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Effectiveness of Community Health Score Board in Utilization of Maternal Health Services in Far Western Nepal

Dr. Rajeshor Aryal

Associate Professor of Swosthyavritta and Assistant Dean
Institute of Ayurveda
Nepal Sanskrit University, Dang, Nepal
E-mail: rajsuni057@gmail.com

Abstract

Background: Community Health Score Board is a monitoring and evaluation tool that enables service users to assess and rate the performance of services provided by the service providers using a grading system in the form of scores. It is included under the nine accountability and integrity tools of 21 social accountability tool developed by World Bank. It is implemented in Different Village Development Committees of Kailali, Doti and Dadeldhura districts.

Objectives: Assessing the effectiveness of Community Health Score Board in utilization of maternal health services.

Methods: This study used the quasi-experimental technique to evaluate the impact of Community Health Score Board (CHSB) on maternal health in Far Western Nepal. Study area was classified into the intervention group and the control group. VDCs where the program was implemented until the study were classified as intervention group and the rest were classified as control group. VDCs were randomly selected to avoid the possible selection bias. Both quantitative and qualitative research methods were used for study. Primary data was collected by Focus Group Discussion, In Depth Interview, Key Informant Interview and secondary data was collected from Health Management Information System records of health facilities in May-June 2013. Data

analysis was done by using SPSS 16 and Epi Info version 7stat calc-6 after the entry in Epi Data-3.1 in different stages. The collected data grouped under PHCC category, HP category and SHP categories were tabulated in tables then Chi-square test was applied to find the statistical association among base line and end line data of intervention and control groups.

Results: Due to Community Health Score Board, knowledge, attitude and practice of mothers towards Maternal Health services were changed; their health seeking behavior was improved. Health Workers started to work devotedly for better response in community evaluation.

Conclusion: This study showed that Community Health Score Board is an important monitoring and evaluation tool to make the health workers and community people accountable to their rights and responsibilities. It brought positive impact on knowledge, attitude and practice of mothers regarding use of maternal health services. More pregnant mothers used to visit ANC clinics for pregnancy checkups and attracted to institutional delivery. Similarly it changed the attitude of health workers towards their duty. They became devoted and responsible to community with showing politeness and respect to service users. Moreover it raised feeling of community ownership of local people towards health facilities.

Key words: Community Health Score Board, Maternal Health Service, Health management information system, Community Score Cards, Health Facilities, Institutional delivery

INTRODUCTION

Community Health Score Board (Community Score Cards) is a monitoring and evaluation tool that enables service users to assess and rate the performance of services provided by the service providers using a grading system in the form of scores. It is included under the nine accountability and integrity tools of 21 social accountability tool developed by World Bank^{1, 2}.

It is effective in raising awareness among community members on their entitlements such as maternal services. It provides direct feedback from service users to service providers that contributes service improvement and enhances the confidence of both parties on empowering people to voice their opinions and demand better services delivery. It is used to solicit user perceptions on quality and satisfaction of facilities, transparency and general performance of the service providers

in order to pinpoint defects and omissions both in service and facility delivery so as to improve service delivery^{3,4}. CHSB is cornerstone of success government's plan to reduce NMR to 16/1000 live births, IMR to 32/1000 live births, MMR to 134/100 000 live births and increase the percentage of births attended by SBA to 60 by 2015 from the present situation^{5, 6, 7, 8, 9}. In other countries such as Malawi and Ghana CHSB had been implemented in the form of Community Score Cards (CSCs)^{10, 11}.

CHSB had been implemented in Kailali, Doti, and Dadeldhura districts of Far Western Nepal. In Kailali, it was implemented in two primary health care centers (PHCCs) -Joshiपुर and Malakheti, five health posts (HPs) - Basauti, Godabari, Nigali, Phulbari and Pahalmanpur, and four sub health posts (SHPs) - Gajaria, Sadepani, Dhanasinghapur and Khailad, In Doti, it had been implemented in one PHCC – Saraswotnagar, six HPs-Durgamandu,

Ranagaun, Daud, Ghangal, Ladagada and Sanugaun and five SHPs-Banlekha, Bhumirajmandu, Gajari, Chuwarachautara and Chhatiwan. Similarly, it had been implemented in five HPs - Navadurga, Alital, Ajaymeru, Belapur and Gankheta and four SHPs - Samaiji, Bagarkot, Mastamandu and Sirsha in Dadeldhura district.

