Learning Brief | August 2024

COMMUNITY HEALTH SCORE BOARD: Engaging Youth Leadership

USAID Adolescent Reproductive Health (ARH)

Youth-Led Community Health Score Board Interface Meeting in Madhesh Province | USAID ARH for USAID Nepal

Program Snapshot

Life of Project: 2022- 2027

Geographical Focus: 60 municipalities across 11 districts in 3 provinces: Madhesh (41), Lumbini (12), Karnali (7)

Prime Partner: CARE Nepal

Consortium partners: Howard Delafield International (HDI), Jhpiego, Associations of Youth Networks of Nepal(AYON), Nepal Contraceptive Retail Sales (NCRS) Company

District Partners: Social Awareness Center Nepal (Surkhet), Dalit Development Society (Salyan), Rural Development and Awareness Society Nepal (Rolpa), BEE Group (Banke), Mallarani Rural Development Concern Center (Pyuthan), Aasaman Nepal (Dhanusha), CNRD (Rautahat), Bagmati Welfare Society Nepal (Sarlahi), DivyaDevelopment Resource Centre (Parsa), Protection Nepal (Bara), Ratauli Yuba Club (Mahottari)

About the program

USAID Adolescent Reproductive Health (ARH) is a five-year, USAID-funded project led by CARE Nepal in partnership with HDI, Jhpiego, AYON, and Nepal CRS Company from 2022 to 2027. The project supports the Government of Nepal (GoN) in improving adolescents' reproductive health with the goal of empowering adolescents (10-19 years) to reach their full potential and practice healthy reproductive behaviors. To achieve these goals, USAID ARH employs multichannel social and behavior change strategies, including group-based interventions, interpersonal communication, and youth- and girl-led activism for reproductive health and social norms change, supported by service linkages amplified by digital interventions.

The Government of Nepal launched the National Adolescent Health and Development Strategy in 2018 to address key issues identified in the Nepal Demographic and Health Survey, particularly the high rates of adolescent marriage and pregnancy. The strategy underscores the critical need to create an environment that promotes healthy reproductive health practices among adolescents. In 2022, the GoN reinforced this effort by endorsing the Adolescent Friendly Reproductive Health Services Guidelines. Aligned with these national initiatives, USAID ARH collaborates with federal, provincial, and municipal governments in Madhesh, Lumbini, and Karnali Provinces to improve the reproductive health of adolescents aged 10-19, with a focus on marginalized populations.

Health workers, adolescents, and health facility management teammembers conduct self-evaluation as part of the YLCHSB process | USAID ARH for USAID Nepal

Youth Co-Led Community Health ScoreBoard

The Community Health Score Board (CHSB), adapted from the Community Score Card (CSC), is a powerful tool for empowering citizens and ensuring accountability among service providers. CARE has effectively employed CSC in over 30 countries since 2002[1], demonstrating its effectiveness across diverse contexts. Like the CSC, the CHSB tool increases health service accountability through systematic assessments and constructive dialogue among service providers, decision-makers, and users. This collaborative, participatory approach fosters mutual understanding between key stakeholders, facilitating concerted efforts to address identified issues. This approach leads to a more responsive and effective service delivery system, ultimately benefiting the communities it serves.

CARE Nepal has utilized the CHSB for over fifteen years across approximately 600 health facilities across the nation[2]. Following CARE's success, other development organizations such as FAIRMED and One Heart Worldwide have also incorporated the tool into their health programming. In addition, some of the local governments in Nepal have incorporated the CHSB into their municipal budgets for systemic adoption.

[1] CARE. 2020. A Journey Through the Community Score Card in Malawi. https://www.care.org/news-and-stories/resources/a-journey-through-the-community-score-card-in-malawi/
[2] CARE. Community Health Score Board (CHSB). https://carenepal.org/resource/community-health-score-board-chsb/

The USAID ARH team designed the Youth Co-led CHSB (YLCHSB) to empower adolescents in planning, monitoring, and utilizing health services to ensure the delivery of high-quality adolescent-friendly health services. The team enhanced the capacity of adolescents to help facilitate CHSB in at least three health facilities within each project municipality. The health facilities are selected based on a set of performance indicators, including quality metrics, governance, and ARH service utilization rate, and in consultation with the municipal team. YLCHSB aims to improve health service delivery and accessibility through increased accountability among health workers and Health Facility Operation and Management Committees (HFOMCs), transparent management of health facilities, and nurturing positive provider-user relationships. To date, YLCHSB has been implemented in 115 health facilities across all 60 project municipalities. In Year 3, ARH will implement CHSB in 90 new health facilities and review progress in the115 health facilities already covered in the first two years.

