Community Score Card Implementation Guidance Notes:
Recommendations from CARE CSC Experts

Technical Learning

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Development of the CSC Guidance Notes

CARE Malawi developed the Community Score Card (CSC)[1] in 2002 as part of a project aiming to develop innovative and sustainable models to improve health services. Since then, the CSC has become an internationally recognized participatory governance approach, spreading within CARE and beyond. CARE now has more than a decade of experience implementing the CSC in a wide variety of contexts, sectors, and ways.

To consolidate this practical experience, twenty-three CARE CSC experts[2] from several CARE Offices (Malawi, Tanzania, Ethiopia, Rwanda, Egypt, Canada, USA, and UK), working in multiple sectors (health, food security, water and sanitation, education, and governance), convened in Arusha, Tanzania, in January 2013 for a three-day meeting with the goal of advancing CARE's CSC thinking and practice.

> **Evolving CSC Approach**
> When CARE first innovated the CSC, it was used as a stand-alone participatory governance approach to improve the quality of services. Over the last several years, CARE has used the CSC as both a stand-alone intervention and embedded in larger projects. CARE has also used the CSC in a variety of ways, including for the following:
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> ⇒ Quality service improvement
> ⇒ Implementation improvement
> ⇒ Evidence generation for advocacy
> ⇒ Assessment, planning and monitoring and evaluation

During the meeting, the CSC experts were able to talk "practitioner to practitioner" to harness a decade worth of CARE's CSC experience to tackle tough implementation questions (listed below). These issues range from common challenges, such as how to ensure effective CSC facilitation, to more nuanced issues, such as how to ensure CSC sustainability.

The guidance notes within this document offer CARE CSC experts' practical implementation insights, tips, and recommendations for addressing fifteen CSC implementation issues. The aim of these guidance notes is to serve as a resource for CSC practitioners – those who are just getting started, as well as those who have years of experience but still encounter the common road blocks. They are complementary to CARE's Community Score Card Toolkit.[3]

This document is an initial step in consolidating and building CARE's CSC knowledge in order to advance its practice. As outlined in the final section of the report, "Moving CARE's CSC Work Forward," there are a number of other materials and resources to be developed over the next year to support CSC practitioners.

CSC Implementation Issues Addressed in Guidance Notes

Challenging implementation issues
1. Identifying the types of health service issues the CSC can tackle
2. Ensuring effective CSC facilitation
3. Minimum conditions for effective CSC implementation
4. Motivating service providers to engage in the CSC
5. Choosing a CSC indicator development approach
6. Ensuring the CSC process is gender sensitive

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[1] The CSC is a participatory governance tool developed by CARE Malawi that brings together community members, service providers, and local and district authorities in a mutual process of identifying and addressing barriers to service delivery.
[2] See list of CSC expert s/meeting attendees following the table of contents.
[3] CARE's Community Score Card Toolkit

7. Ensuring inclusion and participation of marginalized groups in the CSC process
8. Mitigating and overcoming CSC participants' unrealistic expectations and demands
9. Overcoming challenges and preventing negative fall-out from the CSC process
10. Developing an M&E framework for CSC projects

Taking the CSC process to the next level
11. Effectively linking the CSC to advocacy efforts
12. Scaling up the CSC
13. Guaranteeing CSC sustainability

CARE's role & CSC agenda
14. CARE's role in implementing the CSC
15. Moving CARE's CSC work forward

How to Use This Document

The fifteen CSC guidance notes can be used as stand-alone documents or as a complete collection, depending on CSC practitioners' needs and areas of interest. Before embarking on a CSC process, a practitioner may want to read through the entire collection of CSC guidance notes to be aware of the possible implementation issues they may encounter and gain insights from CSC experts on how to address them. During CSC implementation, practitioners may also want to keep the guidance notes on hand as a reference. The CSC guidance notes will be of use for any of the applications outlined above; however, they will be especially useful to CSC practitioners for quality and implementation improvement.

Additional Information and Resources

Please visit the [Community Score Card Community of Practice](#) (CSC CoP) for additional information or to share suggestions. If you are a CSC practitioner, consider joining the community of practitioners for knowledge sharing and updates by joining the CoP list serve (sign-up option on the wiki). Other resources that may be useful include:

- [The Community Score Card Toolkit](#)
- [Full notes from CSC Experts working meeting](#)
- [Social Analysis and Action](#) (SAA)

Abbreviations

CO: Country Office
CSC: Community Score Card
CSO: Civil Society Organizations
HW: Health Workers
NGO: Non-governmental Organization
SAA: Social Analysis and Action
SP: Service Providers
SRH: Sexual, Reproductive Health
SRMH: Sexual, Reproductive and Maternal Health
ToC: Theory of Change

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CSC Guidance Note Authors
CARE CSC Experts Who Attended the Arusha 2013 CSC Working Meeting

Gaby Jabbour, Senior Manager - Program Management and Impact, CARE Canada
Marnie Davidson, Program Manager, CARE Canada

Gaia Gozzo, Governance Team Lead, CI UK
Maria Cavatore, Asia Governance Advisor, CI UK
Muhamed Bizimana, Africa Governance Advisor, CI UK

Amr Lashin, Governance Program Director, CARE Egypt

Anteneh Gelaye , Program Manager, CARE Ethiopia
Fanaye Gebrehiwot, Accountability Advisor, CARE Ethiopia

Agnes Mukamana, Health Technical Manager, CARE Rwanda
Jean-Claude Kayigamba, District Field Coordinator, CARE Rwanda
Tusingwire Yassin, PPIMA Project Coordinator, Rwanda

Francis Mangani, Project Manager, CARE Tanzania
Mwemezi Ngemera, Director SRMH Technical Unit, CARE Tanzania
Raymond Nzali, Capacity Building Manager, CARE Tanzania

Eliza Mhango, Research and Institutional Development Coordinator, CARE Malawi
Mwawi Mkandawire, Project Coordinator, CARE Malawi
Palikena Kaude, District Team Lead, CARE Malawi
Simeon Phiri, Project Coordinator, CARE Malawi
Thumbiko Msiska, Program Manager, CARE Malawi

Carolyn Krug, SRMH Senior Program Officer, CARE USA
Christine Galavotti, SRMH Director, CARE USA
Jodi Keyserling, SRMH Senior Policy Analyst, CARE USA
Lara Altman, Consultant, CARE USA
Sara Gullo, SRMH Technical Advisor, CARE USA

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Identifying the Types of Health Service Issues the CSC Can Tackle

Overview

This guidance note provides considerations for identifying the issues and barriers to service use and delivery that the CSC can address in a given community or context. While this guidance note focuses on health services, these same considerations can be applied to improving service delivery in any technical area.

Background

Improving coverage, quality, and equity of health services is not a simple matter – there are a number of factors throughout the community and the health system that influence service delivery and utilization.

1) Factors that may affect service use at the **individual, household, and community levels** include lack of knowledge or perceived need for health services, lack of family and community support for use of services, fear or mistrust of service providers, past negative interactions with health providers, concerns about confidentiality, women's decision-making autonomy and power dynamics in the household, underlying gender and social norms in the community, financial barriers, and lack of transport.

2) Factors at the **service-delivery, health–system, and institutional levels** include problems such as discrimination and disrespectful treatment by service providers, inadequate training and support for health providers, poor working conditions and infrastructure, inconsistent availability of equipment and supplies, inconsistent salary payment, failure to implement existing policies or inadequate policy guidance, systemic corruption, and non-prioritization of health in resource planning and distribution at the district or national level.

The CSC process provides the platform for bringing together the community, health providers, and local officials to identify, discuss, and ultimately work together to tackle these issues. The CSC is used at the local level to address local-level barriers. However, evidence from the CSC can be used to take these issues to a higher level. For example, respectful care from providers at the community level can be directly addressed through the implementation of the CSC and the development of a joint action plan between the community and service providers, whereas issues such as inconsistent availability of supplies at the local level may be harder to actually solve locally. In this case, information from the CSC process about the lack of availability of supplies may be taken to the district or national level to advocate for changes that would ensure reliable supply of commodities.

To identify the factors that influence service delivery and utilization in any given context there are a number of steps or considerations that should be incorporated into the phases of the CSC process. The below recommendations provide guidance for identifying and prioritizing the most relevant barriers to a community and service providers, which the CSC can then be used to tackle.

Guidance

A critical first step is to **understand the context**, as this is fundamental for the effective implementation of the CSC, as well as for ensuring that the process does not worsen inequities or deepen conflicts or social

tensions. [The Governance Context Analysis Tool](), developed by CARE International UK, can be used to ensure a sound understanding of the formal and informal institutions, main actors, and barriers and drivers of change.[4]

Once the context is better understood, the program can proceed to work with the community and stakeholders to identify the issues and barriers to service use and delivery. To effectively identify these constraints, critical steps and considerations include:

- **Understand service users' perceptions.** Understanding the perceptions of service users and what drives women's and communities' use or non-use of health care services will ensure the CSC is addressing the most relevant issues for increasing utilization.

  For example, one study[5] found that the presence of a friendly, smiling health provider and a reliable supply of medicines were much more important than cost or distance in determining women's decisions to deliver their babies at a health facility. This study demonstrates the importance of understanding the real reasons women or community members do or do not use services, so that the appropriate barriers to use can be addressed.

- **Understand issues faced by service providers.** An in-depth look at the issues faced by service providers is also important, as this process is not about "finger pointing," but rather understanding and addressing together the issues faced by both users and providers. Providers may face unreasonable workloads, lack sufficient training and equipment, and have little support from peers and supervisors. Providers may feel that the community is hostile or unappreciative of their efforts or that clients come to the clinic after hours demanding services or fail to follow recommendations.

- **Break down service delivery and utilization issues to root causes.** The issues the community and service providers raise are complex, and it is important to break them down to get a more complete understanding of the causes – which leads to a better understanding of the systemic and underlying governance-related issues. For example, if the issue of lack of supply of medicines is raised, we should ask ourselves why medicines are not being provided. The reasons can be varied; it may be due to poor logistics and supply chain management, or health care providers may be stealing the medicine. If the latter, one must then ask why the health providers would steal the medicines. Is it because they are not being paid enough or on time, or is it because there is a lack of supervision and control over stocks? If the health providers are not being paid on time, is it due to poor or inadequate mechanisms of payment, or are funds for payments disappearing due to issues of corruption?

