

A TOOL which quantifies prominent health issues in a community setting based on a set of indicators, which are **scored triangulating** the health facility service utilization and opinion and feedback of service seekers and management committee alike.

A PLATFORM to service seekers, service providers and health facility operations and management committee to come together and hold an open discussion on the quality of health services, bottlenecks, work plan to overcome bottlenecks and assign responsibilities to make the service providers more accountable.

POLICY CONTEXT

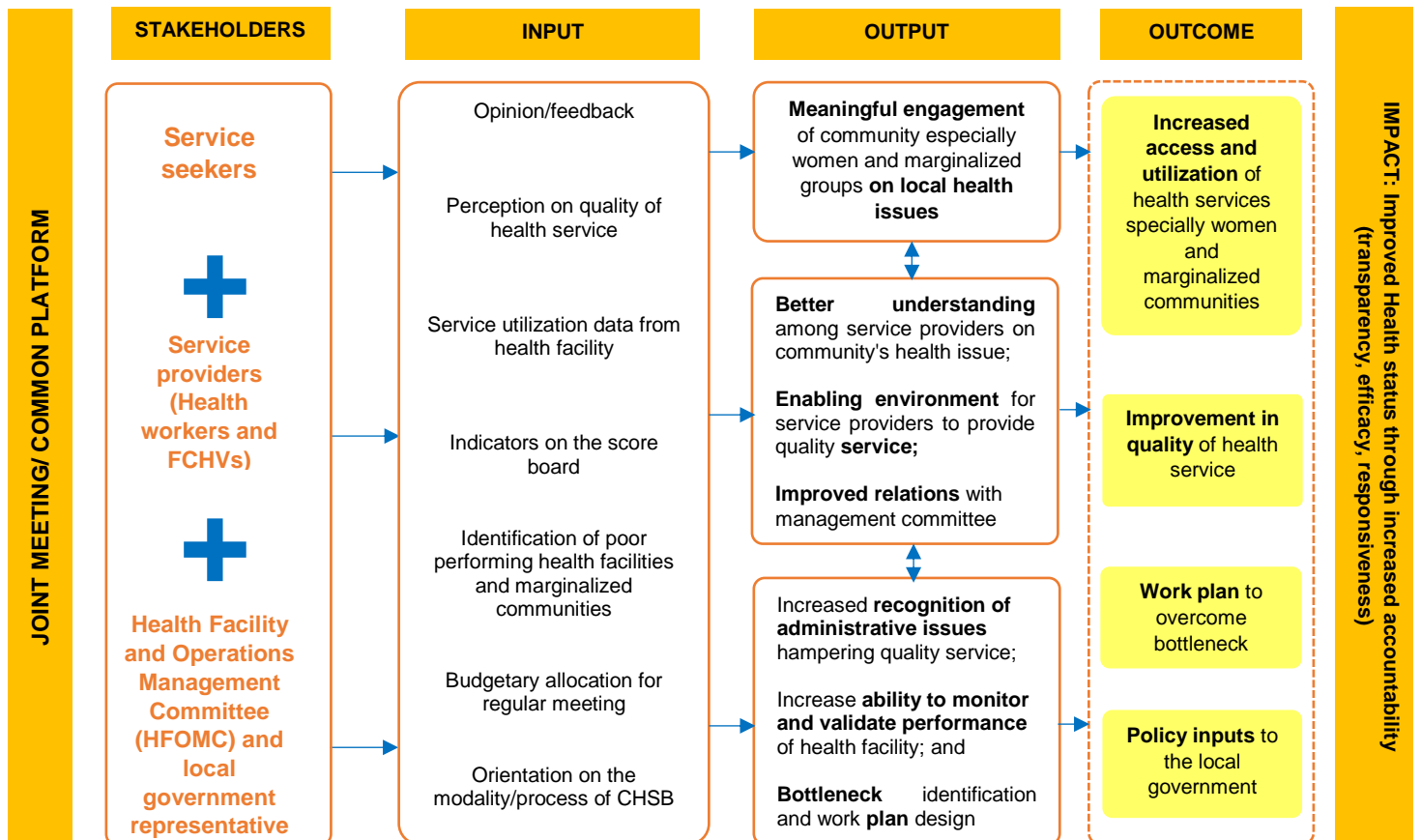
- **Collaborative Framework for Strengthening Local Health Governance (2013)** signed between the Ministry of Health and Population (MoHP) and Ministry of Federal Affairs and Local Development (MoFALD) and in principle focus on **strengthened local governance and local health systems; responsiveness, local leadership and ownership; and community empowerment, participation and accountability**
- **National health policy 2014:** Ensure effective health sector governance through appropriate policies, institutional arrangements, and management in health service delivery.
- **Nepal Health Sector Strategy (2015-2020):** Improved health sectors management and governance is one the nine outcomes areas