The program had been implemented from the last three years by CARE Nepal, one of the international non-governmental organizations, in close coordination with district health/public health offices (DHOs/DPHOs) of Kailali, Doti and Dadeldhura districts of Far Western Nepal. CHSB implemented districts were remote districts. Health parameters were sub-normal in comparison to national parameter before the project implementation. Health seeking behavior of community people was unsatisfactory. People weren't very much aware to their health right. If the program was effective to enhance the MCH services in project area, it could be continued and scaled up all around the country. Thus the study was carried out to assess the effectiveness of CHSB on Maternal Health care in Far Western Nepal.

METHODOLOGY

Data collection

Primary data was collected by Focus Group Discussion, In depth Interview as well as Key Informant Interview and Secondary data was collected from health management information system (HMIS) records of health facilities in Kailali, Dadeldhura and Doti districts in May-June 2013. Data analysis was done by using SPSS.

Method

This study used the quasi-experimental technique to evaluate the impact of CHSB on

MCH in the Far Western Nepal. Study area was classified into the "intervention group" and the "control group." VDCs where the program was implemented until the study was conducted were classified as "intervention group" and the rest were classified as "control group." Lists of selected VDCs in both groups are reported in table-1. The VDCs were randomly selected to avoid the possible selection bias.

Table-1: List of Intervention and Control Groups VDCs and Health Facilities

S. N.	Intervention Group		Control Group	
	VDCs	Districts	VDCs	Districts
1	Joshiपुर	Kailali	Chaumala	Kailali
2	Pahalmanpur	Kailali	Pratappur	Kailali
3	Khailad	Kailali	Sahajpur	Kailali
4	Ladagada	Doti	Jiodamandu (Dankot)	Doti
5	Chhatiwan	Doti	Barpata	Doti
6	Navadurga	Dadeldhura	Ganeshpur	Dadeldhura

Source:- Information collected by author.

Data Analysis

Analysis was done by using SPSS 16 and Epi Info version 7stat calc-6 after the entry in Epi Data-3.1 in different stages: Firstly, descriptive statistics was applied to show the status of various indicators. The grouped data under three categories (PHCC category, HP category and SHP category) were tabulated in tables. Secondly, Chi square test was applied to the grouped data to find the statistical association among base line and end line data of intervention and control groups. Then, significant association ($p < 0.05$) was observed in statistical test at 5% level of significance. Obtained information regarding Maternal Health service utilization in all three categories of Health Facilities was interpreted in table no.

2, table no.3 and table no. 4.

Validity and Reliability

For the Validity of the study: Final tools were developed for data collection with necessary modification after pre-testing. Researcher himself with the help of oriented enumerators was involved in data collection activities.

For the Reliability of the study: Pre-testing of the tool was done in Basauti HP, Kailali. Enumerators’ orientation was conducted by the researcher in order to get more consistent and reliable information. Tools were translated into Nepali language, checked and verified. Final tools were used in the study. In order to get the reliable data, researcher himself was involved in the data collection process. Cross-checking and editing of the data before data entry was done by the researcher.

Ethical consideration

Approval from Institutional Review Board of IOM, TU and Far Western Directorate of health, Dipayal, was obtained prior to the conduction of the study. Enumerators were thoroughly oriented to the ethical issues. Health facility authorities and respondents were not forced to share the information

Limitation

Since intervention was already done, the researcher had to go retrospectively for data (of Health Facilities, HMIS) but that process did not affect the study.

RESULTS

The overall objective of the study was to identify the effectiveness of Community Health Score Board (CHSB) on the utilization of maternal health services in Far Western Nepal.

For the purpose of this study, study areas were classified into the “intervention group” and the “control group.” VDCs where the program was implemented were classified as “intervention group” and rest were classified as “control group”.

1. Test of association among pre and post data regarding maternal health service utilization pattern between intervention and control PHCCs.

In order to show the association among maternal health service utilization pattern between pre and post stages of CHSB implemented and non-implemented PHCCs, Chi-square test was done. The data showed the following result: Chi-square test did not show the significant relationship among pre and post data regarding maternal health service utilization pattern in intervention and control PHCCs (Table 2).

Table 2: Comparison among pre and post data regarding maternal health service utilization indicators between intervention and control PHCCs.

Variables	Intervention		Control		P value
	Pre	Post	Pre	Post	
ANC-1	168	169	250	204	0.15
ANC-4	148	134	127	133	0.39
ID	133	120	134	135	0.52
PNC-3	130	111	0	10	

2. Test of association among pre and post data regarding maternal health service utilization pattern between intervention and control HPs.

