



## Project briefing

# CARE's experience with Community Score Cards

## What works and why?

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### Key messages

This policy brief explores the experience of CARE International in implementing community score card programmes in four countries – Ethiopia, Malawi, Tanzania and Rwanda – and aims to address the significant research gap around cross-country comparative analysis of social accountability programmes.

The key findings of our research are that:

- CARE's Community Score Card programmes have contributed to strengthening service provision and community-state relations in each of these countries
- Often this requires high levels of engagement with, and working through, different levels of the state apparatus. For support based on the idea of civic engagement, this is a counter-intuitive finding.
- Reinforcing this, impacts are often 'stuck' at the local level and have only translated into national level impacts where they have plugged into existing government reforms.



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## Introduction

Over the last two decades there has been a rising tide of interest and enthusiasm around the potential of social accountability interventions to improve the delivery of public services and empower citizens. This support is built on the idea of civic engagement – i.e. the involvement of citizens or citizen groups of different kinds in efforts to build accountability. Despite this interest, it is increasingly clear that there are significant gaps in our knowledge. Many of the assumptions commonly made about the links between transparency, accountability and service delivery outcomes have proven overly simplistic when confronted with different country realities (see, for example, Gaventa and McGee 2013, Joshi 2013, O’Meally 2013 and World Bank 2014).

Practitioners and researchers are also increasingly grappling with what their aims and expectations should be for social accountability interventions. Does social accountability’s main success lie in improving service delivery outcomes, or can it help create institutional change that opens up societies and challenges power in a more fundamental way (see World Bank 2014)? Are these aims always compatible and are they both possible in different contexts?

One significant research gap has been the lack of cross-country comparative analysis, which can cast light on how similar types of programmes operate under different conditions or enabling environments. This policy brief helps to address that gap, by exploring the experience of an NGO (CARE International) in implementing community score card (CSC) programmes in four countries – Ethiopia, Malawi, Tanzania and Rwanda.

The key findings of our research are that:

- CARE’s Community Score Card programmes have contributed to strengthening service provision and community-state relations in each of these countries
- Often this requires high levels of engagement with, and working through, different levels of the state apparatus. For interventions that are generally based in theory on civic engagement, this is a counter-intuitive finding.
- Impacts are often ‘stuck’ at the local level and have only translated into national level impacts where they have plugged into existing government reforms.

## CARE’s Community Score Cards

This research results from a collaboration between the Overseas Development Institute (ODI) and CARE International, which looked at CARE’s Community Score Card programmes in Ethiopia, Malawi, Rwanda and Tanzania. The programmes covered a variety of sectors - education; food security; gender-based violence and women’s empowerment; health; infrastructure; and water, sanitation and hygiene (WASH).

In its design, CARE’s Community Score Card model provides a route through which communities give feedback

on the quality of service provision to the district level and a space in which the “demand side” of service users and the “supply side” of service providers can discuss grievances and concerns constructively, and engage in joint problem solving. It takes place in a series of stages that are adapted to each context, including preparatory work; community development of score cards; facilitated meetings; and follow up on agreements (see Figure 1 for a generic structure). The value of this research lies in its ability to examine how the same basic form of social accountability programme can be adapted successfully to meet the challenges of diverse contexts, and what these programmes can then be expected to achieve. For example, while Ethiopia, Malawi, Tanzania and Rwanda all have some form of decentralised service delivery, they vary significantly in the extent to which decentralisation has been implemented and the incentives that this creates. Thus, Rwanda has maintained strong top-down performance monitoring within a decentralised system while in Malawi, ad hoc and stalled processes have meant a highly incoherent and fragmented service delivery system. This holds for cases that are superficially similar too: Both Ethiopia and Rwanda have strong central states, but the former is a large federal state, characterised by ethnic fragmentation and with a strong emphasis on top-down supervision and surveillance, whereas Rwanda is a smaller, unitary developmental state that emphasises accountability for public service performance. Indeed, Malawi and Tanzania both are more fragmented and have stronger elements of patronage politics, but for Tanzania, this is in the context of a historically dominant ruling party whereas in Malawi, it is characterised by a highly fluid political system. Understanding how programmes have adapted to this range of circumstances and how the outcomes produced by them have differed provides us with important knowledge as to the strategies’ social accountability programmes need to deploy to be successful.

