Briefing

Enhancing women's influence in local governance with community scorecards

CARE Rwanda's experience

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Key messages

- The CsC is not a one-size-fits-all solution to improving developmental outcomes.
- CsC can and should be used as a flexible tool; being adapted to the contextual and operational environment in which it is implemented and based on the objectives and changes it intends to produce.
- Entry points and the mechanisms are key when implementing a CsC. Decisions on these need to be considered carefully against the project objectives and the broader context.

Introduction

Since 2009, CARE Rwanda has been using the community scorecard (CsC) model in its Vulnerable Women's Programme (VWP). The objectives of the VWP include increasing women's participation in local governance processes and decision-making as well as improving the quality of gender-based violence services (GBV).

The CsC model has been extensively used in the implementation of two of the VWP projects in partnership with local civil society organisations (CSOs): the Isaro governance initiative, funded by the UK Department for International Development (DFID) Programme Partnership Agreement (PPA) and anchored to the Isaro project, funded by the Norwegian Agency for Development Corporation (Norad); and the Umugore Arumvwa 'A Woman Is Listened To' (UA) project, funded by the European Union (EU), in collaboration with CARE Netherlands.

CARE Rwanda was keen to explore how and why use of the CsC approach has contributed to the VWP objectives and commissioned a study to assess how the CsC had operated within both projects and to reflect on the implications of this for women's role in local governance and service delivery. The study aimed to understand whether and how the CsC had enhanced women's voice and agency, seeking to identify the features that had constrained or enabled this. It is important to note that the study was not an evaluation of the impact of the projects, nor was it intended to compare the two. Rather, the focus was on better understanding the processes by which results have been made possible in the two cases; *how and why* the CsC project has contributed to improving the quality of GBV service delivery; and *how in turn* this has contributed to improvements in women's agency, voice and participation, paying particular attention to the agency of participants and relationships between citizens and service providers.

This policy brief explores the use of the CsC approach in the two aforementioned projects in relation to advancing the VWP objectives on women's participation in local GBV service delivery. It outlines the key findings of the study conducted by a consultant from the Overseas Development Institute (ODI).

The community scorecard model

The CsC is a participatory process designed to engage citizens in assessing and giving feedback on the quality and effectiveness of the public services they receive. It aims to improve citizen participation and collective action for improved service delivery. The CSC process engages both 'service users' (citizens) and 'service providers' in a discussion around the issues that affect service delivery and to develop joint action plans

Why use the community scorecard?

CARE has more than a decade of experience of applying the CsC in different contexts and sectors and to different issues, in various country programmes. Experience has indicated that it is an effective social accountability tool for building and strengthening citizen collective action and problem-solving in relation to either service delivery or access to resources. This experience accords with a growing empirical evidence base on the use of CsCs. Given the recognition that women's poverty and vulnerability stem from (among others) accountability challenges and issues related to collective action and problem-solving around social norms, the CsC tool was considered an appropriate model to achieve the objectives of the Isaro governance initiative and the UA project.

In the Isaro governance initiative, the CsC was used as a vehicle to enhance the quality and performance of service delivery related to GBV issues at the same time as empowering women to effectively influence decision-making on the way services are delivered. The UA project, on the other hand, used the CsC to advance a rights-based approach that focused on legal entitlements and behavioural change; empowering women through tackling socio-cultural norms; and enhancing citizen mobilisation around the causes of GBV and collective problem-solving.

Overview of studied projects

The Isaro governance initiative

The Isaro governance initiative was a three-year (2011-2014) initiative that aimed to promote women's participation in local governance processes and decision-making, particularly in the monitoring of GBV service delivery. The Isaro governance initiative integrated the use of the CsC with that of the CARE village savings and loans association (VSLA) model. Its objective was to enhance women's voice and influence in local development planning and public decision-making through women's oversight of services.

Umugore Arumwva 'A Woman Is Listened To'

UA is a two-year project (2013-2015) that aims to contribute to the fight against GBV by strengthening the voice of citizens and civil society networks and improving the accountability of responsible authorities in preventing sexual and gender-based violence. The CsC was a key strategy used to promote and increase the monitoring of GBV service delivery by citizens and civil society and to increase the accountability and responsiveness of service providers and local leaders.

Outcomes of the community scorecard in the Isaro governance initiative and the UA project

The study found the scorecard for both the Isaro governance initiative and the UA project contributed to improvements in GBV service delivery and in women's agency, voice and participation in several tangible ways. However, the outcomes took different forms and were reflected in different ways in the two projects.

Improved delivery of GBV services

In the Isaro governance initiative, service delivery improvements typically took the form of better facilities for GBV victims (increased privacy and anonymity at health centres, polices stations, etc.). In the UA project they were reflected in improved provision of local support services to people (particularly women) at risk of GBV (such as provision of village-level mediation services).

