POWER TOOL:
Advocacy Scorecards: Measuring Impact, Building Champions, and Promoting Transformational Change

Advocacy scorecards are critical tools that can be both innovative and transformational. In different contexts, scorecards can help us track the progress of our advocacy work, identify and promote champions, and empower community members to hold power-holders accountable. Scorecards can be developed for various contexts and used in different ways to promote CARE's mission, including to identify and tackle barriers to accessing health services, change attitudes and behaviors between power-holders, track policymaker support for CARE's advocacy priorities, and ensure that strong policies are being implemented effectively and in a transparent manner.

While there are multiple types of scorecards that can be utilized across our advocacy work, this document will guide you through two distinct types of scorecards which CARE has promoted and used effectively: *The Community Score Card*©, which was first designed and implemented by CARE Malawi as a local problem-solving mechanism to empower communities by partnering with local government officials to identify barriers and negotiate solutions for accessing health services, and the *Policymaker Champion Scorecard* which was developed by CARE USA and the Aspen Planning and Evaluation Program to track the support of members of Congress for CARE USA's advocacy priorities.

Implementation Section:

The following section provides guidance on how to develop a Community Score Card and a Policymaker Champion Scorecard to support your advocacy. These are general good practices or elements to take into consideration when developing a scorecard for your advocacy, but each scorecard will need to be adapted for each context.

THE COMMUNITY SCORE CARD©

The Community Score Card (CSC) was developed by CARE Malawi in 2002 to bring together community members, health providers and local government officials to identify obstacles to access and delivery of health services. Since its development, the CSC has been used across multiple sectors including education, nutrition, and sanitation to create a safe space for communities, duty bearers, and other stakeholders for dialogue and negotiation. In addition to other purposes, the CSC can identify areas for advocacy by engaging the community, local government, and service providers to identify specific areas for improvement and challenges to accessing quality care. The CSC can be used as a governance tool as well as an advocacy tool: it can be utilized by communities to hold health providers and local government accountable and enable citizen voice, and it can identify the specific barriers to quality care that can then be used to influence an advocacy ask/strategy.

Although it was initially used in Malawi to address access to health services, the CSC can and has been used to improve service provision across many sectors and in many contexts including in CARE's family planning and maternal health programs in Malawi, Rwanda, Tanzania and Honduras, and for girls' education, water management and agriculture in Burundi, Congo, Liberia, Ghana Papua New Guinea and Kenya. It has also been adapted and adopted by many organizations outside of CARE, including the World Bank who refers to the process as 'citizen monitoring'.

Through this participatory governance approach, CARE has witnessed the power of communities to sustainably improve the performance and responsiveness of their systems, and to hold governments accountable for implementing policies and providing appropriate services.
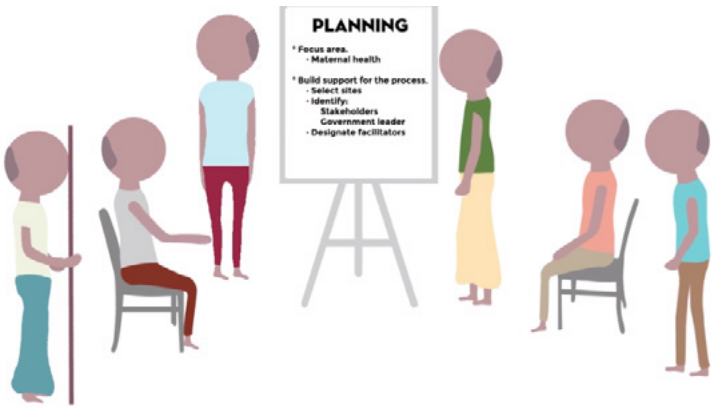
POLICYMAKER CHAMPION SCORECARD

While the CSC is one example of using a scorecard for advocacy, the Policymaker Champion Scorecard is another way to incorporate a scorecard into your advocacy strategy. Monitoring and evaluating the impact of advocacy can be a challenge given that outcomes of advocacy initiatives aren't always tangible and can't easily be attributed to a specific activity or set of activities. In order to better monitor a policymaker's support for an advocacy issue, CARE USA, in partnership with the Aspen Planning and Evaluation Program, created a scorecard that measures a government official's support for CARE's advocacy priorities while tracking the various advocacy activities to build champions across the U.S. Government for CARE's policy agenda.