CHSB CONTRIBUTION TO SUSTAINABLE DEVELOPMENT GOALS (SDGS)

- **Goal 3.** Ensure healthy lives and promote well-being for all at all ages.
- **Goal 5. Achieve gender equality and empower all women and girls.**
 - **Target 5.6:** Ensure universal access to sexual and reproductive health and reproductive rights
- **Goal 16.** Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.
 - **Target 16.6:** Develop effective, accountable and transparent institutions at all level.
 - **Target 16.7:** Ensure responsive, inclusive, participatory and representative decision-making at all levels

CONCEPTUAL FRAMEWORK



EXAMPLE OF A SCORE BOARD

SCOREBOARD SECTION

S.N	Indicators**	Current score	Three reasons for the score	Previous score	Target score	Remark
1	Status of HMG* meeting and discussion in the meeting on health issues					
2	Regularity of outreach/immunization clinic					
3	Status of 4 recommended ANC visits and institutional delivery					
4	Status of health governance and health facility management					
5	Health service utilization status					
6	Quality of health service					
7	Status of Gender Equality and Social Inclusion					

WORK PLAN SECTION

S.N	Indicators**	Work plan	Primary responsibility	Supporting role	Remark
1	Status of HMG meeting and discussion in the meeting on health issues				
2	Regularity of outreach/immunization clinic				
3	Status of 4 recommended ANC visits and institutional delivery				
4	Status of health governance and health facility management				
5	Health service utilization status				
6	Quality of health service				
7	Status of Gender Equality and Social Inclusion				

***HMG: Health Mothers' Group **Indicators: They are subject to change based context. The ones presented here are examples.**