In order to show the association among maternal health service utilization

pattern between pre and post stages of CHSB implemented and non-implemented HPs Chi-square test was done. The data showed the following result: Chi-square test showed the significant relationship in PNC-3 ($p = 0.00$) among pre and post data regarding maternal health service utilization pattern in intervention and control HPs. (Table 3).

Table 3: Comparison among pre and post data regarding maternal health service utilization indicators between intervention and control HPs.

Variables	Intervention		Control		P value
	Pre	Post	Pre	Post	
ANC-1	274	251	198	208	0.30
ANC-4	167	168	154	135	0.39
ID	135	182	122	139	0.31
PNC-3	115	29	11	10	0.00

3. Test of association among pre and post data regarding maternal health service utilization pattern between intervention and control SHPs.

In order to show the association among maternal health service utilization pattern between pre and post stages of CHSB implemented and non-implemented SHPs, Chi-square test was done.

The data showed the following result: Chi-square test showed the significant relationship in ANC-4 ($p = 0.00$) and Institutional Delivery ($p = 0.00$) among pre and post data regarding maternal health service utilization pattern in intervention and control SHPs. (Table 4).

Table 4: Comparison among pre and post data regarding maternal health service

utilization indicators between intervention and control SHPs.

Variables	Intervention		Control		P value
	Pre	Post	Pre	Post	
ANC-1	145	180	113	113	0.21
ANC-4	75	71	35	78	0.00
ID	43	66	19	67	0.00
PNC-3	67	53	2	6	0.09

DISCUSSION

This chapter opens with a discussion about the main findings of the study on evaluation of effectiveness of CHSB in utilization of maternal health services in Far Western Nepal. The experience of Local Initiative for Health (LIFH) project, CARE-MALAWI, Pro Net North’s Experience, A Water Aid Ghana Briefing Paper and SPACO (Gambia) on Community Score Card showed the response to the score card process from the communities was overwhelming^{13,14}. The enthusiastic women and men found the process was very interesting. Most of them mentioned that no one had ever asked them to give scores to any public service that they used.

“Piloting of Community Score Card conducted for Participatory Performance Monitoring of 16 Health Posts of Doti, Dang, Rasuwa and Morang districts of Nepal with a joint initiation of the Ministry of Health and Population (MoHP) and Program for Accountability in Nepal (PRAN) between December 2011 and May 2012” listed out the effectiveness of CSC program both in user prospective as well as provider prospective elaborating the community satisfaction in services deliberating by HFs and high

appreciation of this program by service users and providers alike.

Similar pattern of results was obtained from the study by researcher in qualitative aspect. Moreover found some changes in service utilization pattern in quantitative aspect. This study was conducted in six intervention and same number of control health facilities of Doti, Dadeldhura and Kailali districts. Both primary data from community level as well as secondary data from Health Facilities were collected regarding maternal health services, analyzed under three categories: PHCC, HP and SHP, results were obtained and interpreted accordingly.

In analysis of quantitative findings significant association was seen only in PNC-3 (a maternal health service indicator) between intervention and control HPs. Similarly, significant association was seen in ANC-4 and Institutional Delivery (both are maternal health indicators) among intervention and control SHPs. However there was no significant association seen among any maternal health service utilization pattern between CHSB implemented and non-implemented PHCCs. Qualitative findings showed not only improvement in health seeking behavior of local people, community awareness to health right and feeling of community ownership towards the HFs but also accountability of HRHs to their duty.

CONCLUSION

The study concludes that the Community Health Score Board is an important monitoring and assessment tool for holding health workers and community members accountable for their responsibilities and rights. It had a favorable influence on mothers' knowledge,

attitudes, and practices on the use of maternal health services. More pregnant females used to frequent ANC clinics for pregnancy checkups and were drawn to institutional delivery. It increased the health-seeking behavior of pregnant women. Similarly, it altered the attitude of health staff toward their responsibilities. They became loyal and accountable to the community, demonstrating respect and politeness for service customers. Furthermore, it increased the community's ownership of health institutions.

Recommendation

1. Community Health Score Board is needed to aware mothers in seeking their right and health workers to be responsible to their duties.
2. Community Health Score Board is cornerstone to success government' plan to reduce NMR to 16/1000 live births, IMR to 32/1000 live births, MMR to 134/100 000 live births and increase the percentage of births attended by SBA to 60 by 2015.

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