CARE USA has used the scorecard to monitor the activity of policy-makers who travelled with CARE on the [Learning Tour Program](#), an initiative where CARE USA hosts trips for high-level delegations to highlight the importance of U.S. foreign assistance, in order to evaluate whether CARE's interventions (either the trip itself or the follow-up activities) contributed to a shift in the policymakers' support for CARE's advocacy agenda. The champion scorecard allows CARE USA to quantify what is otherwise a qualitative analysis: CARE's contribution to creating champions in the US government for pro-poor policies.

Community Score Card©:
Preparation & Planning

Planning, preparation and designing the CSC is a critical component of this approach, and can vary depending on the sector/issue you want to focus on and the country context that you're operating in. In general, you want to be sure that you include all relevant stakeholders in the preparation and design of your CSCs, including: community members, service providers (could be healthcare services or other services), local government officials, partners from the private sector, etc.

The methodology involves community members, service providers, and the local government coming together to jointly identify problems, generate solutions, and work in partnership to improve coverage, quality and equity of services so having the right people in the room from the very beginning is extremely important.
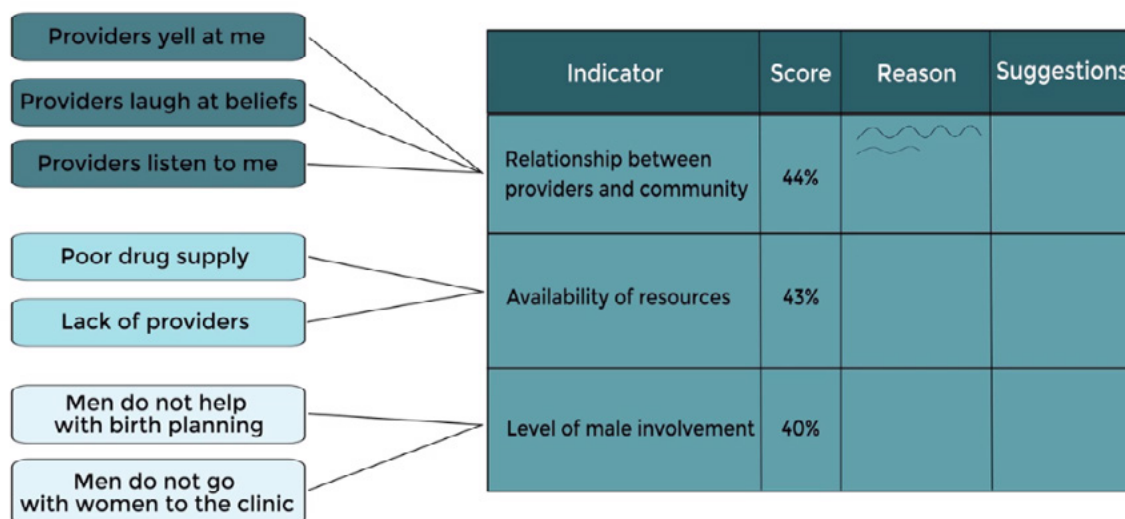
Implementation

Once the various stakeholders are identified, the stakeholders will meet in smaller groups that are divided into the community, the providers, the government officials, etc. The community is then further broken into smaller groups by age, gender, vulnerability, etc. This acknowledges various power dynamics by providing a safe space for dialogue and equitable representation of voice in indicator development for the various groups. By acknowledging the various power dynamics and break downs of the community, the CSC has meaningfully involved women and young people in defining what quality means to them and actively monitoring and providing feedback on the healthcare services they receive helps ensure that healthcare workers respect the rights and needs of all women they serve.