  Breaking down the issues to their root causes will help CSC practitioners identify (1) where the greatest opportunities for impact are, (2) what kind of actions might be taken, and (3) who needs to be involved in developing and implementing the actions. Using a problem tree analysis for each issue can be an effective tool for this type of analysis.

- **Decide where to focus.** Once issue generation and analysis is complete, decisions about priorities and focus must be made. This happens both during the separate meetings with the community members and service providers, as well as part of the interface dialogue. Discussions should address these key questions:

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[4] See guidance notes "Minimum Conditions for Effective CSC Implementation" and "Overcoming Challenges and Preventing Negative Fall-out from the CSC Process" for more on understanding the context.
[5] Kruk, M., Paczkowski, M., Mbaruku, G., de Pinho, H., & Galea, S. (2009) Women's Preferences for Place of Delivery in Rural Tanzania: A Population-Based Discrete Choice Experiment. *American Journal of Public Health*, *99*(9), 1666–1672.

- o What concerns are most salient and important to the community?
- o What concerns are most salient and important to the service providers and other stakeholders?
- o Which concerns do both community members and service providers believe they can address?
- o Where are the greatest opportunities for impact and success?

- **Still understand the entire context.** Although the majority of CARE's work concentrates on enabling solutions to service delivery at the local level, when appropriate, evidence produced by the CSC process may also be used in advocating for changes at the national level.[6]

  By understanding the whole system and context, other issues beyond those at the service-delivery level may be identified, such as inadequate or non-existent national policies; limited bilateral aid for health; corruption; and bottlenecks in paying salaries, funding, and supply chains. While one project will not have the resources to address all the factors that contribute to poor health outcomes in the community, having a good understanding of all the issues will help set appropriate expectations at the local level, as well as provide information that might serve as a basis for working with partners at multiple levels to address a broader set of issues.

Relevant Resources

Session presentation: Using the CSC in Health Programs
ESID: the politics of what works in service delivery
CARE International UK Governance Context Analysis Tool

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[6] See guidance note "Effectively Linking the CSC to Advocacy Efforts" for more on this.

Ensuring Effective CSC Facilitation

Overview

This CSC guidance note provides information on how to ensure effective CSC facilitation, including: who can facilitate the CSC process, how to train facilitators, and facilitation tips for each phase of the process.

Background

Ensuring effective CSC facilitation requires addressing the following elements:
- **Choosing facilitators –** What are the characteristics a CSC facilitator should ideally possess?
- **Training facilitators –** What should CSC facilitator training include? What training methods should be used? What CSC training materials currently exist?
- **Facilitation tips –** What are helpful tips for ensuring strong facilitation through the different phases of the CSC process?

Guidance from CARE CSC experts on these elements and questions are outlined in the next section.

Guidance

Choosing facilitators
What are the characteristics a CSC facilitator should ideally possess?
- Familiarity with the community and ability to mobilize the community
- Contextual understanding of target population
- Ability to talk to the community and foster honest dialogue
- Knowledge of the local language and culture
- Knowledge of the local CSO and NGO context
- Knowledge of CSC facilitation methodology (may need to be trained)
- Strong facilitation skills
- Respect (not fear) from the community
- Understanding of the sector or focus area the CSC is seeking to improve
- Accessibility
- Literacy (though higher education is not required)
- Neutral community standing, NOT the following:
  - Not a community member or person with power or authority in the community (e.g., politicians, religious leaders, traditional leaders, or local government authorities)
  - Not a service provider from the sector being evaluated (e.g., health provider if the health sector is being evaluated)

Training CSC facilitators
What should CSC facilitator training include?
- Facilitation skills
  - Listening **–** communication and maintaining neutrality
  - Negotiation **–** conflict management
  - Mediation – interpersonal relationships
  - Problem solving and conflict resolution **–** process management, cultural competence, and gender sensitivity

- CSC methodology
  - CSC training of trainers (ToT)
  - CSC on-the-ground training
  - CSC refresher training
  - Training on importance of social accountability
  - Training around building a common understanding of rights
- [Social Analysis and Action](#) (SAA) tool, which can be used separately for addressing culturally sensitive issues

What training methods should be used?
- Experiential
- ToT
- Role playing
- Exploring bias
- Co-facilitation
- Testimonials

What CSC training materials currently exist?
- Links to relevant resources are listed below.

Facilitation tips and tricks

What are facilitation tips and tricks for the different phases of the CSC process?
- Preparation and planning
  - Ensure input tracking is ongoing and verify data from a variety of sources
  - Ensure the facilitator has adequate knowledge of the scope of mandates, entitlements, and available services
  - Sensitize participants and emphasize that the CSC is not a policing tool

- At all meetings (issue generation, Score Card scoring, interface, and follow-up meetings)
  - Hold meetings at a neutral venue
  - Begin by sensitizing participants about the CSC process
  - Listen and give everyone a chance to speak
  - Manage expectations of participants
  - Remember to smile and be friendly
  - Speak in and provide the CSC toolkit in the local language

- Interface meeting and action planning – In particular, proper facilitation of the interface meeting is crucial for the effectiveness of the CSC, and it is essential to guarantee that the stakeholder performing the CSC has community recognition, along with strong technical and mediating skills.
  - Ensure representation from both groups
  - In listing indicators, start with areas of agreement
  - Utilize role-playing techniques to address "hot-button" issues
  - Remind participants the CSC is solution oriented and that everyone has a role to play
  - Share the stage – no group should dominate the floor; create room for all voices to be heard
  - Use the local language to define the process and do not mix languages
  - Designate realistic roles for each group in the action plan
  - Facilitate the participation of higher authorities; include them in the validation meeting

Unanswered Questions

Additionally, there are several issues not fully addressed by the CSC experts, but which require further discussion and consideration:

- CARE staff as CSC facilitators – When is it appropriate for CARE staff to act as facilitators? Is it appropriate for CARE to act as the sole facilitator throughout the process, or should CARE only act as a co-facilitator at the beginning while transitioning to local facilitators? Note that the latter has been found to help ensure continuity of the process.
- Other NGOs as CSC facilitators – Should other NGOs act as facilitators for CARE-led programs, or does this present potential competition?
- Payment of CSC facilitators – Should CSC facilitators provided by local government, local organizations, or communities be paid salaries?

Relevant Resources

See the CSC Toolkit for additional facilitation guides on implementing the CSC
Role-playing Facilitation Skills
Training Teams to Explore, Negotiate, Foster and Challenge

Minimum Conditions for Effective CSC Implementation

Overview

This CSC guidance note provides CSC practitioners with an outline of the minimum conditions necessary to ensure the CSC will be effective. CSC facilitators and program managers can consider these factors when deciding if the CSC is the right tool for realizing their program objectives.

Background

The CSC is an effective tool for enhancing governance and accountability to ensure the provision of quality and equitable services. However, that does not mean it will be successful in every context. There are some minimum environmental conditions and enabling factors that can significantly influence the CSC's success. CARE CSC experts suggest that if an environment does not have the enabling factors and minimum conditions outlined below, the CSC may not be able to achieve the desired results.

Other sections of this report, such as the guidance notes on motivating service providers and overcoming challenges and preventing negative fallout, provide guidance aimed at overcoming common implementation issues and barriers encountered in the CSC process that can also contribute to or hinder some of the below enabling conditions.

Guidance

CARE CSC experts identified enabling factors and minimum conditions for successfully conducting the CSC in the following spheres or with the following groups: (1) CARE organization; (2) donors; (3) general environment where the CSC will be implemented; and (4) CSC participants (citizens, service providers, authorities) at the local, district, and national levels.

CARE enabling factors
- Organizational buy-in (CARE level)
- Management support (financial and human resources)
- Capacities, skills, and technical expertise

Donor enabling factors
- Willingness to take some risk
- Flexibility in supporting unpredictable changes and outcomes
- Understanding that the CSC is a long-term process

General environmental enabling factors
- Functioning, decentralized government with clear roles and responsibilities and mechanisms for raising issues, which will (1) empower local government and service providers to participate in the CSC and be responsive to communities, and (2) help to channel information from the CSC process to the national level when necessary to effect change
- Presence of a civil society that participates and engages at different levels (local, national)
- Favorable policy and legal framework, including laws on accountability and a vertical accountability system

- Political stability – However, it was argued by the CSC experts that while political stability supports a successful CSC process, it is not necessarily a minimum condition. For instance, CARE has been able to implement the CSC in complex emergency environments where services are still being provided.
- Presence of "champions of change" at every level – Key stakeholders may include authorities, citizens, CARE, and donors.

Local-, district-, and national-level enabling factors for CSC participants

For each group participating in the CSC process (citizens, service providers, authorities), the CSC experts outlined in the table below the local-, district-, and national-level enabling conditions necessary to ensure the CSC process is successful.

CSC Participants/ Stakeholders	CSC Enabling Factors & Minimum Conditions		
	Local Level	**District Level**	**National Level**
Citizens	Citizens are aware and accept that with citizenship come rights but also responsibilities.	Citizens believe in their right to participate in the CSC process, as well as engage with authorities in the process.	Citizens trust in institutions and the accountability of these institutions to the issues they raise.
Service Providers	There is a culture of responsiveness and openness to the CSC.	(i) A decentralized system with good coordination at the various levels will help ensure internal coherence, which lends to an environment that can more easily respond and adapt to the issues raised by the CSC process. (ii) SPs are familiar with accountability and the CSC, and are willing to engage in and benefit from the process.	Senior level management of the health facility system are willing to work to improve performance and enhance accountability to service users.
Authorities (Elected and Traditional)	Traditional leaders support the CSC process and encourage community members to participate.	Authorities are willing to collaborate with citizens and service providers in the CSC process and support the CSC outcomes.	(i) National-level authorities are aware of their responsibilities and accountability to society (social contract, etc.). (ii) Authorities support and participate in the outcomes of the CSC.
Civil Society	An active civil society is present.	There is a strong legitimacy of civil society, as well as the capacity and empowerment to network at the district and national levels.	Civil society forums are present for coming together and networking with government.

Motivating Service Providers to Engage in the CSC

Overview

This guidance note presents the barriers and enablers that service providers face in both delivering services and participating in the CSC. CSC facilitators and program managers can utilize this information for developing strategies to motivate service providers to meaningfully engage in the CSC process.