Strengthened accountability of service providers to service users was also of a different nature. Whereas in the UA project this was noted through the greater involvement of local leaders in GBV response and prevention (i.e. monitoring of GBV by community representatives and local leaders), in the Isaro governance initiative this was reflected in stronger commitments of public authorities to addressing GBV.

Perceived reductions in GBV

Reductions in GBV were perceived in the Isaro governance initiative at public facilities and in relation to physical GBV, whereas in the UA project these were reflected in greater reporting of GBV cases, especially economic GBV, to local leaders.

It is important to note that our study indicated a perception that both projects had contributed to reduced economic discrimination against women. In both cases, this was linked to women's improved access to income-generating activities. Whereas in Isaro this was through use of the VSLA, in the UA project this outcome seemed to reflect increased decision-making power for women in the management of household resources.

Greater awareness and demanding of GBV rights

The stakeholders interviewed for the study indicated that a greater awareness of GBV rights had translated into greater demands from citizens in the case of both projects.

In the case of the Isaro governance initiative, citizen demands were concentrated around use of formal GBV services. Informants claimed this was the result of better information about GBV reporting procedures, what GBV services were available and where they could be accessed.

In the UA project, this awareness was expressed in greater understanding of what GBV is, how it manifests itself and the impact it has on victims and on society more broadly. This was reflected in the increased willingness of women to (1) negotiate for their legal rights to be respected with regard to inheritance and decision-making power over household resources and (2) discuss previously taboo subjects such as non-consensual sex.

Improved relations

In both cases, the CsC opened up new arenas of dialogue that enabled the building of bridges between service users, service providers and local authorities (such as visits by local authorities and service providers to the community). For example, in the Isaro governance initiative, stakeholders noted improved relations between service providers and the community, including local authorities; improved communication from service providers to users about their services; and greater engagement of women with service providers. In the UA project, improved relations appeared to be registered at the community and household level. Improvement in relations between the community and local leaders were noted, reflecting increased trust in local authorities and greater engagement of women with local leaders. Relations between men and women at the household level were also noted to be changing and improving.

Increased confidence of women

The impact on women's voice and influence in both projects was broadly seen to have been positive. The CsC has provided a forum through which women can express themselves and facilitate the building of relationships with service providers and local leaders. In both projects, women expressed increased confidence in engaging on GBV-related issues, with Isaro governance initiative women expressing their views and holding formal service providers to account on GBV services and UA project women increasingly engaging with local leaders on the same issues. Moreover, women's credibility, through their intervention in both projects, has improved their standing in the community; women have gained in confidence and skills, and are able to make better use of existing national accountability mechanisms and hold public authority figures to account.

In the UA project, women recognising that they have been living with GBV appears to have been an important outcome, and one that has contributed to increasing their agency. Coupled with increased awareness among men, this represents a critical step forward in challenging the social acceptance and tolerance of GBV and suggests that, in the case of the UA project, cultural norms around GBV issues are beginning to be challenged.

Overview of implementation of the community scorecard in the two projects

Both the Isaro governance initiative and the UA project CsC processes adhered broadly to the main stages of the CARE CsC as set out in the CARE generic CsC toolkit; however, the way the two CsCs were implemented in practice differed in a number of distinct ways. The table below summarises the observed variations.

CsC variations in practice

Process variations	Isaro	UA
Objective of the scorecard	To improve the quality and performance of formal GBV services	To tackle GBV prevention and bring about behaviour change
Entry point – how scorecards were implemented	VSLAs	Formal/associative (decentralised) community structures
Administrative level at which scorecard took place	Cell level (as focus was formal service delivery arena)	Village level (as focus was on implementation of GBV commitments at that level)
Role assigned to beneficiaries	Potential users (and therefore representatives) of GBV services	Citizens who can respond to and contribute to the prevention of GBV
Targeted group	Vulnerable women	Men and women

These variations had implications for how the respective scorecard initiatives were delivered in practice in the two projects; there were three key ways in which the process was adapted as a result.

- **Services and service providers.** The level of intervention and role assigned to the targeted beneficiaries meant the GBV 'services' addressed within the scope of the process as well as the 'service providers' targeted were different.
- **Community engagement.** The local entry points and the roles assigned to beneficiaries dictated how scorecard facilitators were selected and how the community engaged with the process.
- **Problem identification.** The role assigned to beneficiaries, the level of intervention and how it was implemented influenced how problems were identified, how indicators were selected and the form the scoring took.

The table below describes in detail the main outcomes from the CsC in the two projects based on the main features of the two processes.

