



**A STUDY ON
ESSENCE OF COMMUNITY
SCORECARD TO PROMOTE SOCIAL
ACCOUNTABILITY:**

**A COMMUNITY-LED PRACTICE TO
TRACK SDG PROGRESS AND
ENSURE THE CONTINUATION OF
ESSENTIAL SERVICES.**



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Acronyms

ACTIVE	Active Citizenship Through Inclusive Volunteering and Empowerment
ANC	Antenatal Check up
CSOs	Civil Society Organizations
CSC	Community Scorecard
FGD	Focused Group Discussion
CES	Continuation of Essential Services
FCDO	Foreign, Commonwealth and Development Office
FCHVs	Female Community Health Volunteers
HFOMC	Health Facility Operation and Management Committee
LNOB	Leave No One Behind
NV	National Volunteer
HF	Health Facilitator
SMC	School Management Committee
PWD	Persons with Disabilities
NFGF	National Farmers Group Federation
NPR	Nepalese Rupees
PA	Primary Actor
PNC	Post-Natal Check up
RRT	Rapid Response Team
SDG	Sustainable Development Goals
SRHR	Sexual and Reproductive Health and Rights
VSO	Voluntary Service Overseas
WASH	Water Sanitation and Hygiene
HI	Health Facility In-charge
AHW	Auxiliary Health Worker
SAHW	Senior Auxiliary Health Worker
MVCH	Making Voices Heard and Count

Introduction

Leave No One Behind (LNOB) Nepal coalition is led by VSO in Nepal. The initiative is currently implementing Making Voices Heard and Count (MVHC): Youth-Led SDG monitoring project. Project integration is one of the key sustainability approach this project will adopt to ensure the results from this project are sustainable. The interventions will be carried out targeting the marginalised communities of Active Citizenship Through Inclusive Volunteering and Empowerment (ACTIVE) programme catchment areas. VSO Nepal’s FCDO-funded project ACTIVE is focused on integrated programming on inclusive education, resilient livelihood and inclusive and accessible health services through advocacy and strengthening of youth-led CSOs. A small portion of the activities from ACTIVE is directly aligned with this project. ACTIVE project works to enhance the capacity of vulnerable and marginalized citizens, enabling them to voice their concerns and make rights-based demands. The Community Scorecard (CSC) is a pivotal tool employed for citizen empowerment in this project which is one of the key social accountability tools used in LNOB initiative.

CSC serves as both a procedure and a tool, overseeing services, empowering citizens, and enhancing the accountability of duty bearers, a consistent practice within VSO initiatives. The implementation of a community scorecard approach enhances a culture of social accountability, transparency, and engagement of citizens in planning, implementing, and evaluating maternal, neonatal, and child health services. In addition, it improves the negotiation capacities and involvement of both community members and health workers, resulting in increased availability and utilization of health service (Argaw et al., 2021).¹

CSC is an ongoing process carried out with the team's expertise and comprehensive guidelines. This tool operates as a standard procedure for monitoring and appraising activities, fostering dialogue between rights holders and duty bearers, establishing criteria for satisfaction, and evaluating performance. Its primary objective is to champion social accountability.

In LNOB and ACTIVE project, CSC is employed to advance a rights-centric approach and cultivate mutual accountability in community development and social empowerment, facilitate discussions scrutinizing authorities' responsibility to citizens, bolster the relationship between rights holders and duty bearers, collaboratively identify needs in the planning and budgeting process, and consciously elevate service quality and safeguard citizens' rights.

The central aim of this case study is to explore how the Community Scorecard (CSC) is employed and its impact within the ACTIVE project in Nepal. Specifically, the focus lies in utilizing CSC to monitor progress towards meeting Sustainable



Figure 1: Steps and Process of Implementation of CSC

¹ Argaw, M. D., Desta, B. F., Mamo, E., Abebe, M. G., Rogers, D., Demelash, A., & Abebe, L. G. (2021). Implementing a social accountability approach for maternal, neonatal, and child health service performances in Ethiopia: a pre-post study design. *Global Health: Science and Practice*, 9(1), 123-135.

Development Goals (SDGs) and ensuring the Continuation of Essential Services (CES). As a dynamic process and tool, CSC plays a crucial role in overseeing services, empowering citizens, and fostering accountability among duty bearers.

Objectives of Case Study:

1. **Assess CSC Effectiveness in ACTIVE/LNOB working areas:** Evaluate how the Community Scorecard enhances social accountability and empowers citizens within the ACTIVE/LNOB project, particularly in health services and across education, resilient livelihood, and youth engagement and leadership.
2. **Track SDGs Progress:** Analyze CSC's role in tracking progress towards SDGs, aligning with the expected outcomes of the ACTIVE/LNOB project for positive social change and accountability.
3. **CES Assurance:** Explore how CSC contributes to ensuring the continuity of essential services by holding duty bearers accountable, identifying improvement areas, and promoting participatory planning.
4. **Identify Practices and Challenges:** Highlight and record best practices and address operational challenges in implementing CSC within the ACTIVE project. Explore how CSC principles are maintained and suggest solutions to associated hurdles.