Background

Convincing service providers to participate in the CSC process, as well as fostering their meaningful engagement, is challenging but necessary for the CSC's success. CARE's CSC experts recommend three areas of inquiry in order to help guide their strategy for encouraging and supporting provider participation in the CSC process.

1) An analysis of **barriers service providers face in providing quality services –** to help CSC facilitators communicate to service providers how the CSC process can improve upon their working conditions and capacity to do their job

2) An analysis of **barriers service providers face in participating in the CSC process –** to address and overcome these issues with service providers

3) Identification of **possible benefits service providers may gain from participation in the CSC process –** to leverage this knowledge to motivate providers to engage in the CSC process. Identification of possible benefits can be informed by the analysis done under items (1) and (2).

The below guidance highlights the potential barriers and benefits that service providers may be confronted with in any given situation. Note that this list is not exhaustive, but is informed by the experience of CARE's CSC experts. Also, while the below guidance was crafted with health service providers in mind, many of the issues are applicable to other sectors. It is recommended that CSC practitioners use this information, keeping their unique contexts in mind, to develop strategies that foster service provider buy-in and meaningful engagement in the CSC process.

Guidance

What barriers do health care workers face in providing responsive quality services?
- Lack of recognition
- Low motivation because of low salary or late pay
- Inadequate training
- Huge workload
- Bad infrastructure
- Poor knowledge of service
- Belief that the service does not work or is not appropriate (e.g., attitudes about family planning or abortion)
- Hostile communities (service users/recipients)
- Lack of equipment and supplies
- Lack of emotional support from the community, supervisors, co-workers, and family
- Ineffective management or lack of support from management

- Lack of consequences (sanctions)

- Misconception that CSC benefits only the community
- Low expectations or lack of belief that things will change (fatalistic, not worth the effort)
- Fear of being exposed for bad practice and corruption
- Power dynamics that inhibit participation
- Fear of social sanction from co-workers or supervisors
- Beliefs such as "I'm not responsible"
- Fear of taking risks, change, or uncertainty
- Current workload
- Fear that the process will create more work
- Feelings of being intimidated by the process or outnumbered
- Lack of empowerment for female workers to participate
- Lack of information about process
- Need to protect image, fear of loss of status or reputation
- Fear of exposure to risk and conflict
- Lack of trust in participation and belief that users' engagement can contribute to improving the quality of services

- Improved relationships with communities and service users (need a smiling provider and a smiling community member)
- Improved relationships with supervisor and health officials
- CARE's (or other partner's) commitment to take additional actions to improve supply-side issues and address the demand created from the process
- Opportunity to clarify their expectations to community (e.g., "arrive on time," where to access appropriate services, etc.)
- Improved positive reputation of services
- Recognition for quality improvement and health workers' efforts
- Communication of their rights to the community and increased community recognition of health worker rights
- Increased community fulfillment of its obligations (e.g., health insurance), as well
- Sharing of information and increase in community's knowledge about health and health care services so they may use services more appropriately
- Exposure to feedback, including positive feedback
- Improved understanding among the community about appropriate health-seeking behaviors
- Generation of evidences for discussion and advocacy at higher level, which could eventually contribute to getting additional resources and support
- Improved performance, which may be useful if there are performance-based incentives
- Improved working conditions (e.g., medical supplies, salaries paid on time, increased number of staff)
- Positive self-regard (happy and fulfilled)
- Belief that they can change things for the better

The CSC experts also shared that simply asking service providers what their concerns are, in a safe space where they feel free to share, can go a long way toward building a relationship of trust, which in turn encourages them to engage in the process. Service providers often feel under attack and blamed; giving them an opportunity to express their frustrations and vocalize those feelings, as well as assuring them that the CSC is not about finger-pointing and blame, is very important.

After analysis of the three questions above, the next step is to generate strategies for motivating service providers to participate in the CSC process. **Initial ideas that might help motivate service providers** to participate in the CSC process include:

- Align the CSC with current incentive systems – For example, quality improvements that result from CSC action plans could lead to rewards that are already part of the system.
- Utilize testimonials from health providers who have used the CSC *and* benefited – Hearing from peers that the effort they put into participating in the CSC led to valued outcomes, or that feared outcomes (like hostility from the community) did not occur, could encourage others to participate.
- Conduct cross visits to health facilities that have seen improvements due to the CSC process
- Engage a popular figure (especially someone identified by the service providers themselves) to visit the health center and endorse services and recognize the health workers.

Choosing a CSC Indicator Development Approach

Overview

This CSC guidance note provides (1) an overview of the different CSC indicator development approaches, including methodology, characteristics, benefits, and challenges; and (2) CSC indicator development recommendations.

Background

The focal point of the CSC intervention is the score card, which consists of a number of indicators. Each CSC indicator represents an issue that the community and service providers have identified and jointly assessed. Next they work together to generate solutions to improve this indicator, implement those solutions, and track the effectiveness of the solutions in an ongoing process of improvement.

There are three different types of CSC indicators and consequently three different approaches for developing the score card indicators.

1) CSC participant-generated indicators
2) Standard service-related indicators (based on national standards)
3) Hybrid of CSC participant-generated indicators and standard service-related indicators

The original CARE Malawi CSC methodology uses the first approach, in which CSC indicators are generated from the issues identified by the communities and service providers participating in the CSC process. For example, if the CSC is being used to improve maternal health services, indicators will be created from the issues that community members and health providers identify as the barriers to accessing, utilizing, and providing high quality care. For instance, if the issue of poor male involvement surfaces as a barrier for women to access health facility delivery, then the following CSC indicator could be created: male involvement in birth planning. CARE programs using the CSC methodology traditionally follow the CSC participant-generated indicators approach.

During CSC participant-generated indicator development, CSC facilitators may choose to share with CSC stakeholders an Input Tracking Matrix, which provides an overview of citizens' entitlements and current gaps in meeting these entitlements. This Input Tracking Matrix is initially developed at the start of the CSC process and based on national standards for the sector to be assessed. The entitlement gaps laid out in the Input Tracking Matrix may be taken into account when CSC participants are generating the issues that will be formed into CSC indicators. In addition, the CSC facilitator may take into account the entitlement gaps and national standards when facilitating the CSC participant-generated indicator development process.

As the CSC tool has spread within CARE and beyond, there have been modifications and adaptations to the CSC approach. In some cases CSC indicators are now created from standard service-related indicators, often drawing from national standards and the CSC Input Tracking Matrix when available. For example, if the CSC is being used to improve maternal health services, indicators could be created from strategies and targets outlined in the country's maternal and newborn health strategy. For instance, a country's maternal health strategy may have a component around strengthening youth-friendly services, which could become the following CSC indicator: availability and accessibility of quality youth-friendly services.

A hybrid approach to developing CSC indicators is also being used by some CSC programs, in which some of the indicators are generated by CSC participants and some are standard service-related indicators. Drawing on the

examples outlined above, using this hybrid approach would mean the indicators might include both male involvement in birth planning and availability and accessibility of quality youth-friendly services.

Below is guidance from CARE CSC experts on (1) the different CSC indicator development approaches, including methodology, characteristics, benefits, and challenges; and (2) CSC indicator development recommendations.

Guidance

	CSC Participant-generated Indicators	Standard Service-related Indicators
Methodology	The CSC facilitators group the service implementation issues generated through community and service provider focus group discussions into themes and then create indicators for each theme.	The CSC facilitators create CSC indicators from national standards or other relevant standards.
Characteristics	• Bottom-up approach • Built on the assumption that the major service implementation issues are unknown	• Modified approach • Top-down approach • Built on the assumption that the major service implementation issues are known
Benefits	• These indicators are relevant to the community and service providers, as they are generated by these groups. • These indicators allow for the CSC process to be responsive to context-specific needs of each participating set of communities and service providers. • Given the fact that the communities and service providers generate these indicators, they will likely have more ownership and understanding of them. • This approach emphasizes context-specific issues and local solutions. It may be most appropriate (but not limited to) when the CSC is being used to improve service quality, coverage, and equity through actions within the control of the local-level officials, service providers, and community members. • Community-based indicators may be used to inform national policies and the necessity to develop new standards or change existing ones.	• This approach allows for comparison across multiple CSC sites, as the indicators are the same. This is useful for monitoring service provisions against national targets and for advocacy use. • These indicators may be of most interest to the government to track its progress on achieving commitments. • This approach emphasizes national-level issues requiring national-level solutions. It may be most appropriate (but not limited to) when the CSC is being used to generate evidence to inform national-level advocacy and action.

	• Dialogue builds trust and a sense of mutual responsibility for outcomes.	
Challenges	• Comparison across multiple CSC sites can be a bit complicated, as the indicators may not be the same. Therefore, rolling the CSC indicators up for monitoring against national targets and for use in advocacy may require a more thoughtful approach. • This approach requires the sometimes challenging process of aligning service-provider and community-generated indicators. • There may be a low level of national government understanding and ownership of these indicators as they are imposed.	• National or standard indicators may not always be relevant to the community, service providers, or local issues. • This approach does not always allow the CSC process to be responsive to the context-specific needs of each set of communities and service providers participating in the CSC. • There may be a low level of community and service provider understanding and ownership of these indicators as they are imposed. • National standards or other relevant standards may not exist.

Recommendations

At the start of a CSC project, a decision should be made in regards to which CSC indicator development approach will be taken: (1) CSC participant-generated indicators, (2) standard service-related indicators (based on national standards), or (3) a hybrid of CSC participant-generated indicators and standard service-related indicators.

Making the decision as to which CSC indicator development approach to utilize is important. Additional CSC indicator tips from CSC experts include the following:

- The **ideal number of indicators** is ten or less. Limiting the number of indicators helps to focus improvement efforts. Too many indicators may seem overwhelming and reduce motivation, whereas having fewer increases the chances of success. Experiencing success will lead to greater enthusiasm for and motivation to engage in the process by all stakeholders.

- CSC **facilitators are instrumental** in the CSC indicator development process. They need to have adequate technical expertise to decide which CSC indicator development approach to take. They also require technical expertise to be able to tease out the most relevant service utilization and provision issues that should become CSC indicators.

- CSC **facilitators need to have good facilitation skills** to navigate the CSC development process. For example, they may need to help service providers and communities agree on common indicators under circumstances in which there is disagreement, tension, or potential finger-pointing. Successful facilitation of the interface meeting is critical to a successful CSC process, and agreeing on indicators is one of the most challenges parts of the interface meeting.

