1. Introduction

CARE has been working in Nepal since 1978 and has one of the longest histories of any International Non-Governmental Organization (INGO) in the country. CARE has placed a particular emphasis on community-based development with a focus on training, capacity building and facilitating empowerment. Partnership plays a central role in its operation and program focusing on the human condition, social justice and the enabling environment to address the underlying causes of poverty.

CARE Nepal has been working in close collaboration with the Government of Nepal (GON), Ministry of Health and Population (MoHP) to implement a comprehensive approach to maternal, newborn and child health care in Far Western Region of Nepal, and has recently enhanced these efforts with support from Glaxo Smith Kline (GSK) in three districts namely Doti, Dadeldhura and Kailali through SAMMAN (Strengthening Approaches for Maximizing Maternal, Neonatal and Reproductive Health) Project. SAMMAN Project is working closely in collaboration with national, regional and District Health Offices and local district level partners to develop the skills of Health Workers, facilitate effective supervision, and strengthen community engagement in health care systems so that Health Workers can more effectively deliver high quality services.

The SAMMAN project is built on two existing Maternal Neonatal and Child Health (MNCH) projects (one of which included the GSK supported CRADLE project) in Doti and Kailali and has been expanded to one new district, Dadeldhura, to implement and strengthen integrated MNCH programming from July 2012 to June 2015. The three-year project aims to build on previous experience by further increasing the effectiveness of frontline Health Workers to positively impact on MNCH goals. The specific objectives of this project are to increase capacity of Health Workers at community level; to enhance the effectiveness of community health systems; to enhance the effectiveness of community mobilization; and to leverage learning on how to improve Health Worker effectiveness to increase impact on MNCH.

Monitoring and evaluation of activities and plans have been identified as one of the most important components of any project. Individuals and organizations use several approaches in order to monitor their own activities or those of others to ensure that those activities conform to the laid down procedures and plans. Each step is also evaluated to assess the
effectiveness, efficiency, relevance, viability and implications of that step towards the achievement of the set goal\(^1\).

This project is innovating and systematizing the use of Community Health Score Boards (CHSB). The CHSB is a monitoring and evaluation tool that enables beneficiary community members to assess service providers and to rate their services/performance using a community defined grading system. It is an instrument to exact public accountability at the local/facility level. It is generally implemented in a rural setting. It is used to solicit user perceptions on access, utilization and quality of facilities, it promotes transparency and monitor the performance of service providers in order to pinpoint and address service delivery issues. It also reveals some in the knowledge gaps of the community members themselves so that strategies are found to address these gaps\(^2\).

It derives from the Community scorecards methodology, which has proved to be a useful tool to improve health services in Malawi and elsewhere. If used well, the process can lead to greater transparency, accountability and quality in the delivery of public services. The process of self-evaluation for service providers enables them to discuss issues such as performance, behavior, and quality of services through open discussions. The process does require conflict sensitive facilitation from the very start.

Community score cards are increasingly as an effective social accountability tool in Nepal. CHSB has a strong focus on Right Based Approach, empowerment and accountability as it includes an interface meeting between service providers and community that allows for immediate feedback. It is a community based performance monitoring tool which increases community participation\(^3\).

This tool solicits user perceptions on quality, efficiency and transparency. This helps to compare performance across facilities, generate feedback between providers and users, build local capacity and strengthens citizens’ voices and community empowerment. Citizens are empowered through having the opportunity to provide immediate feedback to service providers. It is also found as a good approach for social audit. About 9% of Primary Health Care Centers, 18% of Health Posts and 25% of Sub Health Posts in Nepal reported having used score card in their most recent social audits\(^4\).