The stakeholders then meet in their individual groups to determine which social or development issues are most important to them. Some examples of pressing accessibility issues for health care could include: lack of information on what reproductive health services are available, a shortage of health providers to meet the needs of the community, long waiting times, lack of youth friendly services, or lack of male involvement such as men not accompanying women to health clinics, etc. A measurable indicator is created for each issue that the community has prioritized and then scored by the different stakeholder groups. The diagram below shows an example of the indicators selected to measure the issues raised by the various stakeholders.

INPUT TRACKING MATRIX

Indicators	Input Entitlement (as specified by service mandate)	Actual (community perception, what is really happening in community, or at health center)	Remarks/ evidence
Numbers of service provider staff present	4 providers with certification or qualification for this level of care	2 qualified providers available	
Number of beneficiaries employed	100 per village/GVH	50 are employed on the project	

Once the CSCs for the multiple groups (the community, smaller community groups, providers, government officials, etc) are created, the various groups come together to discuss the issues they have raised, review the CSC and propose joint solutions. An action plan is also designed by the stakeholders to address the issues identified.

The Score Card can then be used as an advocacy tool to hold government officials accountable, and/or to identify advocacy opportunities based on the particular obstacles and challenges identified by the community. For example, the CSC may reveal that your team needs to advocate with the government to increase commodities if drug availability constantly receives a poor score. Community members are also empowered to use their voice to hold their governments to account, and government officials are more likely to address identified areas for improvement because they participated in the design and creation of the CSC. This helps strengthen mutual respect between the local community, service providers, and government officials. It also enables local government officials to implement policies in a transparent and effective way.

For a detailed step-by-step process on how to design and implement the CSC, watch this VIDEO created by CARE and the University of North Carolina, Chapel Hill.

For a detailed toolkit to help you design your own CSC, CLICK HERE.

Follow-up
In order to be most effective, the CSC process needs to be re-visited on a regular basis by all stakeholders to track progress on the jointly created indicators, raise challenges and surface any outstanding issues. In CARE's experience, meetings held at least every six months have proven to be effective.

Potential Challenges and Risks
1) **Stakeholders:** It's critical that you determine the different stakeholders needed to design and utilize the Community Score Card. Including these diverse stakeholders, particularly community members as well as those who can make the changes, from the beginning will ensure their active participation and lead to positive results.
2) **Facilitators:** Determining who will help facilitate the CSC process is crucial. Having an individual or community member responsible for regular meetings and facilitation of discussion will help guide the CSC criteria and ensure accountability for all participants.
3) **Accountability:** While utilizing the CSC to hold government officials and power-holders accountable to their commitments is a critical component of this tool, there is a risk associated with showcasing the CSC as a means of "scoring" or "judging" policymakers. They may view this as antagonistic and, depending on the context you're working in, could result in challenges and related risks. That is why it is crucial that you engage policymakers in every step of the scorecard process, so that they understand the indicators and scores associated with their outcomes.

Case Studies

In **Malawi**, communities have used the CSC process for various issues including access to family planning services, education services, and nutrition and sanitation services. In one instance, the community used the CSC process to challenge and stop a range of corrupt practices, such as a government education advisor trying to extort money from the parents or school pupils. Additional information on the CSC process improving access to reproductive health services can be found here.

In **Tanzania**, a CSC process led to health workers at a local clinic agreeing to provide an out-of-hours service for pregnant women; additional health workers being deployed to health centers in villages where this was requested by the villagers; and even the construction and renovation of health centers, the provision of housing for health workers, and the provision of user conveniences such as toilets.

In **Rwanda**, the CSC process identified access to water as being particularly problematic for several villages. In one village, local leaders negotiated the installation of a water pipeline, with the community contributing to its construction through community workers (known as umuganda).