Ensuring the CSC Process is Gender Sensitive

Overview

This guidance note presents a set of recommendations for how practitioners can make the CSC process more gender sensitive and ensure it is addressing cross-cutting gender issues. The guidance presents several modifications to the CSC process that can be made in order to guarantee the inclusion of women's voices and perspective throughout the CSC process.

Background

The CSC is an excellent tool for identifying and addressing social-cultural gender barriers to the provision and utilization of public goods and services. For instance, the CSC can be used to:
- Expand women's and girls' access to quality health care services
- Address demand for family planning (FP) services and increase women's access and utilization of FP services
- Include women as a specific group in the health insurance scheme
- Understand barriers to supportive male engagement
- Improve women's access to agricultural inputs and land, as well as other income-generating activities
- Advance girls' access to quality education
- Change restrictive and harmful underlying gender norms
- Augment women's voices in the home and community

It should be noted, however, that it is important for practitioners to ensure the CSC process is gender sensitive and includes women's participation and perspective, even when the issue or topic being addressed is not a particular gender issue. In other words, the CSC can be gender sensitive without addressing a specific gender issue.

Recommendations

The recommendations outlined below can aid CSC practitioners in better addressing gender issues and guaranteeing women's participation and perspective in the process.

CSC preparation
- Conduct gender equality training for CARE staff and trainers and facilitators involved in the process to raise awareness of gender dynamics that affect the CSC process and program goals
- Ensure a gender balance among the staff conducting the preparation work
- Include women and women's groups in all aspects of the preparation work
- Hold separate meetings for women only to determine issues and needs specific to them that should be raised during the score card process
- Conduct a gender analysis at the community level to identify key gender inequalities or issues related specifically to the focus of the score card. Findings can then frame the gender issues that are addressed in later steps

Community score cards
- Mobilize women to attend community score card meetings
- Enable women to attend community score card meetings (by planning a venue, time, and format that allow women to participate)

- Hold focus group discussions for women only, facilitated by women; follow this by bringing everyone back to a mixed-group discussion of the issues identified by the women using safe-space facilitation techniques[7]
- Include women facilitators in the design of the indicators, including the discussion of the issues, the clustering leading to the indicators, and the actual scoring
- Include at least one indicator that addresses gender inequalities or dynamics

Service provider score cards
- Ensure a gender balance in the service providers' (SPs) meeting, making certain that women SPs are not only involved, but also actively participating
- Provide gender analysis to SPs and encourage providers to identify at least one gender issue or gender equality indicator based on the analysis and/or their own work priorities[8]

Interface meeting
- Include women in the interface meeting and mobilize women to attend
- Hold the meeting at a venue and time that is favorable to women's participation (for community members and service providers)
- Provide an environment and format that is conducive to women's participation. This entails understanding the power dynamics and making sure women have an equal voice.

Action planning and M&E
- Include sex-desegregated data and indicators that address gender-specific needs
- Include at least two gender goals in the implementation plans
- Ensure women's participation in follow-up action planning. This entails giving meaningful roles to women in the action plans.

Relevant Resources

Gender Analysis Good Practices Framework
Gender Equity & Diversity Gap Analysis for CARE offices
Gender, Equity and Diversity Training for CARE staff
Social Analysis and Action

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[7] During focus groups with both community members and service providers, it is important to ask challenging questions about the "whys." For example: Why don't young women come to health care facilities for FP services? Why don't men come with their partners during delivery of the baby? Why don't service providers talk to unmarried women about FP services and their rights to obtain those services?

[8] One tool that could help SPs identify a gender equity indicator would be a short Social-Analysis-and-Action-like exercise, such as a problem tree. See relevant resources above.

Ensuring Inclusion and Participation of Marginalized Groups in the CSC Process

Overview

This guidance note explores how CARE can both ensure that marginalized groups (especially youth) are included in the CSC process, as well as guarantee that their issues are addressed through the CSCS process. The note begins with a list of common challenges to the inclusion of marginalized groups, followed by a set of recommendations for overcoming these barriers.

Background

Marginalized groups, such as youth and indigenous populations, often face additional access barriers to public goods and services. Their presence and voice have also traditionally been left out of community discussions surrounding governance and accountability, further hindering marginalized groups from exercising their rights. The CSC, if carried out with a consideration for ensuring the inclusion of marginalized groups, can aid in expanding these groups' empowerment, access to services, and voice in the community.

In order to help CSC practitioners enhance the effectiveness of the CSC in capturing the perspective and participation of marginalized groups, CARE's CSC experts identified commonly faced barriers to inclusion, as well as strategies for overcoming these challenges.

Challenges

Some common challenges and barriers CSC practitioners face in ensuring the inclusion and participation of marginalized groups in the CSC process include:

- Defining the marginalized group or determining who is considered marginalized in a given context
- Marginalized groups' capacity to participate meaningfully, articulate their needs, and raise their voices
- Negative attitudes of local leaders in relation to marginalized groups and their tendency to push these groups aside
- Forbiddance in some contexts to identify ethnic groups, which makes targeting and working with marginalized ethnic groups difficult
- Lack of organizational guidelines on how to include marginalized groups in various processes
- Self-exclusion of marginalized groups
- Difficulties in reaching out and generating youth interest and willingness to participate
- Developing a CSC implementation schedule that is accommodating to school schedules
- Ensuring that the needs and concerns of marginalized groups raised during the CSC process continue to be addresses and/or are reflected in community priorities at the end of the CSC implementation
- Efforts of organizations to represent marginalized groups that cannot participate – in these cases there can be concerns with the organization's legitimacy in representing the marginalized group
- Managing the power dynamics throughout the CSC process to ensure the voices of the most powerless do not get lost

Recommendations

This set of recommendations outlines strategies that CSC practitioners can employ for addressing the above challenges, engaging marginalized groups, and ensuring their issues and input are captured in each step of the CSC process.

CSC planning and preparation phase

- Link with peers or other NGOs in the identification of marginalized groups for inclusion
- In contexts where discussion on ethnicity is not allowed, work with and through organizations representing marginalized groups
- Deliberately ensure members of marginalized groups are identified as community facilitators, in some cases enlisting local leaders in identifying marginalized groups
- Ensure ethnic diversity among facilitators when mobilizing/organizing communities for CSC participation
- Plan how to balance representation in the CSC process with the actual scale of representation in the communities in order to draw compelling evidence for governments that are interested in numbers
- Train CSC facilitators on how to ensure that the ideas and inputs from marginalized groups are included throughout the process
- Develop a strategy to prevent loss of marginalized groups' voices (expressed needs, concerns, and priorities) during the community interface meeting and in developing priorities and action plans
- Inform village leaders in advance to ensure marginalized groups are involved during the CSC process

Score card generation

- Organize focus group discussions specifically for marginalized and vulnerable groups in order to identify their challenges and issues for inclusion in the CSC
- Hold meetings at a convenient time for marginalized groups
- Ensure indicators that specifically address issues raised by marginalized groups are discussed and considered for inclusion in the CSC

Interface meeting and action planning

- Ensure marginalized group representation and participation in follow-up action planning, including assignment of meaningful roles
- Hold meetings at a convenient time for marginalized groups
- Ensure indicators that specifically address issues raised by marginalized groups are discussed and considered for inclusion in the action plans

Other considerations

- Combine the CSC process with activities specifically aimed at empowering marginalized groups
- Attach a sensitization campaign to the CSC process in order to maintain awareness and support for community participation of marginalized groups
- An important **question for future consideration** is how to deal with an unexpected power shift or change of power in the governance landscape.

Relevant Resources

The [Governance and Accountability Project (GAP)](#), implemented by CARE Tanzania, also presents several useful strategies for ensuring marginalized group participation and inclusion.

Mitigating and Overcoming CSC Participants' Unrealistic Expectations and Demands

Overview

This guidance note outlines the unrealistic demands and expectations that CSC practitioners may encounter during the CSC process and provides strategies and approaches to mitigate and overcome them.

Guidance

Unrealistic Demands and Expectations	Approaches and Strategies to Overcome Unrealistic Demands and Expectations
1) Mismatch between the focus/purpose of the CSC process and the issues raised during the CSC issue–generation step	• CSC facilitators need special training in facilitation skills to keep the conversation focused. • Ensure a thorough understanding of the specific issues in the community so the CSC can address what is relevant to the community and service providers. • Be clear with government officials, community members, and service providers about CARE's role, funding, and focus. • During the interface meeting, the CSC facilitator must make sure there is clarity about what can and cannot be address in the process. • Link to other actors who may be able to address issues outside of the CSC's scope.
2) Outcomes of the CSC action plan not in line with the changes the CSC participants expected	• Explain clearly which actions in the action plan will be implemented, when, and what are the expected results. • The resources included in the action plan must match the resources available for improvements. • Ensure that decision makers are present and actively involved in designing the action plan. • The CSC facilitator has a key role to play in ensuring action items are prioritized so there is a reasonable number. • Make sure the action plan's implementation roles and responsibilities are clearly outlined. • Ensure that communities and service providers are aware of their entitlements so they are not requesting actions that are not possible.
3) Length of time it takes to solve issues raised in the CSC process – some participants expect issues to be addressed immediately	• All approaches outlined under # 2 are applicable. • Ensure the responsibility for implementation of the action plan is spread across several people (including service providers, local government, and community members) so that no one group is overburdened and several action items can be carried out simultaneously. • During action planning, the CSC facilitator should make sure that participants are being realistic about the time it will take to execute each action item. • Align the action planning process with the local government's budget cycle.

4) Service providers or local leaders demanding a stipend/ allowance/per diem to participate in the CSC process	• Keep talking! This issue will come up, and it is only through continuous dialogue that it will be resolved. • Visit service providers at their places of work and local government representatives in their homes to avoid having to pay the allowances associated with travel. • Understand the current reward system in place. • Clearly and consistently explain CARE's policy and do not make exceptions.
5) Service providers or government wanting a "material" contribution from CARE	• CARE must clearly define its role. CARE needs to be clear with government officials about what CARE can and cannot do in the process. • Be transparent about CARE's role, funding, and focus. • Link to other actors who may be able to address issues outside of CARE's scope.