The Problem Project Sought to Address

In this case study, our objective was to provide valuable insights and glean lessons from the application of CSC in the ACTIVE/LNOB project. Our aim is to establish a groundwork for well-informed decision-making, enhanced project planning, and the advancement of citizen-centric approaches within development initiatives. The focus of our case study was on gathering data and information aligned with three specific research questions:

1. How does the implementation of the CSC contribute to the empowerment of citizens within the ACTIVE/LNOB project specific to health services including cross-cutting agendas of education, resilient livelihood, and youth engagement and leadership?
2. To what extent does the use of the Community Scorecard facilitate progress tracking towards the Sustainable Development Goals (SDGs) within the ACTIVE/LNOB project, and what key indicators demonstrate its effectiveness in aligning project activities with the broader global agenda for sustainable development?
3. In what ways does the CSC serve as a mechanism for ensuring the CES within the ACTIVE/LNOB project? How does it influence duty bearers' accountability, identify areas for improvement, and promote participatory planning processes to sustain the delivery of Essential Services?

The study applied a case study method to conduct the study. The information will be collected through In-depth Interviews (IDIs), Focused Group Discussions (FGD) and case stories (Female Health Community Volunteers (FCHV), Health Facility, Primary Actors) to collect deeper level of information find the gap, issues regarding the usage of CSC for SDGs progress Tracking and CES.

The study was conducted in selected communities within the Bara and Kalaiya district of Madhesh province-project implementation areas of the ACTIVE/LNOB in Nepal. These communities will be

strategically chosen to represent diverse geographic locations and project sectors, ensuring a comprehensive intervention on promoting social accountability using CSC tool.

Case Study Respondents:

A total of 39 participants including Youth Health Champions, Health Facilitator, local youths participated in the 8 FGDs that were conducted. Prior to the case study, we communicated with the case study respondents including health officials of 4 health facilities.

Name of Location	Number of primary actors (PA) involved	Number of volunteers involved	Remarks
Dharampur, Gadhimai Municipality-07, Rautahat	4	6	Including members of women's group in PA Including 2 NVs & HR and YHCs
Sabgada, Gaur Municipality-06, Rautahat	4	6	Including YHCs, Local Youth and HF
Dumarwana, Jeetpursimara-15, Bara	4	6	Including members of mothers group in PA
Basatpur, Kalaiya-20, Bara	3	6	

Project Interventions:

ACTIVE Citizenship through Inclusive Volunteering and Empowerment (ACTIVE) is an integrated program that aims to develop 'more inclusive, open, resilient, and gender equitable societies' by fostering transformational changes in the sectors of Inclusive Education, Resilient Livelihoods and Accessible Health Services for the poor, vulnerable and marginalized people. As the LNOB initiative focused on capturing the voices of hard to reach and most marginalised and vulnerable population, the MCHV project is integrated with ACTIVE project.

ACTIVE/LNOB considers youth and youth led organizations as powerful intermediary actors contributing to the change process in engagement and leadership development as cross-cut agenda. Strengthening overall mutual accountability, promoting participation of primary actors, reviving of resilient actions and systems within these service areas are some of the intended changes. Likewise, ACTIVE seeks to cultivate a culture of impactful and responsible volunteering. The project will actively involve the community and families in transforming harmful norms, empowering individuals to assert their rights, and advocating for an enabling policy space.

In ACTIVE/LNOB, CSC is a continuous process conducted with the team's expertise and thorough guidelines. This tool serves as a routine process for monitoring and evaluating activities, fostering dialogue between rights holders and duty bearers, determining satisfactory criteria, and assessing performance. Its primary use is to promote social accountability.

In ACTIVE/LNOB, CSC is being used to:

- Advance a rights-oriented approach and promote mutual accountability in community development and social empowerment.
- Facilitate dialogues to analyze the accountability of authorities toward citizens.

- Support strengthening the relationship between rights holders and duty bearers.
- Community and duty bearers collectively identify needs in the planning and budgeting process.
- Consciously improve the quality of services and citizens' rights.

Individual Level:

At the personal level, there is a growing understanding of the importance of strong interventions like the utilization of CSC to empower primary actors. Youth Health Champions is a successful initiation where youths/adolescents in areas like Sexual and Reproductive Health and Rights (SRHR) and career development are equipped with skills for development. It goes beyond traditional education, empowering individuals to make informed decisions about their health and fostering autonomy. It contributes to building a more empowered and resilient community.

Family Level:

The project's intervention, seen in activities like family dialogues, brings positive change by raising awareness about nutrition, Antenatal Care (ANC), Postnatal Care (PNC), Water, Sanitation, and Hygiene (WASH), and overall health within households. Led by dedicated Health Facilitators, these interventions transform family life. Family dialogues, driven by project advocates i.e. health facilitators, create a wave of awareness that influences various aspect of family well-being. The collaboration between Health Facilitators and healthcare facility staff ensures that knowledge spreads beyond the project, impacting the broader healthcare infrastructure and creating positive changes in entire communities.