CARE International in Nepal has been applying this tool in the form of Community Health Score Board (CHSB) in remote part of the western Nepal. It introduced CHSB in Chhatiwan VDC of Doti and Pahalmanpur VDC of Kailali districts in 2011 through USAID funded CRADLE Support Project. CHSB was further expanded in one more Village Development Committee of Doti district (Ladagada) in 2012 with financial support from GSK through HIP project. The SAMMAN project is scaling up CHSB in targeted Village Development Committees of

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1. [http://www.ncsa.sapnepal.org.np/content/community-scorecard-approach](http://www.ncsa.sapnepal.org.np/content/community-scorecard-approach)
3. Experiences from CRADLE Support Project of CARE Nepal, 2011
three districts (Doti, Dadeldhura and Kailali) in close coordination with respective district public health offices through local implementing partners

2. Rationale

Previous experiences showed that social accountability mechanisms (demand-driven and from the bottom-up) and participatory monitoring & evaluation (the monitoring of service delivery by communities) are the fundamental aspects of CHSB. It make the voices of the most marginalized heard, increase public awareness, and by so doing, generate collective action and bottom-up pressure against poor service delivery. It allows beneficiary communities themselves to do the assessment since they can talk from the real context and give authentic information about their own satisfaction. The exercise also offers the service providers and public health managers an opportunity to measure the level of satisfaction of health services to the beneficiaries, track immediate outcomes, take mid-course corrective measures and bring in strategic reorientation. Community members are empowered to demand accountability from health service providers and public health managers. Therefore, the process of service/facility assessment does not only end at the generation of the score but also to generate dialogue between the service/facility provider and the beneficiary community in order to seek improvement in health service delivery.

3. Specific Objectives

I. To empower people and ensure their human right of getting quality health care services are fulfilled

II. To bring together the demand and supply sides of a particular service to jointly analyze issues underlying service delivery and find a common and shared way of addressing those issues.

III. To identify barriers to provision of quality and equitable services and identifying the priority concerns of the communities, by both the communities and the healthcare providers.

IV. To help service users’ claims and achieve their human rights by holding duty bearers accountable.

V. To offer an opportunity to health service providers to review existing strategies for further planning, focused interventions and advocacy with district and central level

VI. To promote accountability in health service delivery and to ensure sustainability

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4. Conceptual Framework

Figure 1: Conceptual Framework

5. Process

- Introduction and socialization of the tool among all stakeholders in the community. Village Development Committee VDC level stakeholders meeting to explain thoroughly the need, purpose and objectives of the exercise. This will prevent any form of antagonism or fear of blackmailing and skepticism.

- District level meetings are held to finalize the indicators and sites of CHSB implementation based on the context and inputs in the district.

- Collection of supply-side information from service providers for input tracking at the community level.

- Inputs are validated from the service / facility providers in presence of Village Development Committee VDC level stakeholders.
• Prepare Community Score Board with indicators for the evaluation with the community members themselves

• Assessment and evaluation by the community members. They use these scores for each indicator to assess their level of satisfaction with a particular service or facility. The score range that has been practiced in MNCH projects by CARE Nepal is as per below:

  I. 1-10: Very poor
  II. 11-20: Poor
  III. 21-30: Fair
  IV. 31-40: Good
  V. 41-50: Very good

• Interface between service/facility provider and community, at the community level to ensure that the feedback from the community is well noted by presenting the scoreboard and self evaluation. This can be organized and moderated by an independent person or organization conducting the Community Health Score Board.

• Self evaluating and scoring as per the voices of community by health Service use indicators developed by community members to assess themselves (self evaluation).

• Generation of community (clustered) opinions, referred to as Community Cluster Scorecards, through the focus group discussion.

• Deciding the group average score to represent the clustered opinions, to define a final score.

• Identifying the reasons for low score and joint planning with the community

• Reviewing the progress in every six months through community interface meetings

• Calculating the district average score (or a district overall opinion), if the VDCs covered reached to a representative level.

• Organization of district level sharing workshop with the participation of HWs, district supervisors, district health officer, District Development Committee DDC representative, politicians and community representative from the various communities assessed. District level Health Score board can be prepared and presented for issues to be discussed and commitments to be made.

• Sustaining the CHSB system by institutionalizing it to ensure the exercise is not just a one-off activity but becomes a part of the routine M&E activities of the health service delivery in the district.