## Implementation and impacts

CARE’s Community Score Card programmes achieved a variety of results in each country. These included:

- the construction of new infrastructure (such as expanded health centres, nursery rooms, staff houses and improved water points),
- the provision of additional resources and re-allocation of existing ones (such as ambulances and health staff),
- reductions in corruption (such as the transfer of service providers accused of embezzlement)
- improved discipline amongst service providers (such as the transfer of impolite and aggressive staff, and closer enforcement of regulations)
- altered working practices (such as changed schedules and establishment of after-hours and mobile health services)

**Figure 1: CARE's Community Score Card process**



- changes in the deployment of service providers (including transferring additional staff to facilities)

- changes in service user and service provider behaviour (such as increased politeness to service users from service providers, improved service user behaviour and agreements to ration water usage amongst service users) and;
- improved relationships between service users, service providers and local authorities – with service users feeling more empowered and respected, and service providers and authorities feeling that the problems they faced were better understood by the community

Some of these outcomes relate more closely to the provision of services, whereas others are more to do with the relationships between the different actors. Across these countries, it was notable that there was little evidence that the programmes were creating fundamental changes in power dynamics or the nature of citizen-state relationships, unsurprisingly perhaps given the limited and time-bound nature of these interventions.

Some striking differences in impact types were found between the different countries – suggesting that even with adaptations, context may have implications for what can be achieved. For example, while improvements in resource allocation were found in all contexts, alterations in working practices were more common in Ethiopia and Rwanda, but much rarer in Malawi and Tanzania – where there was a focus on transferring individual service provider staff rather than broader reform. In part, this reflected that in the former, there were more incentives for performance monitoring whereas in the latter, there were more individualised processes.

Based on these results, and observed differences across contexts, we can critically examine how results were achieved. We identify four key factors that shaped the where, how and what of these impacts.

## Reflections and lessons learned

### 1. Approaches need to go beyond focusing on the demand or supply side alone, instead concentrating on building links and understanding the capacity of the state

Where CARE's Community Score Card programmes were effective across all four countries, they emphasised the importance of building collaboration and collective interests between citizens, local leaders, service providers and decision makers, rather than focusing only on citizen voice and empowerment. For example, several communities addressed issues of service provider absenteeism by collaborating with local government in constructing staff houses to allow service providers to live more easily at their place of work during the week. These 'give-and-take' arrangements drew on alliances of community leaders, traditional chiefs, local politicians and local government officials who could together agree and credibly commit to providing the necessary resources

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and inputs. A focus on voice alone or mobilising citizens ‘against’ government and service providers would likely have sowed divisions between these groups, rather than bringing them together.

The evidence also suggests that social accountability initiatives will be most able to achieve a diverse and sustainable range of impacts on service delivery where the state, and particularly the state at the local level, has the capacity to allocate resources and can credibly enforce incentives and sanctions. In Ethiopia and Rwanda, both countries with strong reform-minded centres and hierarchical state structures, the outcomes of these programmes were broader and more complex – including changes in working practices brought about by information channelled to higher levels of local government and even impacts on policy at the national level. However, in Tanzania and Malawi, where state capacity is weaker, due to its fragmentation and shorter-term political aims, positive outcomes were observed, but often with an emphasis on negotiation and informal leverage to achieve change. As a result, these outcomes were found mainly at the community level and arranged outside of state frameworks.

The need to build links across the supply and demand side is therefore a crucial message from these case studies, but what is also clear is that this is only one element of a broader process.

## **2. Communities, service providers and the state are not monolithic and collective action problems within them will need to be solved before wider collective interests are identified**

The need to work across both supply and demand side assumes that these two groups firstly exist and secondly are coherent enough in their purposes and workings to be able to make agreements. In reality, what appear from the outside to be coherent groups often have a wide variety of interests within them and individuals may cross divides, belonging to many groups. The metaphor of the ‘sandwich strategy’ used by Jonathan Fox (2007) therefore seems to skip a stage – assuming that there are two (or more) coherent bodies that need to be persuaded to work together.

In many cases, there will need to be a preceding stage where different interests within these groups – like water, flour and salt – are brought together to recognise their collective interests and through this process become a coherent force – the ‘dough’ for the bread of the accountability sandwich. For instance, communities themselves can face collective action challenges in their ability to come together and work in their collective interests. In these cases, strong facilitation by local organisations, working with and through local leaders (such as village chiefs, faith leaders or others), can help to broker collective action and enforce participation. Service providers can also find it challenging to come together around shared interests, for instance where frontline

staff are not able to report problems to superiors or to coordinate effectively with those in other departments or parts of government. To achieve concrete outcomes, therefore, collective action problems may need to be solved consecutively at these two different levels – first, within the individual groups; and second, across these groups to address broader collective action problems (i.e. those facing communities and service providers).