Overcoming Challenges and Preventing Negative Fall-out from the CSC Process

Overview

This guidance note identifies the potential challenges of implementing the CSC in politically controlled or sensitive environments and outlines workable strategies to successfully overcome these challenges in order to minimize negative fall-out.

Background

CARE Ethiopia presents an interesting case study on implementing the CSC in a politically challenging environment. CARE Ethiopia implemented two HIV & AIDS projects (Getting Ahead and Springboard) with CSC components from 2007-2011. These projects operated in the context of a Government of Ethiopia (GOE) NGO Policy that prohibits international NGOs from working on matters that concern advocacy, governance, or rights.

Instead of presenting the CSC as a governance tool, CARE Ethiopia presented the CSC's benefits as a quality improvement tool. The GOE permitted the CSC as a quality improvement tool because improving service quality is an objective of the GOE's national strategy. Furthermore, instead of facilitating the CSC process directly, CARE Ethiopia trained government officials to carry out the CSC process. Involving government officials allowed the CSC process to continue without violating the GOE's policies. There is evidence the GOE has continued to use the CSC within the government to improve service quality.

There are two main political contexts in which CARE implements the CSC: (1) open societies with a history of stability, but periods of instability, such as during election periods (e.g., Malawi, Tanzania, Egypt); and (2) politically controlled and sensitive societies (e.g., Ethiopia and Rwanda).

CARE CSC experts representing both contexts identified challenges of implementing the CSC in these contexts, as well as strategies for mitigating these challenges and preventing negative fall-out. Their insights and recommendations are outlined in the table below.

Guidance

Context 1: Open with a history of stability, except for volatile periods, such as election times (e.g., Malawi, Tanzania, Egypt)	
Challenges	**Strategies**
Governments may not want negative information highlighted during election periods. For example, they may not want issues about development indicators and service provision highlighted during elections.	• Take down any publically displayed CSC-generated information during election periods (e.g., billboards, etc.) • Share CSC evidence directly with partner networks so CARE is not blamed for criticizing governments • Clarify the purpose of CSC evidence in all documents CARE shares • Do not push CSC information up to the national level during politically sensitive times • Consider not implementing the CSC during election periods

Politicians may try to use CSC evidence for personal gain in their campaigns or hijack the CSC as a platform to advance their political agendas. For example, they may use the interface meeting as a platform to talk about their agendas or highlight all the service provision issues to show fault with the incumbent.	• During election periods, ensure the information shared is from health officials and health care providers, not from politicians • If politicians are using the CSC platforms inappropriately, discontinue interface meetings • Clarify the purpose of CSC evidence in all documents CARE shares • Do not push CSC information up to the national level during politically sensitive times • Consider not implementing CSC issue generation during election periods
Creation of the CSC Input Tracking Matrix depends on information about government service provision, which may be difficult to obtain during election periods.	• Collaborate with other NGOs who collect information • Use local data (e.g., administrative and qualitative data from service providers and the community)
NGOs may be reticent to mediate community and government dialogue during elections for fear that the communities may blame NGOs for the politicians' inability to deliver on campaign promises.	• Ensure the CSC action plan's responsibility section is filled out in detail • Consider not implementing the CSC during election periods
In some cases rights language may not be acceptable during elections.	• Change CSC language from "rights" to "quality improvement"

Context 2: Politically controlled and sensitive environments (e.g., Rwanda, Ethiopia)

Challenges	Strategies
Mismatch between community needs and what can be addressed.	• Align the CSC with the government planning process so the community's needs can be incorporated into the government's agenda • Advocate for institutionalization of the CSC in local government management and planning processes
Lack of/low financial and technical capacity to respond; there are a lot of needs but no capacity to meet those needs.	• Include stakeholders (government and NGOs) in the CSC action planning process in order to get stakeholder buy-in, and thus, hopefully more technical and financial support for addressing the needs
Restrictions on NGOs' community-level activities.	• Involve local government officials in conducting the CSC process
Rights language is not acceptable.	• Change CSC language from "rights" to "quality improvement"

With these contextual challenges in mind, the following **steps are recommended before** undergoing the CSC process:

- Ensure a sound understanding of the socio-political context **–** one tool that can aid in this is the Governance Context Analysis Tool
- Conduct a thorough analysis of the minimum conditions for a successful implementation of the CSC[9]
- Identify possible challenges that may arise during the CSC process and develop strategies to prevent and mitigate the risk of negative fall-out

Unanswered Questions

Unanswered questions that remain include:

- Given the varying contexts in which the CSC is implemented, does it make sense to standardize the CSC methodology across CARE?
- Election times are a critical opportunity to follow up on political promises and to hold the government accountable. Could election periods be a strategic time to intentionally link the CSC process with or is that too risky and not CARE's role?

Relevant Resources

CARE International UK Governance Context Analysis Tool
The Community Scorecard in Ethiopia

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[9] See guidance note "Minimum Conditions for Effective CSC Implementation" for ideas on this.

Developing an M&E Framework for CSC Projects

Overview

This guidance note offers CARE CSC experts' insights into how to develop a CSC M&E framework, including identification of the ultimate purpose of the CSC, consideration of what changes might take place as a result of the CSC approach, and development of indicators that can be used to track and assess expected changes.

Recommendations

1) Identify the purpose of using the CSC tool

The CSC is ultimately used to improve access, utilization, and quality of service delivery. Improving services is the intended outcome of the CSC process, and improving human development indicators is the intended impact of the CSC process. However, as the tool is being implemented, it is also very important to measure governance outcomes, such as improved decision-making, transparency, and accountability. These governance outcomes are "the enablers" for services to be improved, and it is important to include these changes and the relevant indicators in the M&E framework attached to any CSC program.

2) Outline what changes are expected as a result of using the CSC approach

It is important to identify all the changes that are expected as a result of using the CSC process in a program in order to adequately track and assess these changes.

One approach that can be used to surface the changes is simply to ask project stakeholders what changes they expect to see from using the CSC approach. Below is a list of potential changes CARE CSC experts have identified as common outcomes and impacts resulting from the CSC process for both of the two purposes outlined above.

- **Changes in stakeholders' empowerment**
  - **Changes in knowledge and capacity** – citizens and service providers have increased knowledge of governance processes and health
  - **Changes in agency** – women, citizens, and service providers are more empowered to engage in collective action and demand accountability
- **Changes in service providers' and public authorities' accountability** – power holders are responsive to citizens' needs and have the capacity and resources to provide quality services. This may include:
  - **Changes in institutions** – mechanism for accountability and improved infrastructures (e.g., supply, pay, etc.)
  - **Changes in policy** – SRMH policies implemented or changed
- **Changes in relationships and interaction** – there are more spaces for dialogue between users and providers in both the formal (village development or health workers' committees) and informal (community meetings) spheres
- **Changes in service provision**
- **Changes in health-seeking behavior**
- **Changes in well-being** – improvements in citizens' health

Asking project stakeholders about their expectations helps identify all the changes that may be expected and should be considered when deciding on indicators and developing the M&E framework. Additionally, the outcome of this exercise can feed into the development of a Theory of Change and attribution chain (see next section).

## 3) Develop a Theory of Change (TOC) and result chain

The TOC defines all the building blocks required to bring about the ultimate goal of the CSC process, as well as demonstrates how the steps are related. It presents a causal pathway of what changes are expected to occur as a result of the CSC process. The expected changes from implementing the CSC, identified from step (2), can be used to outline the story of how changes are envisioned to occur.

For example, CARE's Governance Programming Framework (GPF) outlines a high level TOC to guide and underpin CARE's governance work (including the CSC):

> *If citizens are empowered **and** if power holders are effective, accountable and responsive **and** if spaces for negotiation are expanded, effective and inclusive ➔ then sustainable and equitable development can be achieved (e.g., improved health service implementation and outcomes). Change must take place and be sustained in all three of these domains to achieve the intended impact.*

While each CARE project using the CSC approach may have a slightly different TOC, they all will likely contain similar elements, as outlined in this high-level TOC.

Another way to simplify a TOC is to develop a result chain. The result chain is simply another tool for organizing the potential changes expected to result from the CSC process and how these changes lead to the ultimate purpose. Below is an example of a result chain.
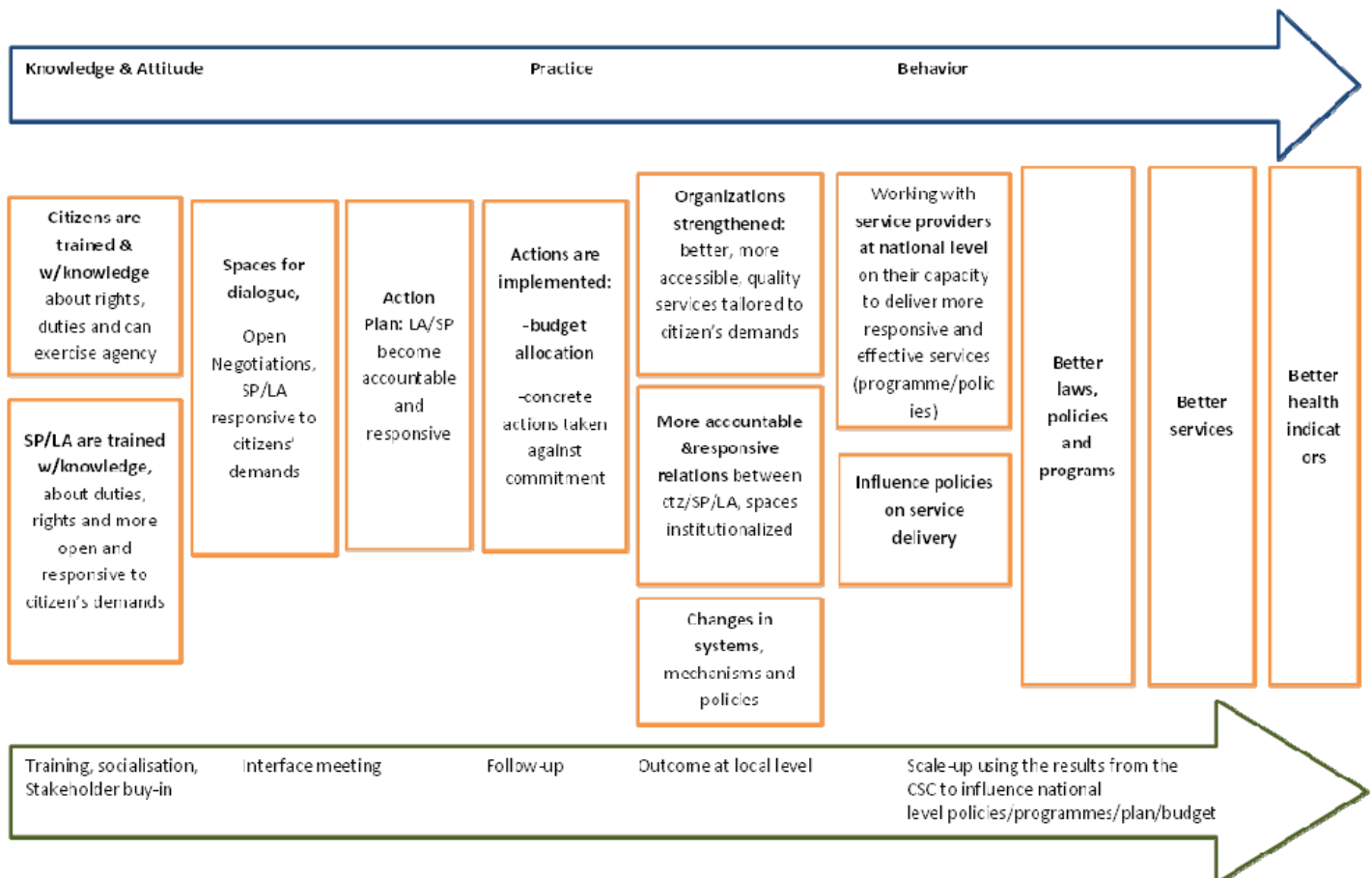
4) Develop indicators to track expected changes