Community Level:

The project strengthens networks of mothers' groups and youth champions, becoming hubs of knowledge. Mothers' group members, guided by Female Community Health Volunteers, receive impactful sessions on family planning, nutrition, and reproductive health. Youth health champions, after essential training, use a dedicated space to share insights and coordinate community engagement. The project also collaborates with Civil Society Organizations (CSOs) focused on LGBTQ+ and persons with disabilities, promoting an inclusive health agenda. Community-based organizations act as catalysts for positive change, extending the project's influence beyond individual efforts and uplifting the entire community. The project is not just a source of knowledge but a catalyst for transformative and inclusive community development.

Policy Level:

Meaningful participation at the individual, family, and community levels has led to policy changes in project sites. Policies addressing people's needs, such as the Right to Food policy, have been endorsed in two municipalities with support from project interventions. This policy includes provisions like lease farming, ensuring the livelihood of marginalized and vulnerable citizens within the community. This significant change, resulting from the active engagement of local people, is a noteworthy achievement and a step towards the project's desired outcomes.

The CSC workshop has been conducted all 4 ACTIVE working areas covered in this case study. However, the CSC review process has only been completed in three of the locations, except Dumarwana of Jeetpursimara Bara.

Community Scorecard has been conducted on the basis of selection of following indicators in the selected areas:

Basis of selection of indicators:

- Local Health Organization Operation and Management Procedure 2075
- Inclusive management capacity of health institutions
- Effective planning and implementation of health services
- Inclusion, planning and review of health institutions
- School Management Committee
- Effectiveness of health and other interrelated sector services (health, education, livelihoods)
- Effectiveness and social security outcomes and quality of technical services of health institutions
- Good practice of health institutions

The Community Scorecard (CSC) plays a crucial role in addressing health concerns at the community level by effectively identifying and tackling challenges in service delivery faced by both those responsible for services (duty bearers) and those who receive them (right holders). Prior to the implementation of CSC in ACTIVE working areas, there was little awareness about this tool.

The focus of this case study is on using the Community Scorecard as a tool to monitor progress towards Sustainable Development Goals (SDGs) and Continuation of Essential Services (CES). This involves a thorough examination of CSC indicators, their connections to health indicators, and the involvement of various stakeholders, such as school actors, influencing CSC implementation within the context of SDGs and CES. The study places importance on actively engaging community members in tracking and assessing SDG progress.

The CES aims to promote collaboration, dialogue, and shared decision-making between right holders and duty bearers. The use of CSC is specifically aligned with certain SDGs, and the study assesses how effectively CSC contributes to their achievement. Additionally, the case study evaluates the policy landscape and governance structures that influence the utilization of CSC for tracking SDG progress and CES.

Furthermore, the study delves into the tangible impact of CSC implementation on the well-being of the community, including improvements in healthcare, education, and overall quality of life. By exploring these various aspects, the case study seeks to offer a comprehensive understanding of how the Community Scorecard is applied in a specific operational context to track progress towards SDGs and implement Continuation of Essential Services (CES).

The community dialogues and interface meeting conducted to promote the social accountability using the Community Scorecard tool directly contributes on mapping the SDG progress specific to health component of ACTIVE project in Nepal.

Here is the list of Goals and indicators that CSC tool measures:

SDG Goal	SDG Targets/Indicators	CSC Indicators
Goal 2: Zero Hunger	<i>2.4.1 Proportion of agricultural area under productive and sustainable agriculture.</i>	Engagement with agriculture and environment stakeholders for a clean environment and balanced diet
Goal 3: Good Health and Well-being	<i>3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.</i> <i>3.2 By 2030, end preventable deaths of newborns and children under 5 years of</i>	Regular operation of key health programs (mothers' group, outreach clinics, immunization)

	<p><i>age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.</i></p> <p><i>3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.</i></p>	
	3.8.1 Coverage of essential health services	<p>Formation of Health Facility Operation Management Committee</p> <p>Involvement of School Management Committee in health facility meetings</p> <p>Availability of necessary infrastructures in health facilities</p> <p>Coordination between different sectors (school and health) for programs</p> <p>Assessment of strengths and weaknesses through supervision and discussion in meetings</p> <p>Review of health facility planning and progress in the presence of the community</p>
Goal 5: Gender Equality	5.5 Ensure women’s full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic, and public life	Inclusivity in committee representation
Goal 13: Climate Action	<p>13.1 Number of deaths, missing persons, and directly affected persons attributed to disasters per 100,000 population.</p> <p>3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.</p>	<p>Preparedness for emergencies and disaster management in health facility plans</p> <p>Incorporation of disaster management and resilience plans in health facility planning</p>
Goal 16: Peace, Justice and strong institutions	16.6 Develop effective, accountable, and transparent institutions at all levels	Transparency in planning and progress reporting

Challenges:

During the data collection phase of our case study, we encountered challenges in establishing clear connections between the study and the Sustainable Development Goals (SDGs). The difficulty was raised

in aligning the specifics of our case study findings with the broader objectives and targets outlined by the SDGs.