Additional Resources

o   CARE developed a Community Score Card Toolkit to provide guidance on how to create a CSC for your purposes. The Community Score Card Toolkit can be found here.
o   View videos and read stories on CARE's Community Score Card in Malawi here
o   CARE published results from a randomized control trial evaluation of the CSC's effectiveness on reproductive health outcomes in Malawi. You can access the peer reviewed article here
o   CARE also conducted a systematic review of our experience with the CSC from 2002-2013. You can access the peer reviewed article here
o   The Overseas Development Institute (ODI) conducted a comparative analysis of CARE's experience implementing the CSC in four countries and a variety of sectors. Read more about the CSC successes in these contexts here
o   CARE, in partnership with the International Rescue Committee, has implemented the CSC in eastern Democratic Republic of Congo in a community-driven reconstruction project. A peer reviewed article of a qualitative study of the effects of this intervention can be found here

Policymaker Champion Scorecards:

Preparation & Planning

Before designing your Champion Scorecard, you must first do a thorough analysis to help identify the government officials you want to target and why. This analysis can be done through a stakeholder mapping or power analysis which will help map the actors who can help you achieve your advocacy goals. Guidance on conducting a stakeholder analysis can be found in the CARE International Advocacy Handbook found here.

Note: When choosing your policy targets, be sure to prioritize individuals based on strategic value and your capacity to monitor their actions. If you have too many targets, you may not have enough capacity to effectively monitor their behaviors.

Once you've identified the individuals and key government officials you want to target, you build a list of actions that characterize a "champion," resulting in measurable champion actions or "traits" that are directly linked to your advocacy priorities. See the image for examples of possible traits to include.

You then assign a numerical score (1 to 5) based on CARE's priorities among the actions that define a champion. The lowest scores should be assigned to lower-effort actions dealing primarily with expressing interest in an issue, while the highest scores should be reserved for actions most closely associated with policy change or implementation.
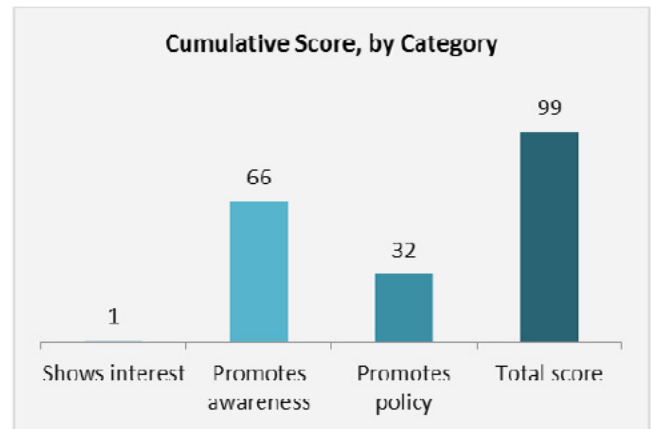
Examples of Champion Traits

- Co-sponsored legislation
- Spoke favorably in the media or to the public on your issue
- Authored relevant media publication
- Attended/hosted relevant events
- Met with you or a partnering organization to discuss relevant issues
- Signed a relevant petition
- Board memberships or personal activities
- Requested additional information from you or one of your partners

Each selected champion trait falls into one of three major categories: (1) demonstrating interest in the issues; (2) promoting awareness and understanding of the issue to various groups; and (3) advocating improved policies and practices.