Now that the TOC and result chain have been developed and expected changes that lead to the ultimate goal outlined, the next step is to determine how to track and assess these changes, including the best indicators for measuring each change.

One useful tool for identifying indicators is CI UK's M&E Governance Guidance Note's Indicator Guide,[10] which offers a set of generic governance indicators to pick from and adapt depending on a project's needs. The Indicator Guide outlines potential indicators for governance domains and sub-dimensions, as well as possible ideas on how to collect the information.

5) Some additional things to keep in mind when developing a CSC M&E system

- The CSC process may have unintended consequences or influence on other services and democratic practices in the community. Trying to capture these changes in an M&E framework is important.

- When designing the CSC M&E framework, it is important to keep in mind how the M&E information will be used (e.g., to inform the program itself, for reporting to the donor, for fundraising, to try to get the process institutionalized, etc.). The intended uses and audience need to be taken into account when making decisions about what type of data to collect, how to collect it, and how to present it.

Relevant Resources

Session presentation: How to develop an M&E framework for CSC projects
CARE International UK - Governance Programming Framework
CARE International UK - M&E Guidance Note
Implementation Science Alliance Project backgrounder
Presentation on the Implementation Science Alliance

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[10] This is part of the Governance Programming Framework pack, which includes the Governance Programming Framework (GPF), the M&E Guidance Note, and the Governance Context Analysis Guidance Note. The M&E Guidance note is generic and builds around the three domains and dimensions of change of the GPF. Links to these resources can be found under Relevant Resources above.

Effectively Linking the CSC to Advocacy Efforts

Overview

This guidance note identifies the internal and external challenges, as well as enabling factors, for linking the CSC processes to national-level advocacy work, in order to aid CSC practitioners in their efforts. The note also outlines the additional support CARE CSC experts have identified as necessary in order to conduct advocacy at the national level.

Background

Over the past ten to fifteen years, CARE's redefinition of its mission from a needs-based to a rights-based approach has prompted greater attention to addressing underlying socioeconomic, cultural, and political systems and practices that keep people in poverty. As indicated in CARE's program approach, a successful project should be a means to bigger impact, not an end in itself. Advocacy is recognized as a critical strategy to dramatically expand the impact of programs, achieve long-term improvements in health and other development indicators, and reach CARE's broader goals of poverty reduction and social justice. The central role of advocacy is reinforced in Vision 2020, which envisions CARE having a strong capacity for "local-to-global" advocacy.

In this context, CARE has been building its capacity in governance and undertaking strategic evidence-based advocacy. The CSC process itself and the information and evidence generated through the process can be useful in supporting advocacy efforts at the sub-national and national levels.

Yet, CSC practitioners often encounter challenges in linking CSC work at the local level to the changes desired at the national level. This guidance note presents some of the challenges faced when trying to make this link. It also includes factors that enable success and areas in which CSC practitioners may need additional support to advance advocacy efforts.

Challenges

The following challenges to advancing advocacy work at the national level have been identified by CARE CSC experts:

Internal to CARE
- Tension between partnering with the government, on the one hand, and being critical and trying to influence it, on the other
  o Historically, CARE has not been known as an advocacy group. CARE tends to be risk adverse and reluctant to jeopardize its relation with host governments or its reputation as a "neutral" NGO by undertaking policy-influencing initiatives.
  o In some COs, CARE has little visibility, preferring to remain behind the scenes and work through partners.
- Lack of advocacy capacities in the COs (including dedicated advocacy staff)
- Funding limitations – advocacy is often linked to a specific project, and the timeframe is usually short term
- Lack of capacity to conduct risk assessments and properly evaluate and address the reputational risk of working with certain partners or on certain topics, as well as the risk of exacerbating existing conflict/violence (applying a do no harm approach)

- Lack of capacity/resources to measure the impact of advocacy work, given the unique challenges posed in measuring advocacy

External
- Lack of political stability or political will or, in some cases, political pressure to abandon a campaign
- Difficulty mobilizing communities on issues that are considered partisan or not supported by the government
- Reluctance among CSOs aligned with the ruling political party to be critical of the party's agenda and play the watch dog
- Government pressure to ensure policy issues align with their political agenda
- Dependency on donors' agendas and interests to obtain support on certain advocacy issues
- Government restrictions on advocacy by international organizations (e.g., Ethiopia), governments that limit citizen engagement and/or lack commitment to accountability at national level
- CSOs' lack of capacity at local and district levels to generate evidence, develop advocacy strategies, and leverage advocacy opportunities (e.g., the space for dialogue is in place, but CSOs do not know how to make the most effective use of it)
- Misalignment between the political platform of local, grass roots CSOs and national platforms, creating competition for political attention and resources
- Reluctance of the district-level authorities and service providers to take up issues raised by the CSC to the national level for fear of showing ineffective management of services
- Lack of structures to support decentralization

Enabling Factors

The following approaches have been identified by CSC experts as enabling factors for the successful engagement in advocacy work. Ensuring these factors are in place may aid CSC practitioners when facing some of the challenges outlined above:

Internal to CARE
- Implementation of the Program Approach (PA) – the PA requires a more integrated, long-term approach to programming, including advocacy
- Identification of innovative mechanisms to fundraise for advocacy efforts
- CO commitment, buy-in, and support for advocacy at senior level (including financial support)
- Existing positive and well-established reputation with government and partners
- Strong personal networks through which CARE staff can informally discuss issues identified in the CSC process and other advocacy issues with policy influencers
- Understanding that advocacy does not have to be confrontational
- Strong capacity to conduct contextual analysis and be able to identify political windows of opportunity (timing matters!)
- Generation of evidence showcasing the value and results from the CSC process, which adds legitimacy to advocacy efforts

External
- Increased impact through work with partners (CSOs/NGOs), allowing for more synergies and complementarities in roles (e.g., information generation and sharing, social mobilization, etc)
- Use of CSC-generated evidence by networks and partners to inform advocacy efforts, particularly when CARE is not able or allowed to do so
- Technical support provided to national NGOs/CSOs to strengthen their capacity to advocate

- Community committees of informed citizens or other mechanisms to sustain advocacy efforts after project completion
- Engagement of government officials from the start and buy-in to the CSC process and findings
- Additional research and other advocacy approaches (e.g., media, messaging, documentation) to supplement CSC information

Needed Support

CARE CSC experts indicated that in addition to financial resources, the following support is needed to further enable CSC practitioners to engage in advocacy work. These are items and actions practitioners may want to consider for inclusion in any proposal seeking to integrate an advocacy component:

- Designated staff who will be accountable for national advocacy (for capacity and coordination)
- Resources for M&E – tools needed to monitor progress, measure the impact of advocacy, and demonstrate the value of data generated by the CSC (see outcome mapping tool under relevant resources as an example)
- Capacity building in the following areas:
  - Developing advocacy strategies
  - Documenting the CSC experience and lessons learned from others that have linked the CSC with advocacy
  - Linking the local to global level, making the most of CARE's field work
  - Linking CSC evidence with research/additional surveys
  - Identifying how to best use the evidence to convince government representatives
  - Documenting the validity of the CSC to present (share with government representatives)
  - Developing a policy brief and putting in place as reference for all CO staff
  - Building the capacity of partners to be effective advocates
  - Mapping key stakeholders
  - Conducting contextual and policy analysis

Relevant Resources

CARE International UK Governance Programming Framework
CARE International UK Governance Context Analysis Tool
CARE Advocacy Manual [Currently under revision, est. Summer 2013]
Session presentation: Linking CSC and Advocacy: Opportunities and Challenges
Evaluation materials: Advocacy for Women's Empowerment and Gender Equality: What's it All About?; Outcome Mapping; Outcome Mapping II
Case Study: CARE Tanzania presentation on experience linking the CSC and advocacy efforts; Evidence-based advocacy - CARE's Health Equity Project in Tanzania

Scaling Up the CSC

Overview

This guidance note outlines reasons why programs might want to take the CSC to scale, as well as challenges associated with doing so and recommendations and strategies for overcoming those challenges.