One primary challenge was ensuring that the data we gathered directly reflected or contributed to the achievement of specific SDG goals. This required a detailed analysis of our case study findings to identify relevant links to the SDGs. Sometimes, the goals and indicators set by the SDGs might not perfectly align with the local context or the specific focus of our case study.

Additionally, there were instances where the SDGs were broad and encompassing, making it challenging to pinpoint and clearly articulate the ways in which our case study findings directly contributed to those overarching goals. This process required a careful balance between the local, context-specific aspects of our study and the more global and generalized nature of the SDGs. In overcoming these challenges, we had to adapt our data collection strategies, simplifying and rephrasing our targeted research questions towards VSO partners/ stakeholders, volunteers and primary actors. This involved adjusting the focus of certain inquiries, seeking additional information, or modifying our analysis methods to ensure a more direct and meaningful connection between our findings and the SDGs.

In doing so, we were aware of the need to facilitating a more comprehensive understanding of how local initiatives contribute to the achievement of overarching sustainable development objectives. We also encountered challenges in reassembling the same participants who had been present during the CSC process, as individuals had relocated to various destinations for diverse reasons.

Results

The essence of Community Scorecard (CSC) initiatives in promoting social accountability and tracking Sustainable Development Goals (SDGs) progress has been a subject of growing interest in community-led practices. This study delves into the transformative potential of CSC across diverse communities, emphasizing citizen empowerment, accountability, and holistic development.

Voices of the Primary Actors:

Community Scorecard (CSC) initiatives demonstrated significant transformative potential across diverse communities, emphasizing citizen empowerment, accountability, and holistic development. Through insights gathered from focus group discussions (FGDs) in Sabgada, Gadhimai Municipality, and Dumarwana, several key themes emerge, showcasing the multifaceted effects of CSC on community engagement and service delivery.

In Sabgada, volunteers highlighted the heightened awareness and understanding of health services facilitated by CSC. According to Nargis Khatun, *"There was heightened awareness and understanding in the sector of health for people in the community."* Musturi Khatun further emphasized the positive integration of health and education sectors, particularly in the distribution of medicines in schools after CSC implementation. Moreover, CSC fostered inclusivity by actively involving marginalized communities, leading to increased utilization of health services and enhanced community participation.

Similarly, in Gadhimai Municipality, volunteers like Amrita Sahani noted visible behavioural changes and increased prioritization of marginalized individuals in health interventions post-CSC. Amrita highlighted how *"those who are left behind in the community and people with disabilities whose voices are not heard usually in the community, now their needs are addressed and prioritized."* CSC facilitated easier access to health

services and encouraged open discussions about health concerns, fostering accountability and collaborative problem-solving.

“After CSC, there has been a lot of benefits to those who are marginalized after CSC, as those who are marginalized now go to community hospitals for health services, which was not the practice before. We came to know about CSC through Aasaman Nepal (ASN) to participate in CSC process. Through shared discussion on CSC, we were now aware of conducting activities related to children’s health and nutrition, distribution of medicine to schools and school-going children as well,” says one of the volunteers, Amrita Sahani.

In Dumarwana, despite not undergoing a CSC review, the initiative laid the groundwork for community engagement and action planning. According to the findings, CSC contributed to increased accountability of both community members and service providers, resolving previous misunderstandings and fostering mutual satisfaction. Additionally, the integration of various sectors like education, livelihood, and health underscored the interconnectedness of these areas for comprehensive community development.



Figure 2: VSO National Volunteer in conversation with primary actors

Furthermore, the findings across all communities highlighted the importance of continuous engagement and collaboration to address community needs effectively. As Menuka Pal from Gadhimai Municipality noted, *CSC and monthly Health Facility Operation and Management Committee (HFOMC) meetings not only made duty bearers accountable but also increased self-awareness among representatives from different community groups.*

In summary, the findings from the FGDs underscore the transformative results of CSC in promoting citizen empowerment, accountability, and collaboration for improved service delivery and community well-being across diverse contexts.

Insights and experience from Duty Bearers:

The implementation of the Community Scorecard (CSC) has brought about significant improvements in community engagement, service delivery, and accountability mechanisms across various health facilities in different municipalities. Nitish Kumar Gupta, Health Facility In-charge of Sabgada, Gaur Municipality-06, Rautahat, noted that the introduction of CSC marked a considerable shift in community involvement, leading to monthly meetings for the Health Facility Operation and Management Committee (HFOMC) and increased participation from diverse community members.

Gupta stated, "At the outset, monthly meetings for the Health Facility Operation and Management Committee (HFOMC) were not taking place. Nonetheless, during the initial year of implementing the CSC, we effectively launched gatherings engaging 40-45 participants" (In-Depth Interview, Sabgada). This engagement not



only facilitated discussions on health matters but also empowered marginalized communities by providing them with a platform to voice their concerns. The CSC interventions has played crucial role on reformation of the HFOMC committee that requires 3 representations from marginalized population: one from Dalit community, one from Person with Disability and senior citizen and one from Adolescent and Youths. This has enhanced the community engagement in health system strengthening.

