



# Methodology

## CARE's Community Score Card<sup>©</sup>

A citizen-driven accountability approach for improving service quality & equity

### Overview

CARE's Community Score Card (CSC)<sup>©</sup> is a citizen-driven accountability approach that creates space for dialogue and negotiation, and collaboration between service users and service providers to improve the coverage, quality, and equity of services. The CSC brings together community members, service providers and government officials to identify service utilization and provision challenges, mutually generate solutions, and work in ongoing partnership to implement and track the effectiveness of the solutions identified. CARE's experience has shown that engaging communities and service providers in a process that builds respect, trust, and mutual accountability can support improvements in the quality of, and satisfaction with, services delivered. The CSC is simple to use and can be adapted to any program or sector seeking to engage the community in the governance of service delivery.

### The Score Card Process

Given its adaptability and the wide range of contexts within which it is used, the CSC implementation process varies according to what is appropriate within different settings. Broadly speaking, however, the CSC consists of five phases. These phases constitute one cycle of the Score Card. Typically, communities go through several cycles in order to raise new or ongoing problems, identify better solutions, and monitor implementation and outcomes of action plans.



#### Community Score Card Process:



## CARE's Experience with the CSC

CARE Malawi pioneered the CSC methodology in 2002 as part of a project aimed at developing innovative and sustainable models to improve health services. Since then, the CSC has become an internationally recognized social accountability tool, spreading within CARE and beyond. CARE now has over a decade of experience implementing the CSC across a range of sectors, including health, food security, water and sanitation, education and governance, and countries including Cambodia, Rwanda, Tanzania, Malawi, Ethiopia, Nepal and Egypt.

In 2015, CARE completed a rigorous cluster-randomized control trial to evaluate the effectiveness of the CSC in improving maternal health services in Ntcheu, Malawi. Preliminary analysis of our results show significant changes in measures of service utilization, provision and satisfaction. Further, our experience has demonstrated that the CSC is particularly well-suited to improving patient-centered dimensions of quality of care, including building trust and strengthening relationships between communities and service providers, which research shows drives women's health utilization behavior. Here is one such story of impact from Malawi:

## What's Next?

CARE plans to build on its social accountability expertise with the creation of a **Community Score Card Consulting Group** to respond to the rising demand for the CSC in addressing barriers to high quality service delivery. Our consultants provide a range of services to arm practitioners with the technical skills they need to implement the approach, including training practitioners on how to incorporate the CSC into their projects and holding capacity building workshops. These consultants are already working on ways to adapt the CSC to new settings and health issues for other CARE projects both within and outside Malawi.

It is clear that the CSC's strength lies in its ability to bring communities and service providers together to identify not only barriers but local solutions as well. The diversity of solutions envisioned and enacted by communities, demonstrate how a low-cost, low-technology intervention that harnesses the creativity and capacity of local communities can bring about important changes to improve maternal and child health.



### What strengthened understanding and relationships?

Before implementing the CSC in Ntcheu, Malawi the understanding and respect between community members and health providers was low. In some areas women were forced to mop the floor and clean the bed sheets after delivery. In other areas women were left to deliver by themselves because there simply weren't enough providers. Through the Score Card process these issues were brought to light and action was taken, including:

- Orienting providers to patients' rights - no more yelling at women or forcing them to clean
- The district government sent more health providers to facilities that were overstretched, allowing for higher quality visits.

Communities and health providers reported that openly discussing these barriers and identifying solutions together, strengthened understanding and relationships. In some communities this led to increased demand for services at the health facility; so much so, that the district government deployed additional providers to respond to the increased patient load.

Stay tuned for further details on our CSC work and results:

<http://familyplanning.care2share.wikispaces.net/The+Community+Score+Card>

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