The first category – **demonstrates interest** – includes relatively low-effort activities that highlight a champion's inclination to learn more about the target issues. Examples include requesting information from CARE and/or allied organizations on a policy issue, or visiting development projects related to a CARE-supported policy issue.
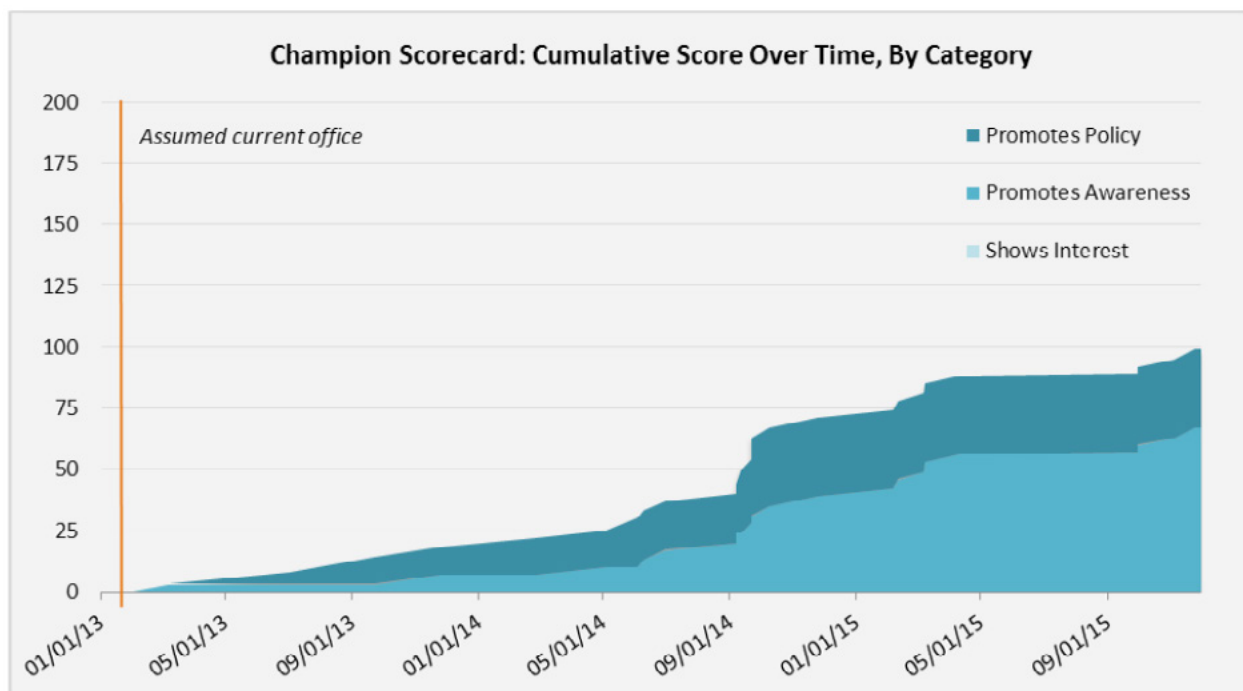
The second category of champion traits – **promotes awareness and understanding** – outlines a series of activities that show increasing commitment to relevant policy issues. Examples include interviews with local or national media outlets, speaking publicly in support of certain policies, and recruiting colleagues to visit development projects related to a CARE-supported policy issue.
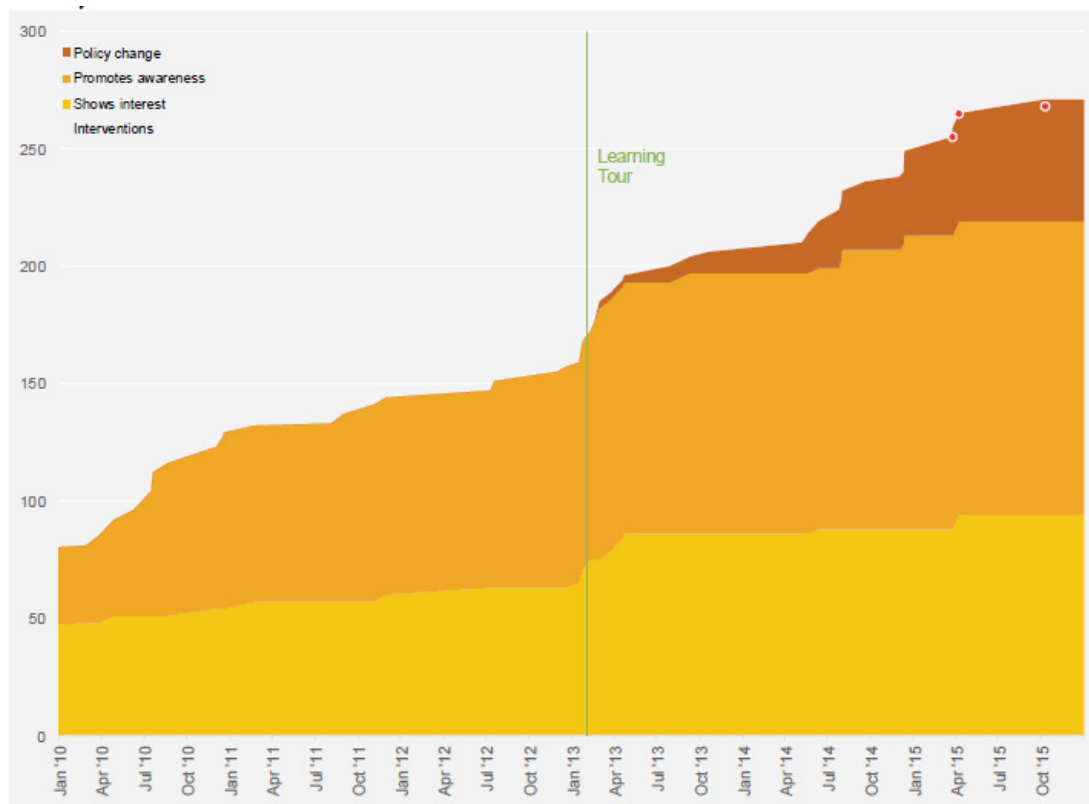