Similarly, in Jeetpursimara, Bara, the absence of a CSC review was noted by the Health In-charge at Dumarwana, highlighting challenges such as budget constraints and delays in infrastructure projects. Despite these challenges, efforts have been made to prioritize marginalized communities and Persons with Disabilities (PWD) through vaccination distribution and community outreach during the COVID-19 pandemic. The Health In-charge emphasized the importance of continuous evaluation and improvement, stating, "Prioritizing marginalized and persons with disabilities (PWD) has been a focus... Although the change in staff has affected thorough planning, awareness of monthly meetings, and organizational workings, improved communication strategies aim to enhance participation and collaboration" (In-Depth Interview, Jeetpursimara).

Nitish Kumar Gupta, Health Facility In-Charge of Sabgada says, *"In the first year of ACTIVE, when the Community Score Card (CSC) was first organized, our Health Facility Operation and Management Committee (HFOMC) had recently been formed in alignment with new guidelines. However, there was a lack of clarity regarding our roles and responsibilities within the committee. Recognizing this knowledge gap, we approached the ACTIVE team and requested training to equip all members with a comprehensive understanding of their respective roles."*

He further added, *"Responding promptly to our request, the ACTIVE team demonstrated their commitment to our capacity-building by providing a focused and effective three-day training on HFOMC within just one week. This initiative played a crucial role in empowering our committee members with the necessary skills and knowledge, enabling us to fulfil our roles effectively and contribute meaningfully to the overall success of the health facility."*

Furthermore, in Basatpur, Kalaiya, Bara, the Health In-charge highlighted the positive impact of CSC on community awareness and participation in health facility activities. Implementation of CSC led to increased community understanding of health services offered, as stated by the Health In-charge, "I believe the community members are now more informed and self-aware. Previously, people would visit the hospital for medicines without understanding the health services provided. After the CSC meeting, they are now better informed about the services offered by the health post" (In-Depth Interview, Basatpur). This increased awareness has facilitated targeted interventions, particularly in family planning programs and adolescent health initiatives.

Across all municipalities, efforts have been made to strengthen accountability mechanisms, involve marginalized communities in decision-making processes, and align CSC initiatives with Sustainable Development Goals (SDGs). In Sabgada, government initiatives received support and guidance from CSC outcomes, leading to self-evaluation and improvement in service quality. Similarly, in Jeetpursimara, community questioning of the ward office regarding delays in service provision exemplifies efforts to hold service providers accountable. In Basatpur, the CSC process has facilitated the allocation of responsibilities to duty bearers, resulting in improved tracking practices for progress and evaluation of health facility activities.

Despite the progress made, challenges persist, including budget constraints, staff turnover, and communication gaps. However, concerted efforts to address these challenges, such as improved communication strategies and targeted interventions for marginalized communities, demonstrate a commitment to overcoming obstacles and advancing towards the goals of social accountability and sustainable development.

The Role Played by Volunteers

In the context of community-driven development initiatives, volunteers play a pivotal role in driving the CSC process at the grassroots level. Each year, national volunteers, community volunteers, and partner staff undergo training sessions focused on the use of the CSC tool. This training equips volunteers with the necessary skills and knowledge to effectively engage in the CSC process.

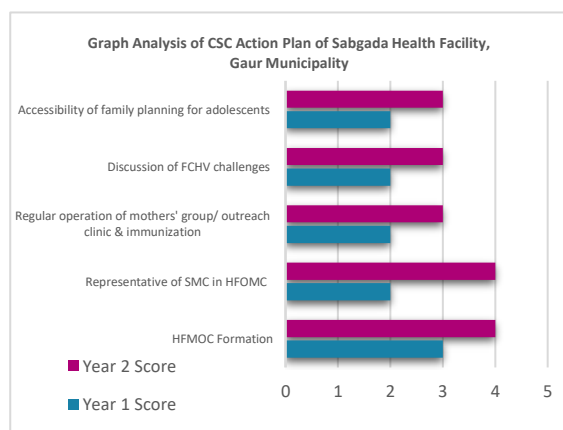
Volunteers engage in discussions with community members about the present context of the community and orient them on use of CSC tools. Taking a leadership role, volunteers establish rapport with duty bearers, invite them to participate in CSC dialogues and facilitate discussions on the CSC tool. After application of the CSC tool, volunteers lead interface dialogues, fostering constructive discussions and collaborative development of action plans to address community concerns.

Volunteers conduct follow-up visits to health facilities, ward offices, and other local government institutions to ensure the implementation of agreed-action plans. Furthermore, to track progress on action plans formulated during interface dialogues, volunteers coordinate CSC review workshops, providing a platform for stakeholders to assess achievements and address challenges. During the entire process VSO and partner staff play a supportive role in facilitating dialogues and compiling comprehensive reports of the entire CSC process.

Through their proactive engagement and dedicated efforts, volunteers serve as catalysts for positive change within communities, driving the successful implementation of the CSC process and fostering meaningful dialogue between stakeholders.