## **3. Creating spaces for co-operation and problem solving is crucial, but requires careful framing by context as well as close engagement and compromise**

How to create the space and conditions needed to build alliances and solve collective action problems, however, is not straightforward. Elements of this are built into the generic design of CARE’s Community Score Card process, particularly the role of ‘interface meetings’ that can help to build networks and partnerships. However, our research found that the work done before and after these meetings was at least as crucial, if not more so.

Across different contexts, the initial process of securing buy-in for the community score card process with local leaders and decision makers was crucial. Without this, the most basic building blocks of linkage – co-operation from service providers, a sense of security for communities in voicing concerns and the presence of authority figures to act on agreements made – could not be secured. The strategies used to achieve this had some similarities – such as framing the community score card programme as a collaborative mechanism that would not assign blame and could help state officials – but there were clear differences too.

Where there was a reform minded centre, or particular reform minded and influential individuals, it was generally easier to ensure buy-in and proactive engagement. Top-down, hierarchical forms of oversight with clear performance measures and mechanisms produced the best results, especially when the aims of the community score card programme were aligned with existing priorities. In Ethiopia and Rwanda, for instance, they aligned with the priorities set by the Growth and Transformation Plan, for the former, and district performance contracts (imihigo), in the latter. This helped to secure buy-in from bureaucrats and officials, as it provided assistance towards achieving their targets and so career advancement. While this provided concrete opportunities, it also left less room for manoeuvre, as the partner must remain ‘onside’ for the programme to be effective, often restricting aims solely to a focus on particular service delivery improvements.

In contexts where the state is less coherent, the political challenges are accordingly different. Here score card programmes must engage with a range of levels and sections within government, and create links with individuals within the state apparatus, as well as being flexible enough to take advantage of opportunities for engagement when they arise. Where government itself is heavily constrained, and particularly where there are

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stalled processes of decentralisation that curtail powers at local levels such as in Malawi, it was often best to adopt very local strategies – potentially down to the village or sub-district level – and work with local leaders, such as chiefs or faith leaders. External events may provide key opportunities, however, such as the 2010 elections in Tanzania which provided a major incentive for local councillors to engage in the community score card process.

#### **4. Linking local social accountability programmes to national policy discussions is challenging across all contexts, but tying into existing reforms is the most promising approach**

Evidence of connections between the impact of CARE's Community Score Card programmes and national level policy processes was only found in a single instance – in the case of Rwanda. Here, concerns over the manner in which local populations were classified into categories which decided the cost of their health insurance were aired in a regional forum. These were transmitted to the major ministries concerned at the central government level, and fed into a national process examining the classification which eventually led to policy changes. These regional fora were a pre-existing and active element of governance in Rwanda and benefitted from the coherence of its decentralised structures, its strong developmental state and the strong performance assessment systems in place – making it something of a best case scenario in terms of linkages to higher levels. The absence of similar linkages in Ethiopia may be a matter of timing rather than context, as the research found links had begun to be made at the zonal level on particular issues but that these processes had not yet reached a definite conclusion.

This evidence here should not be taken to mean that linking up to national policy discussions can only occur in states that have coherent decentralised structures and strong performance and accountability mechanisms already in place. Rather, states that lack these characteristics will find that it takes much longer, is more uncertain, and will likely require a different range of strategies.

#### **Conclusion: From citizen engagement to state action?**

Our findings chime with those of Fox (2014), who recently reviewed existing evidence on social accountability programmes. He found that more simplistic “tactical” interventions – focusing only on civil society and assuming information alone can secure action and lead to change – have had much less success in improving service delivery or other outcomes. Instead, social accountability programmes must engage with the state as well as civil society and concentrate on building links and alliances within these groups and between them – fostering an environment in which co-operation can occur. These resemble what Fox refers to as “strategic” interventions.

Our findings reinforce calls for more ‘strategic’ support. Yet our cross country research also highlights both the potential for wider, deeper and longer lasting impacts, where the state is coherent, and the difficulties that maintaining engagement may present for programme autonomy and the pursuit of deeper social change. Similarly, it notes the need for highly flexible and politically smart working in more fragmented states, to bring together disparate actors and take advantage of opportunities as (and if) they occur. It cautions that successful processes of linking the local to the national are rare and may require the use of pre-existing and active mechanisms for linkage – something that is often absent in fragmented states.

What emerges is that for programmes like CARE's Community Score Cards, in theory built on community involvement and participation, to be effective often requires working heavily with and through the state. This is counter-intuitive – and can mean organisations like CARE International invest as much time and effort in building relationships with state officials as with community groups. Making this more explicit would enable the much greater capturing and sharing of lessons for how to work with governments in different contexts, and how to manage risks and tensions that may inevitably arise in doing so.



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