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6 *The scoring should be done based on the local context; inputs (resources) available; level of commitment from community, service providers and public health managers to improve the accessibility, availability and affordability of quality MNH services; national, district and VDC targets for a particular indicator; Human Development Index (HDI) and QALY (Quality Adjusted Life years) of the particular VDC or district. The range can also be sub ranged into different classes so that scientific scoring can be done.*
Expected outcome

- Increased awareness and knowledge about health and governance, community cohesion, trust, self confidence, empowerment (esp. of woman)
- Inclusion of marginalized populations (with specific attention to Dalit population and women)
- Increased knowledge about governance and public health policies
- Increased understanding of community issues
- Creation of spaces within health facilities to discuss health provision
- Improved working relationships among health workers
- Enabling environment to provide quality MNCH services
- Increased recognition of the role of the Village Development Committee/District Development Committee VDC/DDC in health service provision
- Increased interaction among members of Village Development Committee and Health Facility Operation and Management Committee and community members;
- Improved accountability mechanism (transparency, efficiency, responsiveness)
- Improved use of resources (human and financial)
- Enhanced effectiveness of health system (including HMIS/data collection)
- Implementation of MNH national policies and provisions
### 6. Indicator matrix

“Quality of care in health services through good governance and community participation”

Government of Nepal
Ministry of Health and Population
Department of Health Services
Regional Health Directorate
District Health Office …………..
……….. PHCC/HP/SHP

#### Community Health Score Board (CHSB)

<table>
<thead>
<tr>
<th>SN</th>
<th>Indicators</th>
<th>Date: Current Score</th>
<th>Three main reasons for the current score</th>
<th>Next Targeted Score</th>
<th>Date: Previous Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Status of regularity of HFOMC meeting</td>
<td></td>
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<tr>
<td>2</td>
<td>Status of regularity of FCHV meeting and Participation</td>
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<tr>
<td>3</td>
<td>Status of regularity of MG-H meeting and Participation</td>
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<td>4</td>
<td>Status of use of modern FP Methods</td>
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<td>5</td>
<td>Status of institutional delivery</td>
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<tr>
<td>6</td>
<td>Status of mothers who got safe delivery incentive</td>
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<td>7</td>
<td>Status of Four ANC and incentive got by mothers</td>
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<td>8</td>
<td>Status of nutrition among under five children</td>
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<td>9</td>
<td>Status of budget provisioned in maternal and child health sector by VDC</td>
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<tr>
<td>10</td>
<td>Regularity of PHC/ORC conduction</td>
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<td>11</td>
<td>Status of ADVOCACY against Chaupadhi and GBV at VDC and ward level</td>
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<tr>
<td>12</td>
<td>Status of regular use of Latrine in every household</td>
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<tr>
<td>13</td>
<td>Efforts at VDC level to reduce maternal and Neonatal death</td>
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</tbody>
</table>

Classification of ranked Score: 1-10: Very poor; 11-20: Poor; 21-30: Fair; 31-40 Good; 41-50: Very good
7. Conclusion

The CHSB is a community based monitoring tool that is a hybrid of the techniques of social audit, different participatory rural appraisal techniques and community score-cards. It uses “community” as its unit of analysis, and focuses on monitoring at the local health facility level. It facilitates the monitoring and performance evaluation of public health services, especially on MNH, by the community themselves and thus empowering them to hold to account the level and quality of health service provided. Since it is a grassroots process, it is also more likely to be of use in a rural setting. A critical feature of the CHSB process is that there must be a definite and almost immediate feedback mechanism in built in the execution. This is done by means of an interface meeting between the users and health service providers. Using a methodology of soliciting user perceptions on quality, efficiency and transparency it helps to:

- Track inputs
- Monitor quality of services
- Generate benchmark performance criteria that can be used in resource allocation and budget decisions,
- Compare performance across health facilities,
- Generate a direct feedback mechanism between providers and users,
- Build a local capacity and strengthen citizen voice and community empowerment.
- Focus on the poor, vulnerable and socially excluded mothers and under five children
- Mainstream decentralization
- Promote responsive and accountable health service providers
- Ensure sustainability

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SAMMAN project is funded by Glaxo Smith Kline (GSK), UK. The project is being implemented through the CARE Nepal’s partnership with NNDSWO Dadeldhura, SOURCE Nepal Doti and FAYA Nepal. Overall leadership and coordination is being provided by the Government of Nepal, Ministry of Health and Population, Department of Health Services, Regional Health Directorate and respective District (Public) Health Offices.