Implication of Community Scorecard:

The analysis of community scorecard findings of last two years of Sabgada Health Facility (as showed in graph) illustrates notable improvements in the establishment and continuation of the Health Facility Operation Management Committee (HFOMC).



Previously, HFOMC meetings were sporadic, lasting only 2-3 months due to financial constraints related to food expenses. However, with the implementation of the ACTIVE project and consistent follow-up, HFOMC meetings have resumed, marking a significant achievement for Gaur Municipality. Moreover, there

has been progress in involving a representative from the School Management Committee (SMC) in the monthly HFOMC meetings, indicating an enhanced collaboration between health and education sectors.

There have been some improvements noted with the indicator around regular operation of mothers' groups, including discussions on nutrition, livelihood, and savings, as well as the operation of outreach

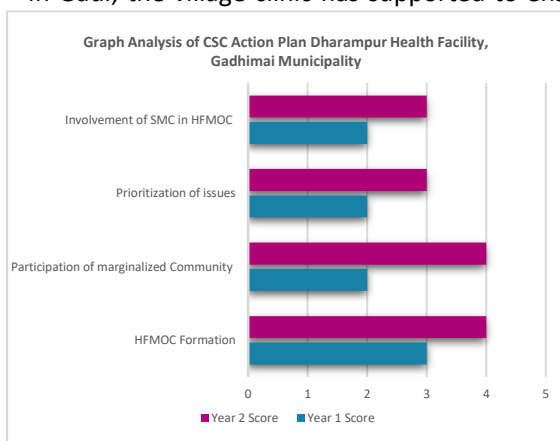
clinics and immunization clinics in the community. previously, the mother’s group meetings were conducted sporadically only on need basis. But after the CSC and support from ACTIVE interventions, mothers' group meetings and vaccination clinics are now conducted every month, covering the topics mentioned in the indicator.

In comparison, while Dharampur health facility of Gadhimai Municipality, demonstrates a solid foundation in committee formation and transparent processes, there is room for improvement in inclusivity and certain operational aspects. On the other hand, Gaur, despite facing challenges, exhibits resilience in sustaining HFOMC meetings and community engagement. However, improvements are needed in planning coordination, disaster preparedness, and involving the community in program reviews.



Figure 3: Focused Group Discussion at Dumarwana Health Post, Jeetpursimara, Bara

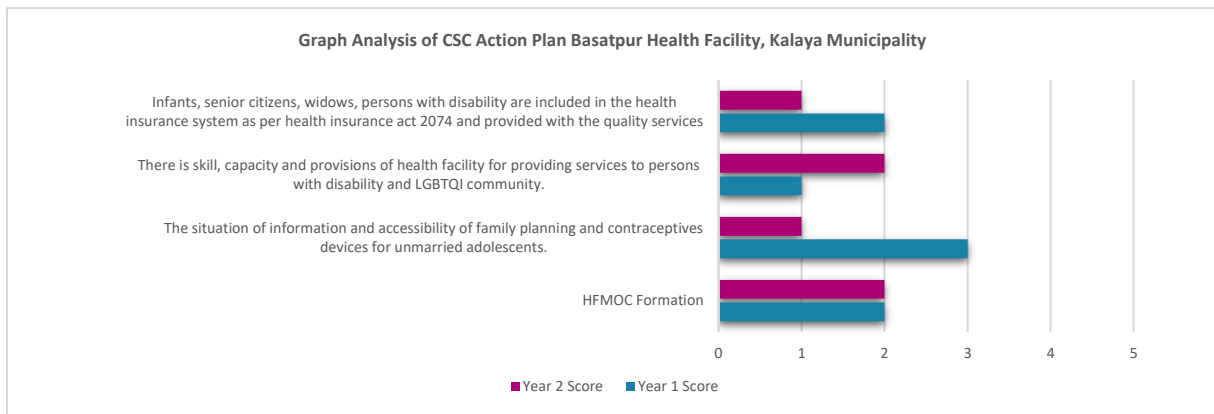
In Gaur, the village clinic has supported to ensure community’s basic health facilities including routine immunization for children. Furthermore, there is also progress in discussing challenges faced by Female Community Health Volunteers (FCHVs) in monthly meetings, showcasing their significant contribution to the Community Scorecard process. The Year-2 score improvement in the information and accessibility of family planning contraceptive devices for adolescents reflects a positive shift in attitudes and behaviours, with adolescents becoming more comfortable in receiving contraceptive tools from the health facility.



There has been a commendable improvement in the involvement of marginalized communities, including representatives from women's groups, adolescents, and LGBTQI individuals. Their issues are now given priority in the decision-making process, representing a substantial improvement from previous instances of non-compliance with established rules. The community has positively responded to this shift, and future efforts will focus on further promoting inclusive decision-making processes.

In Gadhimai Municipality, another noteworthy achievement is the increased score attributed to the inclusion of a representative from the School Management Committee (SMC) in HFOMC meetings. Following the first year, a member from the school management committee is actively participating in HFOMC meetings, signifying improved collaboration between the education sector and health initiatives.