Reasons for and Challenges to Scaling Up

There are a number of **reasons a project might wish to scale up** the CSC process:
- Further experience with the CSC in other geographies, with different groups, or in different sectors, which may help establish the evidence base and increase overall support for the CSC
- Ensure that the gains from the CSC process are sustained
- Creating broader impact
- Increasing government accountability in addressing citizens' needs and augmenting transparency and accountability of service providers
- Improving quality and equity of services more broadly
- Enhancing citizens' participation in the policy process
- Fulfilling or meeting government requests/expectations or own objectives
- Improving CARE's reputation as a leader in governance and health
- Leveraging support and funding for CARE's work
- Expanding what CARE believe adds value by sharing a tool that works
- Ultimately, aiding in achieving CARE's goal of eradicating poverty

Some of the **challenges to scaling up** include the following:
- Need for assistance from others to scale up beyond CARE's role as a laboratory/innovator
- Lack of funding and technical capacity needed for scaling up
- Not enough visibility and recognition of the CSC as an innovative tool
- Government tensions and restrictions on program
- Difficulty linking the use of the CSC at the local level with "the bigger picture" for scaling up, i.e., the desired change at the local level, as well as the national and global levels, are not always clear
- Identifying partner organizations who have a long standing commitment to similar issues and might be invested in scaling up
- Defining scale – do we mean geographical scale up, local-to-national scale up, or scaling across sectors?
- **Behavior change** – scaling up the CSC is in fact about changing behavior. To successfully and effectively implement the CSC on a broad scale, the behavior of a number of different actors , including community members, district officials, service providers, and our own program staff, must change.[11]

How? Developing a Strategy for Scaling Up

It is important when developing a program to have a Theory of Change – a clear understanding of how it is believed a program will work to create the sought after changes. A theory of change helps to focus a program's efforts on key levers or critical factors that are believed to drive change in outcomes.[12]

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[11] The presentation under Relevant Resources provides a case study of a program that successfully utilized entertainment education, in this case a radio program, to change behaviors of pregnant women in seeking PMTCT services.
[12] See guidance note "Develop an M&E Framework for CSC Projects" for more on developing a Theory of Change.

Theory can also help CSC practitioners think more clearly about what factors influence scale up and how they might direct efforts most effectively to target those factors and facilitate widespread adoption and effective implementation of the CSC process.

When thinking about how to achieve scale up, one particularly useful theory is the Diffusion of Innovations (DOI) theory.[13] DOI describes the way in which new ideas, opinions, attitudes, and practices (i.e., innovations) spread throughout a community. This theory suggests that there are five basic stages in the adoption process:

- **Awareness** – potential adopters need to be aware of the new idea or practice
- **Knowledge** – potential adopters need to have some level of understanding and be knowledgeable about the innovation
- **Persuasion** – potential adopters need to be persuaded that this is an innovation they should adopt
- **Adoption/motivation** – potential adopters need to make the decision to adopt the innovation and be motivated to adopt it
- **Implementation** – adopters must then implement the innovation

There are also several key characteristics of an innovation that make it more likely to be adopted by others:

- **Low complexity** – the simpler an innovation is to use, the more likely it is to be adopted
- **Observability of effects** – it is helpful for potential adopters to see the positive benefits that occur as a result of the innovation
- **Triability** – potential adopters need the ability to try out a program on a small scale first, as the opportunity to test it makes it more likely to be adopted
- **Compatibility** – it is important that a program fits with the potential adopters' culture, way of communicating with each other, and core beliefs, values, and priorities.
- **Relative advantage over existing or alternative programs** – it is important to demonstrate the advantage of this innovation over the current practice(s)

These ideas from DOI can be helpful as CSC practitioners think about strategies for scaling up. For instance, practitioners might ask themselves questions such as:

- How can we raise awareness about the CSC and its potential benefits among community members, health providers, and officials?
- Is the CSC simple enough to use in this context or are there ways to break it down into simpler steps?
- Can we provide opportunities for providers to talk with or observe others using the CSC?
- Can they try it out on a small scale first?
- How might the CSC process clash with current understandings and ways of doing things, and are there things we could do to address those concerns and increase the "fit" of the CSC process into the existing community or health systems?
- What are the possible advantages over the current way of doing things, and what can we do to show those advantages?

Guidance

With the above in mind, CARE CSC experts offered the following as strategies they have used, or believe would be effective, in scaling up the CSC:

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[13] Everrett, Rogers. (1995) *Diffusion of Innovation – Fourth Edition*. New York: The Free Press.

- Increase knowledge and capacity of CARE staff across technical units to help ensure the legacy of CSC knowledge
- Provide peer-to-peer opportunities for non-adopters to learn about the benefits of the CSC
- Encourage "champions" at all levels to come out in support of the CSC
- Leverage partnerships with other organizations and personal networks to identify and engage additional stakeholders
- Conduct a thorough stakeholder analysis and mapping to identify potential partners for scaling up
- Negotiate with governments to integrate innovations within government plans and policies
    o   If possible, involve the government from the beginning of the CSC process, so as to demonstrate benefits and encourage ownership of the process early on.
- Generate and document evidence of CSC success and share with the relevant stakeholders
- Utilize informal spaces/institutions, such as public meetings, focus group discussions, and exposure visits, to spread awareness of the CSC
- Use the media in innovative ways for awareness raising and advocacy. For example, show role models (community members, health providers, health officials) participating in the CSC process overcoming obstacles and experiencing the benefits of participation. Role models in the media can not only raise awareness about the CSC, but they can also be champions, demonstrating the advantages of participation and how they overcame challenges (such as fear of community sanction or lack of time).

Relevant Resources

Session presentation: [Taking the CSC to Scale - Diffusion of Innovation Theory](#)

Guaranteeing CSC Sustainability

Overview

This guidance note aims to clarify and define what CSC sustainability means. It also provides practitioners with a set of factors that are likely to contribute to and influence CSC sustainability in their programs. This guidance note begins by sharing evidence of CSC sustainability from CARE Malawi.

Background

The *Supporting and Mitigating the Impact of HIV/AIDS for Livelihood Enhancement (SMIHLE)[14]* project, implemented by CARE Malawi from 2002-2010, provides a good example of CSC sustainability. The CSC was introduced to SMIHLE after a 2007 mid-term evaluation found that monitoring and feedback was insufficient at the field level. The CSC provided project participants with a method for enhancing their influence on how project and local services were delivered, thus better meeting their needs and increasing the project's effectiveness.

Despite the fact that CARE's support for the SMIHLE project ended in 2010, some community members who participated in SMIHLE have continued to implement the CSC on their own. In 2012, qualitative research was conducted to examine how and why the community continued to carry out the CSC after CARE's support ended. It was found that the following contributed to the CSC's sustainability: a well-trained and committed CSC committee, the community's sense of citizenship and value given to participation, and the perception of clear benefits as a result of the CSC's usage.

Drawing upon the SMIHLE sustainability example and their own experiences, CARE's CSC experts tackled the following, which is detailed below: (1) defining what CSC sustainability means, and (2) outlining factors that influence CSC sustainability.

Defining Community Score Card Sustainability

Sustainability is a multidimensional and diverse concept that can be difficult to define. The CSC experts identified several different types of CSC sustainability, including process sustainability, outcome sustainability, and organizational sustainability. Below are descriptions of what some of the different types of sustainability might entail. CSC experts deemed a CSC process sustainable if one or more of the categories below have been achieved.

Process sustainability is evident when:
- The CSC process continues through self-organized action beyond CARE support.
- Local partners, government, or communities institutionalize use of the CSC process.
- This could mean the entire CSC intervention continues or simply a modified version of key elements (dialogues, meetings, and action plans).

Outcome sustainability is evident when:
- The governance outcomes of the process continue without CARE's support (e.g., sustained accountability of service providers, participation of local citizens, and spaces for negotiation).

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[14] SMIHLE aimed to develop and promote operational models and practices that strengthened the delivery of services that mainstream HIV/AIDS and gender.

- Where applicable, positive human development outcome/benefits (health, education, etc.) from the project are maintained beyond the life of the project.

Organizational sustainability is evident when:
- The CSC is adopted, integrated, and promoted as part of CARE's (and other organizations') standard programming approaches.

Factors that Influence CSC Sustainability

The following are a set of factors that CSC experts believe are likely to contribute to or influence CSC sustainability. Each enabling factor is followed with guidance on how to ensure the factor is in place.

Stakeholder buy-in and support, achieved with:
- Strong focus on community and service provider buy-in from the beginning of the process
- Political support from government and local officials who are engaged in the process

Demonstrated project effectiveness, achieved with:
- Stakeholders (communities, service providers, and government officials) who have reaped benefits from the program and consequently are more likely to carry on the CSC process
- Solid evidence and good documentation of process and outcomes to make the CSC benefits visible, also aids in convincing partner organizations or NGOs to continue the CSC process

Project funding, achieved by:
- Identifying existing district government funding to carry on CSC activities. However, communities in SMIHLE did not have any funding to carry out the CSC process and still managed to sustain the process; therefore, securing funding may not be necessary for CSC sustainability.

Training and capacity building, achieved by:
- Conducting training with non-CARE stakeholders (communities, government staff, etc.) so they take ownership and responsibility for moving the process forward when CARE (or partner agency) concludes its role
- Investing in program champions and leaders
- Establishing trained CSC committee members before the project ends. This should include: (1) being strategic about selection of committee members, (2) involving the government in the selection process, and (3) providing exposure visits to successful CSC projects.
- Providing refresher trainings to communities, service providers, or governments who continue to facilitate the CSC process on their own. This includes putting in place a mechanism to request refresher CSC support.

Process adaptability, achieved by:
- Allowing the process to be adapted and modified to fit the changing needs of the stakeholders (e.g., allowing certain steps to be shortened may be more accommodating and increase the chances that the process continues beyond CARE's involvement)

Integration within existing programs/services, achieved by:
- Identifying existing platforms to transition the CSC process to – this could include CSOs, district government, community structures, etc.

- Aligning the process with existing local mechanisms and processes (e.g., working with the district government to ensure that the CSC process or action plans are integrated in the district Implementation plan)

Project duration:
- CSC experts debated whether a CSC project's duration impacts whether the CSC will be sustainable. While CSC project duration could be an important factor, CSC experts argued that other factors, such as stakeholder buy-in and belief the process is beneficial, are more likely to contribute to sustainability.

CARE/institutional sustainability, achieved by:
- Using the same staff for subsequent interventions to build staff's expertise
- Training new staff during on-boarding by current experts so knowledge does not die out with turnover

Relevant Resources

Case Study: [Presentation on SMIHLE's evidence of sustainability](#) – CARE Malawi
Presentation on [SMIHLE Project Background](#)

CARE's Role in Implementing the CSC

Overview

This guidance note contributes to the ongoing discussion of what CARE's role should or could be in implementing the CSC. Outlined below are the roles CARE could assume at different steps of the CSC process when engaging with community members, service providers, local governments, and implementing partners.