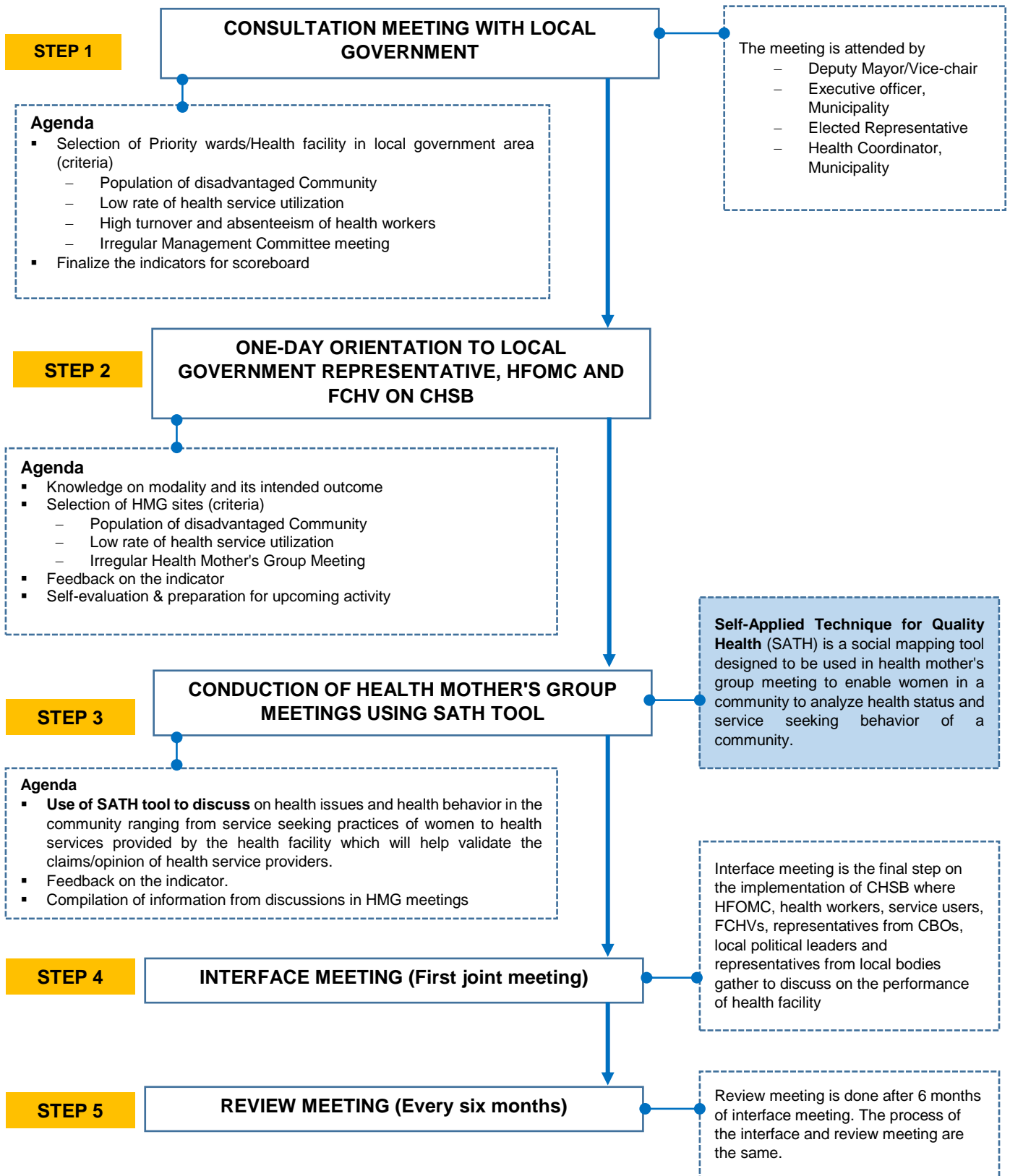
Note: The scoreboard has two different sections

- **Scoreboard section:** The stakeholders discuss and agree on a score after triangulating the views of the health workers, management committee and the community including the health service utilization data recorded at the health facility. Further, three reasons are provided for the scores;
- **Work plan section:** After recording the score action required to further improve the score, sustain it and overcome bottlenecks that may prevent further improvement are laid out in the form of a work plan. The work plan is written in the form of pointers. The task of taking the plan forward is assigned outlining the primary and secondary role.

Discussion point for each indicator

S.N	Indicators	Discussion point
1	Status of HMG meeting and discussion in the meeting on health issues	Attendance of mothers at the HMG, regularity of the meeting, discussion on health issues, referral to the health facility from community level and operation of mothers' group fund.
2	Regularity of outreach/immunization clinic	Availability of logistics in outreach clinic, information on opening time and place of the clinic and service utilization.
3	Status of 4 recommended ANC visits and institutional delivery	Status of pregnancy checkup, iron tablet consumption, institutional delivery, condition of room for pregnancy and post pregnancy checkup.
4	Status of health governance and health facility management	Status of HFOMC meeting, attendance at the meeting, opening and closing time of the health facility, attendance of health workers, the relation between health worker and community, disbursement of maternity incentives.
5	Health service utilization status	Service utilization rate and availability of health services.
6	Quality of health service	Waiting time for service, confidentiality, accessibility to free medications, cleanliness of the health facility, status of equipment at the health facility.
7	Status of Gender Equality and Social Inclusion	Access and utilization of health services by marginalized communities, the status of couples seeking counseling on family planning services, confidentiality for accessing maternal, sexual and reproductive health services.

STEPS



Note: CHSB and SATH tools are implemented hand-in-hand and complement one another.