The third category – **advocates improved policy and practices** – focuses on policy-specific actions such as drafting legislation, implementing or funding policies, adopting CARE's recommendations, organizing government briefings, and personally lobbying colleagues to achieve desired outcomes in line with CARE's advocacy objectives.

Once the champion traits are finalized and put into the selected categories, the scorecard then calculates a numerical score for an individual's actions represents the level of "champion-ness" on the target issue/theme.

Finally, you are left with a scorecard that demonstrates how your target policymaker is engaging on your issues over time, and how much he or she is a "champion" of your advocacy priorities. You can use this scorecard to measure the impact of your advocacy work, as well as an accountability tool to demonstrate to policymakers that you are holding them accountable for their commitments, statements and actions. An example scorecard can be found below:

If you have been engaging these policymakers through various activities, you can also include major moments of CARE engagement in order to capture if there is correlation between an increase in support and your activities. Below is an example of a scorecard for a U.S. member of Congress who travelled on a CARE Learning Tour. As you can see, the scorecard demonstrates that the member of Congress became actively engaged in actual policy change following a CARE Learning Tour.
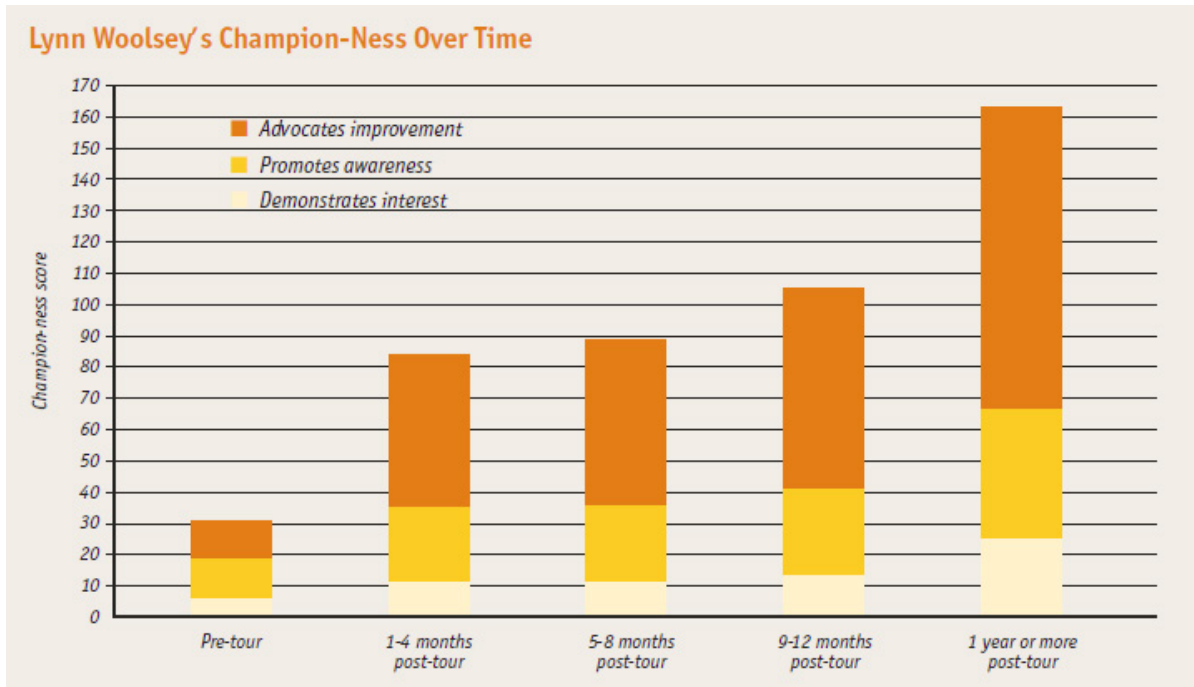