In contrast to CSC Action plan review at health facilities of Gadhimai and Gaur, Health Facility at Basatpur



showed some decline on scoring in year 2 compared to Year 1 score. The score rating has been lowered from 3 to 1 in CSC indicator ‘The situation of information and accessibility of family planning and contraceptives devices for unmarried adolescents.’ And The score rating in CSC indicator ‘Infants, senior citizens, widows, persons with disability are included in the health insurance system as per health insurance act 2074 and provided with the quality services’ has been lowered from 2 to 1. This indicates that the unmarried adolescents have greater difficulty in accessing service and information to health services. Similarly, not all Infants, senior citizens, widows, persons with disability are included in the health insurance system. The reason for low score is not because of degradation of services rather due to increased awareness among the primary actors and duty bearers on the issue and thus are providing score based on the real lived experience.

Community-led practices to track SDG progress:

The increased awareness and understanding of health services facilitated by CSC initiatives directly contribute to SDG 3, specifically to target 3.7, which aims to ensure universal access to sexual and reproductive health-care services. Moreover, the positive integration of health and education sectors aligns with SDG 4, target 4.7, which promotes holistic education and lifelong learning opportunities.



Figure 4: Monthly Vaccine Coverage Monitoring Sheet

Similarly, the increased prioritization of marginalized individuals in health interventions post-CSC aligns with SDG 5, target 5.5, which aims to ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making. Additionally, easier access to health services and open discussions about health concerns contribute to SDG 3, target 3.8.1, which focuses on coverage of essential health services.

In Dumarwana, despite not undergoing a CSC review, the initiative laid the groundwork for community engagement and action planning, contributing to SDG 16, target 16.6, which seeks to develop effective, accountable, and transparent institutions at all levels. The integration of various sectors like education, livelihood, and health also aligns with SDG 17, which emphasizes the importance of partnerships for the goals.

Implementation of CSC initiatives has led to significant improvements in community engagement, service delivery, and accountability mechanisms across various health facilities, aligning with multiple SDGs and their targets.



Figure 5: Focused Group Discussion with Primary Actors

The increased community involvement facilitated by CSC initiatives directly contributes to SDG 16, target 16.6, by promoting effective, accountable, and transparent institutions. Moreover, the formation of the Health Facility Operation Management Committee aligns with SDG 3, target 3.8.1, which emphasizes the coverage of essential health services.

Similarly, efforts to prioritize marginalized communities and Persons with Disabilities (PWD) through vaccination distribution and community outreach align with SDG 3, target 3.d, which seeks to strengthen the capacity of all countries for early warning, risk reduction, and management of national and global health risks.

Furthermore, the positive impact of CSC on community awareness and participation in health facility activities contributes to SDG 3, target 3.7, by ensuring universal access to sexual and reproductive healthcare services.

Overall, the insights and experiences from both primary actors and duty bearers highlight the significant contribution of CSC initiatives towards achieving various SDGs, particularly in promoting health and wellbeing, gender equality, climate action, and peace, justice, and strong institutions. These findings underscore the importance of community-led practices in advancing sustainable development at the grassroots level.

Strengths	Areas of Improvement
<p>HFOMC Committee Formation: Successfully formed Health Facility Operation Management Committee (HFOMC) according to local procedures, demonstrating adherence to guidelines.</p>	<p>Marginalized Group Involvement: There is a need to enhance adherence to inclusive practices when inviting and involving marginalized groups, ensuring broader representation and meaningful participation.</p>
<p>Continuous HFOMC Meetings: Despite initial interruptions due to financial constraints, consistent follow-up through ACTIVE has ensured the continuation of HFOMC meetings, reflecting dedication.</p>	<p>Youth Involvement: Previous efforts in inviting specific groups, particularly local youths, have been limited, highlighting the necessity for more inclusive approaches to community engagement.</p>

<p>Community Engagement: Regular operation of mother's groups, vaccination clinics, and discussions on nutrition and livelihood, demonstrating a focus on holistic community wellbeing.</p>	<p>Planning Coordination: There is a noticeable lack of coordination in the annual planning process, leading to challenges in budget implementation. Strategic improvements are required to address this issue effectively.</p>
<p>Family Planning Accessibility: Improved accessibility of family planning for unmarried adolescents, contributing to reproductive health awareness.</p>	<p>Disaster Preparedness: While there has been some progress in disaster preparedness, it is imperative to enhance training for the community's Rapid Response Team (RRT) to ensure a more effective emergency response.</p>
<p>Transparent Review Process: There is a practice of regular reviews of work plans and progress, with reports visible to everyone, ensuring transparency and accountability. But this is often criticised for not being inclusive and limited citizen's participation and engagement.</p>	<p>Community Engagement in Program Reviews: Progress review of plans and programs should be done in the presence of the community for better community engagement and ownership.</p> <p>Issue Prioritization: Issues raised by community representatives need better prioritization in decision-making processes.</p>

Beyond Results

Community Scorecard (CSC) initiatives have emerged as powerful tools for promoting social accountability and tracking progress towards Sustainable Development Goals (SDGs). Beyond the immediate results outlined in the findings, the study sheds light on several important implications and avenues for further exploration.

