planning and policy processes.

BURUNDI

A successful element of Burundi's CSC implementation is that community representatives and not the whole community participate in the interface meeting. A suggestion for the Burundi team is to reduce the time for interface meetings.

Learning is wanted around:

- How to ensure representativeness, full inclusiveness?
- What is the appropriate way for setting CS-related indicators?
- What is the standard duration for the whole CSC process (in months)?

It was highlighted that it is difficult to ensure inclusiveness. You can invite all community members and ensure good facilitation, but you are never completely sure if all voices are heard. **One way to enhance the chances of inclusivity is to target a specific excluded group, do a separate session about issue identification and priorities, then compare them to the issues and prioritisation done with the larger community.**

SUDAN

An effective element of CSC in Sudan is the selection of issue(s) that are less sensitive to the government. The work with local authorities (in explaining the CSC process to them) is on the right track though there were delays in getting the Technical Agreements from the government.

A suggestion for improvement for the Sudanese team is to select and train community facilitators: to not work with CSO partners alone, but assign key roles to community members which will help in building community ownership and in sustaining the CSC process.

Learning is desired around:

- How to analyse different stakeholders ?
- How to analyse the effectiveness of the interface meetings?

MINIMUM STANDARDS FOR AN INCLUSIVE CSC WITH AN ADVOCACY PURPOSE

The (draft) minimum standards document is based on existing CARE International documents, with a few additions to meet the conditions for evidence based advocacy. In every step of the way the CSC

tool is used to inform advocacy and ensure inclusive governance (being both a goal and a means to better policies, better engagement).

Minimum standards tell us what kind of conditions and capacities we have and which we need to be able to facilitate and engage in a CSC process that envision to change policies and practices. **If we want to link advocacy interventions to our CSC process and broadly to our theory of change, we need to ensure that we have minimum capacities to be able to do this.** However, some standards on “conditions”/ enabling environment are out of our control because of the context in which we are operating. The minimum standards is a sort of checklist, helping to assess institutional capacity to effectively implement the CSC with the purpose of using CSC results for evidence-based advocacy while at the same time assuring inclusiveness.

Based on these standards, we might need to adapt our activities, possibly changing our existing approaches and budget. We need to reflect on the existing tools and approaches that we have concerning how we conduct community consultations and awareness raising, and also on how we engage with public authorities and service providers. **We need to analyse existing practices and capacities in order to assess and plan better so that we can meet the minimum standards and also have the capacity to deliver more than what is set in the minimum standards.**

The minimum standards will influence the methodology that we use (i.e. we did not incorporate some important step in the CSC process such as holding separate meetings with vulnerable groups before the interface meeting. When promoting inclusiveness, we need to address this at the start of the program and not at the end. The standard way of doing CSC might not be as inclusive as we want it to be within the EVC program. The minimum standards are meant to guide on the step by step process and check whether or not we are compliant to the standards.



Do we have capacity to follow-up on the action plans and use CSC information for evidence-based advocacy? The scores on the CSC indicators need to be revisited during the evaluation phase of the CSC. Did the scores change? If yes, how come? If not, why not? These sets of information can be generated during the second interface meeting. With these information in our database, the advocacy expert can easily see what issues can we bring to the authorities

and up to the higher level of the government system. We do not make unrealistic promises to the community – we need to identify a few issues that can be addressed through advocacy based on the analysis of information from the interface meetings and the broader advocacy strategy of the EVC programme.

The information generated through the CSC process can be made available to other NGOs in order to facilitate joint learning and research. EVC can provide the CSC information and the other NGO can use this information for further research and analysis, linking the CSC issues to existing policy and budget processes in the country.

M&E OF CSC FOR EVIDENCE-BASED ADVOCACY

CSC should not just be a stand-alone activity, it should link up to the overall strategy of the EVC program. The CSC in EVC is therefore expanded with extra steps in order to do advocacy. These steps relate to all 5 phases of the general CSC process.