Potential Challenges and Risks

1) **Capturing relationship cultivation:** The scorecard is not designed to fully capture the impact of building relationships or demonstrate the potential contribution of relationship cultivation to the influence you are trying to generate. The scorecard and analysis are most useful for more public-facing officials, and perhaps for officials about whom CARE can gather strong behind-the-scenes information.

2) **Monitoring ALL actions:** The scorecard is only as good as the data you are able to collect! For this reason, it is imperative that you are realistic about the data you have the capacity to collect when selecting the indicators, and are as diligent as possible in tracking all of the indicators or "traits" that your team has selected. Some tips to do this include: setting a Google alert which notifies you whenever your target is mentioned in the news, creating a "live" google document that you and your colleagues can contribute to in real-time, and assigning someone to collect updates on a regular basis. In addition, some statements and actions by your policy targets may not be made public. It is impossible to fully gather all of the data that exists to build your scorecard. However, as long as you are as diligent as possible to gather the data that is available, you will still be able to gather the fundamental pieces of the scorecard.

3) **Correlation versus causation: How do we know if our advocacy work is what makes the difference?** It is impossible to be completely certain that your advocacy tactics were the main contributing factor that led to your policy target's behavior. In other words, you can't necessarily prove that a government official voted a certain way because of your influencing work unless he or she tells you so. However, the more data you compile that proves that your policy target slowly changed over time, the easier it is to make your case that your advocacy efforts made an impact.

4) **Staff turnover:** Government officials often retire, cycle out of office or don't get re-elected. While this is a reality of advocacy work, be prepared to utilize traits and indicators that you would want to apply for different policymakers and targets that may change over time.

Case Study

Below is an example of one scorecard created for a former (now retired) member of the US Congress who travelled with CARE to visit a development project. CARE brought Congresswoman Woolsey on a trip to Tanzania with a delegation of experts, policymakers and influential leaders from the private sector to learn more about the impact of US foreign assistance. Following the trip, CARE worked with Congresswoman Woolsey to share stories from the trip and urge her colleagues in the US Congress to support life-saving legislation that supported foreign aid and programs that addressed health and combatted global poverty. The scorecard tracks her level of "champion-ness" over time to help us determine how or if the trip had an impact on her actions linked to our advocacy issues. As you can see from the scorecard, clearly our advocacy work paid off!

Additional Resources

- The Congressional Relationship Scorecard Toolkit provides guidance on how to build a scorecard for a policymaker. Although it is based on the U.S. context, the toolkit can be adapted for various contexts.
- The National Journal Idea Brief featured CARE USA's Policymaker Scorecard and provides a brief overview of the scorecard and benefits.