- **Citizen Empowerment and Participation:**

The study underscores the transformative role of CSC in empowering citizens and enhancing community participation in decision-making processes. By providing a platform for diverse community members to engage in discussions and collaborate with duty bearers, CSC initiatives foster a sense of ownership and accountability among stakeholders.

- **Enhanced Accountability Mechanisms:**

CSC initiatives have contributed to strengthening accountability mechanisms at the local level. Through regular meetings and discussions facilitated by CSC, duty bearers are held accountable to the needs and concerns of the community. This increased accountability not only improves service delivery but also builds trust between communities and service providers.

- **Integration with Sustainable Development Goals (SDGs):**

The findings highlight the alignment of CSC activities with the objectives of the SDGs. By addressing key issues such as health, education, and livelihoods, CSC initiatives contribute to broader efforts towards sustainable development. This integration underscores the importance of community-led approaches in achieving global development goals.

- **Inclusivity and Marginalized Communities:**

The study emphasizes the importance of inclusivity in development interventions, particularly in prioritizing the needs of marginalized communities. CSC initiatives ensure that marginalized individuals are included in decision-making processes, leading to more equitable outcomes and improved access to essential services.

- **Continuous Learning and Improvement:**

Beyond the specific findings outlined in the study, there is a broader emphasis on the importance of continuous learning and improvement in CSC initiatives. Ongoing evaluation and adaptation of strategies are essential for addressing emerging challenges and maximizing the impact of community-led practices.

In conclusion, the broader implications of CSC initiatives for promoting social accountability, tracking progress towards SDGs, and ensuring the continuation of essential services. By empowering citizens, enhancing accountability mechanisms, and fostering inclusivity, CSC initiatives play a crucial role in advancing sustainable development at the grassroots level.

Lessons learned

- **Empowerment Through Community Scorecard (CSC):**

The introduction of CSC catalyzed a significant transformation in community involvement, particularly through improved monthly meetings for the Health Facility Operation and Management Committee (HFOMC). This increased engagement empowered citizens by providing them with a platform to actively participate in decision-making processes.

CSC outcomes not only supported and guided government initiatives but also fostered collaboration among representatives from various sectors. This collaborative approach disseminated knowledge and empowered communities to take ownership of their development.

- **Enhanced Accountability of Duty Bearers:**

CSC initiatives had a notable impact on duty bearers' accountability and participatory planning in health services. Marginalized community members were inclusively involved, ensuring that their concerns were given priority and addressed systematically.

Active participation of representatives from marginalized communities in HFOMC meetings facilitated the identification and resolution of issues, thereby strengthening accountability mechanisms.

- **Improvements in Health Facility Planning and Progress Reviews:**

CSC served as a platform to bring together individuals from diverse backgrounds, fostering attention to the health concerns of marginalized communities. Initiatives such as the Infection Prevention (IP) program were developed in response to identified needs.

Training provided by the ACTIVE team empowered HFOMC members, enhancing their capacity to plan and review health facility progress effectively.

- **Integration with School Management Committee (SMC):**

Collaboration between the Health Facility Operation and Management Committee (HFOMC) and the School Management Committee (SMC) improved coordination between education and health sectors. This mutual engagement benefited both sectors and contributed to more comprehensive community development.

- **Alignment with Sustainable Development Goals (SDGs):**

CSC indicators and activities align with the objectives of the Sustainable Development Goals (SDGs), contributing to efforts towards sustainable development. Engagement with diverse groups enhances awareness, rights, and participation, reinforcing progress towards SDG targets.

Consistent implementation of CSC initiatives reinforces ongoing efforts to achieve sustainable development goals at the local level.

- **Community Perspectives from Focus Group Discussions (FGDs):**

Insights from FGDs highlighted the tangible impact of CSC on marginalized individuals, who now actively seek health services at community hospitals. Increased awareness and understanding in health and education sectors were observed, with visible behavioural changes and prioritization of marginalized individuals in health check-ups.

CSC facilitated the distribution of medicine in schools and improved awareness of HFOMC functions, contributing to improved access to health services and materials.

- **Challenges and Successes Across Municipalities:**

Municipalities such as Gadhimai demonstrated tangible benefits to marginalized communities and improved awareness through CSC initiatives. However, challenges such as budget constraints persist in municipalities like Jeetpur Simara, despite advancements in health services. In Dumarwana, ongoing discussions on encountered challenges and action plans reflect a commitment to addressing obstacles and improving CSC implementation.

Annex: Photo Gallery



In-conversation with health officials in Gadhimai Municipality



IEC poster showing the importance of 8 times ANC visit for pregnant women under ACTIVE



Mural painting supported in Health Facility regarding Maternal and Child Health Care



In conversation with Health In-charge of Dumarwana Health Facility



In conversation with Health In-charge & Senior AHW of Basatpur, Kalaiya



IEC material showing importance of 4 times ANC visits for pregnant women under ACTIVE