There are three pathways of change related to CSC:

Pathway 1: Increase the voice of women and youth and those we feel are marginalised within those groups

Pathway 2: Increased responsiveness of those (who are responsible for the services) we are targeting

Pathway 3: Policy and influencing (that lead to changes in policy and practices)

Country teams in Afghanistan, Burundi, Pakistan, Rwanda and Sudan developed their CSC-specific advocacy pathways based on the advocacy issue that they have prioritised during the MEL for advocacy training (e.g. girls' education in Afghanistan, inclusive communal planning and budget (PCDC) process in Burundi, inclusion of GBV priorities in Imihigo planning and budgeting, and implementation of GBV law in Pakistan,). These new CSC-related advocacy pathways are important pathways for the revised ToC of the countries.

Measuring the CSC process: In Afghanistan, Rwanda and Sudan there is a general tracking system related to conduct of meetings and trainings. Pakistan as well, uses general tracking to verify what has happened. Burundi does not have any specific tool. The team only provides follow-up on the implementation of the action plan through the establishment of a special committee. We will not be able to capture the entirety of the interface meetings, but we can document the action plans and the discussions not only during the interface meetings but also during the scoring (and re-scoring) process involving the community and service providers. Follow-up actions should be as detailed as possible (who, when and what). **Meetings**



with concerned service providers and government agencies should also be part of follow-up especially if actions were not full-filled which means that we need to strategize on how to address the un-met actions even if the CSC process has ended. We should have indicators that can capture the quality of the process. After Action Review (AAR)² is a good tool for documenting effects/results/milestones of advocacy-related activities. AAR can be used in documenting processes and in assessing results of scoring process and interface meetings.

² An advocacy-oriented After Action Review was presented and discussed during the EVC MEL training, 15-17 May 2017 in Rwanda. CARE NL developed an advocacy AAR template to guide CO staff and partners in assessing results of advocacy events/actions and in documenting learning.

WAY FORWARD

The field experience and rich discussions among the EVC staff brought together a shared commitment to plan and implement an inclusive CSC process that supports evidence-based advocacy towards achieving the overall goal of the EVC programme. Taking into account the challenges ahead, the EVC staff from both CARE country offices and partners identified support needed from CARE Netherlands (and others). As CSC is a strategic activity of the programme, it is expected that the final revised (advocacy) ToC and MEL plans of the EVC countries will reflect CSC pathways and indicators that contribute to lobby and advocacy outcomes.

In the next 3 to 4 months (July 2017 – September 2017), CARE Netherlands will share and explain social mapping tools and will provide additional support on developing CSC indicators. Templates will also be developed to guide documentation of CSC action plans on paper and digitally (excel data base).

SUPPORT NEEDED FROM CARE NL ON CSC

Sharing Hub (October 2017)

- deposit examples of Action Plans, ToR on preparatory meeting w/ LAs before Interface Meeting
- Share examples of CSC advocacy templates & products (briefs, position paper, human interest story)
- Sharing of tools (Men Engage)
- After Action Reviews related to CSC advocacy

Quarterly Online Learning Sessions
(topics to be set)

By October 2017, CARE Netherlands will create a Sharing Hub where examples of templates and advocacy products will be deposited and shared to EVC staff. These tools and templates will be both about CSC and evidence-based advocacy. A quarterly online learning sessions will be organised to address the learning questions that came up during the country group and plenary discussions. Most of these learning questions are around (do we reach) inclusive governance, how to do effective evidence based advocacy, how to meet/apply/monitor the minimum standards, policy analysis and engaging with local authorities while we 'challenge' them.

With regards to linking CSC in policy processes in the EVC countries, CARE NL will provide technical support and guidance beginning July 2017. This is part of the advocacy support plan that country teams have prepared together with the CARE NL programme officers. This support includes co-development of Terms of Reference for research and policy briefs, joint analysis of relevant government planning and budget processes, and key policies important for addressing issues that came out in the CSC processes. Support will continue on providing assistance on the conduct of advocacy capacity assessments using the ACAT, in facilitating advocacy trainings as well as in engaging with the Dutch embassies. CARE NL will also develop a Briefing Note to elaborate on the vision towards **making CSC more inclusive and effective in generating information and opportunities for evidence-based advocacy.**

SUPPORT NEEDED FROM CARE NL ON CSC

Policy Analysis (July 2017 onwards)

- Linking CSC information with existing policy processes (planning, budgeting, policy development/consultations)
- coaching on policy analysis
- Templates of research ToR, policy briefs, etc
- Review of policy briefs and development of advocacy messages
- ACAT capacity building
- Engaging with embassy/Dutch Ministry