Background

The political nature of governance work raises many questions about the legitimacy, added value, and different roles that CARE could or should adopt in its programs. In recent years, there has been a shift in CARE's way of working from traditional direct implementation to working through partners. Deciding what role CARE can and should now play depends on many factors, including: (a) the country context and the space for CSO voice and participation; (b) the nature of CARE's relationships with the service providers, CSOs, and partners; (c) CARE's legitimacy and level of embeddedness in the country; and (d) CARE's capacity in terms of skills and experience in working on governance and CSC issues.

Overall, the **possible activities that CARE can carry out** when engaging in governance work include:

- **Coordinating and facilitating** all aspects of the CSC process
- **Capacity building,** including technical support to CSOs and public authorities/power-holders from the local up to the national level
- **Developing models and scaling them up,** piloting new models, assessing their impact, and using this evidence base to lobby for their uptake by public authorities
- **Undertaking applied and participatory research** by supporting and/or funding research and promoting the dissemination of innovative and best practices
- **Influencing policy** by promoting evidence-based advocacy (directly or indirectly, through partners and/or joining policy-influencing initiatives and coalitions)
- **Facilitating interactions** between citizens and public authorities/power holders and supporting the creation of mechanisms for dialogue
- **Brokering relations between multiple stakeholders** by bringing different actors together and making sure that the "right people" and decision-makers are seated at the table

The next section outlines the CARE CSC experts' thoughts on (1) what analysis needs to be done before deciding on CARE's role in the CSC process, (2) what role CARE <u>should</u> play in the CSC process, and (3) what roles CARE <u>could</u> play depending on the context.

Recommendations for CARE's Role in the CSC Process

Analysis needed before deciding on CARE's role – The role that CARE plays largely depends on the context. As such, a key recommendation is that CSC practitioners **first and foremost assess the context** in which they are operating by:

- **Conducting an analysis of the context in which the CSC will be implemented** in order to ensure a thorough understanding of the local culture of accountability and the power relations. This will help identify the most appropriate and effective role for CARE to adopt at each level and step of the process.

- **Evaluate the context and the capacities of local stakeholders and CSOs.** In order to be and remain relevant, it is important for CSC practitioners to be clear on the specific added value and contribution that CARE can bring to the table.

Role CARE should play in the CSC process – The following is a specific role that CARE should play in the CSC process:

- **Convener and broker of relations** – A critical component of the CSC process is to bring different stakeholders together and ensure that all the relevant actors at different levels are involved and buy into the process from the beginning. Some actors (such as local authorities or service providers) may need special attention in order to help them understand what benefits and gains they can acquire from participation. This role is essential for the effectiveness and sustainability of the whole process.

Roles CARE could play in the CSC process – The following are specific roles that CARE could play in the CSC process. It is important to note that CARE can play different roles at different levels. For instance, at the local level CARE is often more involved in the direct implementation of the CSC, while at the national level CARE may focus on using CSC outcomes for evidence-based advocacy, and at global level aim to generate and share learning.

- **Coordinator/facilitator** – This is the most involved role CARE could play and involves overseeing the overall process, accompanying and monitoring every step, performing quality checks, and making sure that the process stays on track. This includes strategic oversight of project, providing training and technical backstop to implementing partners, periodic monitoring and impact assessment, and support for learning and knowledge generation.
- **Trainer** – In this role CARE would train CSC facilitators, government officials, partners, and other stakeholders but let these stakeholders primarily carry out the CSC process.
- **Implementer** – When entering new areas and starting projects with new partners, CARE may still need to take on the role of direct implementer or assist with implementing for a time being, until the stakeholder managing the CSC process can take over.
- **Resource center and innovator** – CARE, as an expert, can provide technical assistance and training to external actors and promote innovation by modifying the methodology and adapting it to the local context.
- **Knowledge generation and sharing** – Building on our programmatic portfolio, CARE can also play a role in documenting lessons learned and engaging in applied research that demonstrates the impact of the CSC on procedural outcomes (governance spaces and processes) and on substantial outcomes (the improvement in the service delivery and eventually health). This includes disseminating the findings directly or through governance platforms and convening spaces for dialogue at the national level.
- **Advocacy** – The CSC is an excellent tool for generating evidence that can be used at the national level to influence policies, yet it often only addresses problems rooted at the local level. CARE could fill this gap at the national level by using the results of the CSC to address the systemic roots of the problems identified at the local level and conduct evidence-based advocacy for the institutionalization and scale up of the CSC.

Moving CARE's CSC Work Forward

Overview

This guidance note identifies the gaps in CSC evidence, knowledge sharing, communication materials, and direction, which are preventing CARE from moving its CSC work forward. This guidance outlines several activities currently underway that are aimed at supporting CSC practitioners in resolving these gaps, as well as suggestions for future initiatives CSC practitioners can undertake to better document and share the successes of the CSC.

Background

This report provides a first step in addressing many of the gaps in knowledge and challenges CSC practitioners face in CSC implementation. Yet other significant gaps remain that prevent CARE from moving its CSC work forward, such as robustly documenting the impact of the CSC process and sharing our learning.

To influence practice more broadly, it is important to capture and document CARE's CSC work and evidence of impact. Although CARE CSC initiatives have had some success in documenting the impact of the CSC process on service delivery, we are not capturing the full series of changes that result from the CSC process. For example, other important outcomes include the following: changes in knowledge, increases in community empowerment, expanded spaces for negotiation, and greater accountability of power holders. The gap in capturing the CSC's full impact is a consequence of many things:

- A lack of CARE staff capacity to conduct monitoring, learning, and documentation of the CSC process and impacts
- A lack of clarity on the desired change and how to best measure the change[15]
- No documentation of the journey that leads to the change, i.e., the little changes happening throughout the CSC process

CARE is also not sharing its learning and successes internally or externally. Prior to the January 2013 meeting in Arusha that led to the development of this report, CARE CSC practitioners have not been consistently or fully sharing our CSC experiences, challenges, and lessons learned. Learning from each other and collaborating will help advance CARE's work and more broadly disseminate the CSC throughout the organization. Externally, we need to increase the visibility and credibility of our work around the CSC and governance and establish CARE as an expert on this topic. This should include published papers in peer-reviewed journals.

Recommendations

To address these gaps, there are a number of initiatives currently in progress or planned. Over the next two years (2013-2014) we plan to do the following:

Build the CSC evidence base
- Publish a paper on CARE's CSC experience and evidence of impact to date
- Publish a paper on evidence of CSC sustainability in Malawi from SMIHLE project[16]
- Conduct and document cluster-randomized control evaluation of CSC in Malawi (Dec 2015 end date)

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[15] See guidance note "Developing an M&E Framework for CSC Projects" for more on this.
[16] See guidance note "Guaranteeing CSC Sustainability" for more on the SMIHLE project.

Develop knowledge-sharing platforms and events
- Establish a community of practice: a Wiki page hosted by CI UK with guidance and resource materials (including this report and all materials/resources referenced in it) and an email group of CSC experts for sharing information/updates
- Hold additional CSC and governance learning events (Asia, Summer 2013, and Africa, TBD 2014)

Enhance communication materials and visibility
- Develop factsheets and PowerPoint presentation on the CSC for official use with donors and other key stakeholders
- Create one video of the CSC process for sharing with donors and external stakeholders (drawn from the Malawi, Ethiopia, and Tanzania videos)
- Brand and copyright one CSC toolkit and hold launch event to showcase it – note, this does not mean that COs will not have their own adaptations of the CSC toolkit, rather the goal is that when someone Googles the CSC, it takes them to a CARE website

Share CSC guidance
- Share this CSC expert guidance report broadly across CARE

Other recommendations for advancing CARE's CSC agenda are outlined below, but are not currently resourced:

Build the CSC evidence base
- Conduct an economic analysis of the CSC – how much does it cost to fully implement, evaluate, and document the CSC process?
- Conduct research to understand the contexts and conditions under which the CSC is successful (e.g., political, social, cultural, economic, etc.)
- Assess the added value/impact of implementing the Social Analysis and Action tool in conjunction with the CSC

Develop knowledge sharing platforms and events
- Develop a program for building the capacity of CARE staff on evaluating, documenting, and sharing impacts from the CSC process
- Increase understanding and engagement with global spaces and platforms working on governance, such as with the World Bank Institute's Collaborative Governance Team
- Establish peer-to-peer learning sessions or exchange visits across sectors for knowledge exchange and capturing of impacts
- Expand higher-level collaboration around the CSC between CARE International and COs to extend learning, connect different parts of CARE, and increase visibility within CARE as an example of a successful learning collaborative

Enhance communication materials and visibility
- Brand and copyright other CSC methodology, guidelines, and tools

Share CSC guidance
- Develop guidance for how to integrate the CSC into other projects across technical areas, or into projects that are already happening and did not originally have a focus on governance but which could benefit from the CSC process
- Refresh the CSC toolkit with additional guidelines and methodology (2014)

- Develop more in-depth guidance for each of the following: (1) how to use the CSC for advocacy, (2) how to ensure CSC sustainability, (3) how to measure and evaluate CSC projects, and (4) how to take the CSC to scale

CSC practitioners can do the following to help advance CARE's CSC work and connect to current CSC thinking and practice:

Help build the evidence base
- Document the CSC process and the journey of change – capture, record, and analyze the little changes happening throughout the CSC process
- Develop and share case studies from projects for sharing with CARE peers

Connect to CARE's CSC knowledge-sharing and learning community
- Join the CSC Wiki and community of practitioners for knowledge sharing and updates, share your experiences and learning as well

The CARE USA SRMH team, along with CARE Malawi and CI UK's Governance team are always seeking additional input on ways to enhance CARE's CSC work, and can also serve as a resource for launching a CSC project. Please visit the Wiki for contact information and resources.

www.care.org

Contact

CARE USA
151 Ellis Street
Atlanta, GA 30303
United States
T) 404-681-2552
F) 404-577-5977

CARE International UK
9th Floor
89 Albert Embankment
London, SE17TP
United Kingdom

Founded in 1945, CARE is a leading humanitarian organization fighting global poverty and providing life-saving assistance in emergencies. In 84 countries around the world, CARE places special focus on working alongside poor girls and women because, equipped with the proper resources, they have the power to help lift whole families and entire communities out of poverty. To learn more, visit www.care-international.org.

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