CsC outcomes: Isaro and UA

		Isaro	UA
Services and service providers	Services addressed	GBV services provided at formal facilities (health centre, police station, etc.)	Local preventive GBV service delivery mechanisms (such as community mediation, counselling, etc.)
	Service providers targeted	Mandated professionals/ civil servants subject to performance evaluations	Local leaders delivering services through associative structures and committees
	Input tracking	Identifies which GBV services exist and whether they have resources	Mapping existing local mechanisms, resources and mandates to address the causes and prevent GBV
Community engagement	Who the community contact is and how they interact with community	Cell-level case managers + peer facilitators (selected from existing VSLA groups)	Field officer + village-level case animators elected by community
Problem identification	Problems identified	Problems with delivery of GBV-related services at cell level (i.e. reception procedures at health centre)	GBV issues mostly affecting the community at village level (i.e. domestic abuse)
	Indicators	Related to features of GBV services provided	Describe what a community not experiencing the specific GBV issue would look like
	What is evaluated during scoring by whom?	Service providers self-assess and community representatives evaluate users' satisfaction with the services	Local leaders and community representatives evaluate state of well-being or vulnerability of community with respect to identified GBV problems

Reflections and learning

The overall observations of, and variations between, the outcomes of the CsC processes of the Isaro governance initiative and the UA project can be explained by a number of key contextual factors specific to the Rwanda operating environment as well as features of the design and implementation of each of the two host projects. We identified four key factors that shaped the where, how and what of these recorded outcomes.

1. The features of a CsC need to be well tailored to the context in which they are being implemented

In Rwanda the presence of a coherent legal framework and national policy environment that supports the implementation of efforts to uphold women's legal entitlements, combined with a functioning public service at subnational level with strong performance monitoring and accountability mechanisms, has facilitated buy-in from local officials, community leaders and service providers. In addition, the content of training and information campaigns undertaken as part of the broader UA project and Isaro governance initiative was aligned with government policy positions. In the case of UA, a concerted effort was made to train a large number and range of people at the village level. This was a crucial element in ensuring service providers at multiple governance levels supported the CsC.

Related to this has been the need to promote a non-confrontational approach that focuses on improved relationships to enable local problem-solving, rather than on highlighting shortcomings in service providers. This has been further facilitated by characteristics of Rwanda's socio-cultural hierarchy – the deference of rural populations to public authority and high tolerance of public intrusion into the private lives of citizens – which have made it possible to rapidly diffuse enforced change in public arenas in private arenas. The two CsC projects took these two contextual features into account and promoted a conciliatory and consensus-building approach to finding solutions.

Further, the strong promotion of community participation in local development processes by the government means local populations, in particular women, are familiar with working collaboratively through local governance structures such as local associations, cooperatives and community fora. Aligning with national targets and priorities and linking to existing mechanisms for national dialogue have been key to improving engagements and outcomes.

2. The particular approach taken reflects more than just context, and outcomes will also depend on the objectives for which a CsC is used

The Isaro governance initiative and the UA project both had an objective of bringing about behaviour change. However, the nature of the intended behaviour change was different. This affected the approaches of the two CsC processes with regard to which services and service providers they targeted and how they identified community problems.

The Isaro governance initiative concentrated its efforts on enhancing women's agency through involvement in decision-making processes around the quality of delivery of GBV services – the intended change was therefore in the actions of those working in the service delivery arena. The UA project, on the other hand, had an explicit objective to tackle gender inequality through a focus on tackling social norms and ensuring legal entitlements were respected. This meant it focused heavily on the prevention of GBV and the behaviour it sought to change was much more at the community level.

The mission and experience of national partners is also important. The background and approach of implementing partners filter and process the project objectives, adapting the process even when these decisions are not deliberate. This was the case for the UA project, which was implemented by a rights-based organisation that saw the scoring process adapted significantly.

3. The choice of entry points for CsC initiatives is important and will depend on their objective and approach

Alignment with existing local governance structures and accountability mechanisms was a deliberate strategy for both projects and was explicitly linked to the overall objectives of the two projects: behaviour change in the case of UA and improved service delivery in Isaro.

In the case of the Isaro governance initiative, the VSLAs have been effective at bringing about changes in service provision. For the UA project, use of village-level community structures as an entry point to implement the CsC has been particularly effective because it has facilitated the identification of problems that are important for the local population, especially women, and for which the community has been able to find local-level solutions. In a context where local populations have a strong tradition of community participation, this has been a key element of the capacity of the CsC to successfully challenge social norms around GBV and promote behaviour change.

4. Solving internal collective action problems

Solving internal collective action problems requires careful engagement and building links with local leaders in communities, as well as within local state and service provision institutions.

A rights-based approach, with a focus on changing cultural beliefs and attitudes, has been effective at mobilising communities and encouraging local problem-solving to support measures to prevent GBV.

Conclusions

The study findings suggest the CsC is not a one-size-fits-all solution for improving developmental outcomes. Rather, it needs to be applied as a flexible tool.

The specific objective of a project will shape the design and implementation approach of a CsC initiative and define its potential entry points. These will affect how the CsC is delivered in practice and how women experience its impacts and outcomes.

Thus, not only can a CsC be adapted to the distinct contextual and operational environment in which it is implemented, but also it can be adapted based on the objectives and changes that it intends to produce.

Entry points and the mechanisms for these are therefore key. Decisions on these to be made when implementing a CsC need to be considered carefully against the project objectives and the broader context.

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