CHSB IMPACT

COMMUNITY REPRESENTATIVE

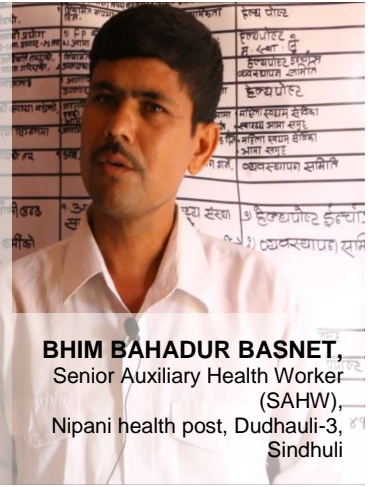


"Previously the health workers were not present in the health facility regularly during their duty hours. As a consequence, we held an agitation and locked up the health facility. People used to come from far-away places and end up not finding the health workers. Now it's not like that anymore, the health workers stay full-time. Now things have changed with the CHSB program. Currently, we can get medications and simple treatment right at our doorstep."

NETRA KUMARI BHATTARAI, Dudhauri-3, Sindhuli

SERVICE PROVIDER

"I have been in this field for quite some time, but it's hard to find out where exactly I have gone wrong. But after the concept of CHSB has been implemented, it has been easier to find those errors and manage it accordingly. Previously we used to implement the programs in their own way. But ever since the scoreboard program has been introduced the community has started taking interest in the matters of the health facility. Further, we now have a better working relationship with the management committee and they listen to our problems and address them."



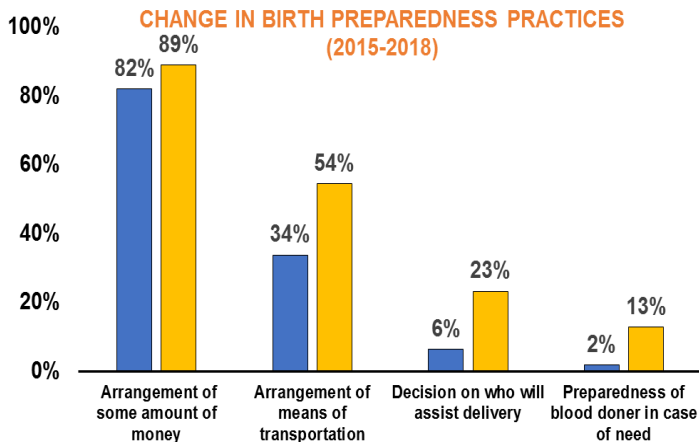
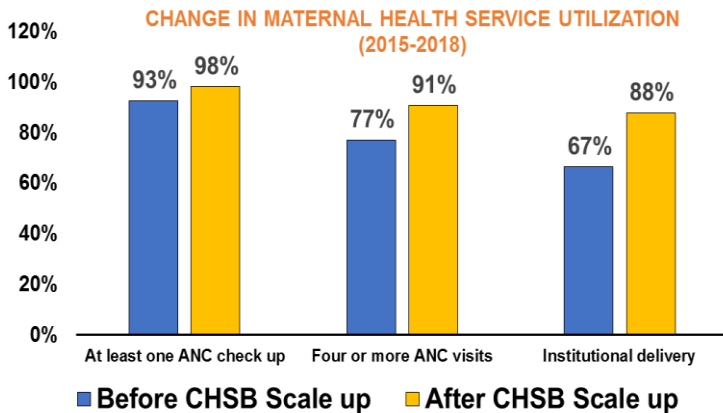
BHIM BHADUR BASNET, Senior Auxiliary Health Worker (SAHW), Nipani health post, Dudhauri-3, Sindhuli

LOCAL GOVERNMENT REPRESENTATIVE



During my field visit, I find that people are very happy with this service (CHSB). This lead to a reduction in the prevalence of undernutrition in our ward. Now there are very few cases. There are places in the ward where previously women did not know about the services of the health facility. But following the implementation of the CHSB program we have observed a sharp rise in service utilization in those areas.

GUNANIDHI BHUSAL, Wardchair, Kapilvastu



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