What are we doing?

The CHSB process is conducted in four steps:

Step 1: Preparation and Planning

USAID ARH staff, consisting of youth resource persons and project mobilization officers from consortium partner AYON, start by providing orientation to local government officials and participating health facilities in each municipality. The project staff identify 1-2 leaders from local youth clubs and train them on implementing CHSB. Youth facilitators are selected based on their age (at least 20 years old), formal schooling, and interest in public speaking and communication. Additionally, the staff adapted the standard implementation guidance for CHSB to align with USAID ARH's specific objectives.

Step 2: Community Discussion on Key Indicators

In this phase, staff facilitators (youth resource persons and project mobilization officers) meet withadolescent boys and girls, particularly those from marginalized communities, as well as municipal representatives and youth club members. Staff facilitate discussions with these stakeholders to understand their perceptions on the indicators listed below as well as barriers faced.

Table 1. Key Indicators for CHSB Adapted for USAID ARH

Indicators	Perceived Status	Barriers & Factors
Status of counseling provided to adolescents at clinics		
Status of provision of health services to adolescents		
Regular meeting of HFOMC ensuring participation of adolescents		
Status of participation of adolescent and youth in ward level planning and monitoring		
Status of ward-level allocation for adolescent health program		
Status of service utilization of RH/FP among adolescent		
Status of health mothers group meetings and discussion about ARH		
Status of Institutional delivery and transportation incentive provided for institutional delivery		
Status of health governance (opening time of health facility, availability of service provider, citizen charter)		
Presence of ward-level interventions to prevent child marriage and gender-based violence		

Step 3: Service Provider Self-Assessment on Key Indicators

For health facilities participating in CHSB, USAID ARH staff facilitate an orientation of health workers and HFOMCs on CHSB to build buy in and acquaint the stakeholders with the indicators shown in Table 1. Based on this orientation, the health workers and HFOMCs members complete a self-evaluation of their performance on these indicators. The project staff ask health facility members to support their self-assessments with service utilization statistics showing service provision (available through routinehealth monitoring information systems). This helps substantiate self-assessments with data.

Step 4: Interface Meeting and Action Planning

The project staff support the trained youth leaders from local youth clubs (identified in Step1) to conduct the interface meeting. The interfacemeetings convene adolescent groups, local community members, HFOMC members, health workers, and municipality representatives. The youth facilitators present service provider self- assessments on the key indicators, as well as community perceptions on the key indicators. The group then jointly develops a six-month action plan to effectively address and overcomethe identified barriers.

Interface meeting between adolescents, health workers and membersof health facility operation and management committee (Step 4 of CHSB process) | USAID ARH for USAID Nepal

The HFOMCs review the action plan every six months to ensure continuous progress and adaptation to both identified and evolving needs. As per HFOMC guidelines, one adolescent community member is invited to each management committee meeting. Within USAID ARH geographies, adolescent participation in HFOMC meetings is occurring asplanned.

What are the enabling factors?

Creating space for discourse: The CHSB process provides a structured platform for adolescents, their parents, HFOMC members, health workers, and other community members to collectively and openly discuss adolescent reproductive health issues. Through facilitated discussions, participants engage in constructive dialogue, raise concerns, and collaborate on joint action plans for improved service delivery. The process ensures transparency, accountability, and active participation, empowering community members, particularly adolescents, to drive positive change in adolescent reproductive health decision- making processes.

Critical engagement of youth including adolescents: Youth are at the forefront of critical discussions, enhancing understanding of their rights and advocating for the needs and issues specific to adolescents. The process challenges the notion that adolescents and youth are not mature enough to talk to decision- makers. Instead, it empowers youth to actively drive discussions and decisions that affect them. By centering on adolescents and young adults, this process helps them develop advocacy and leadershipskills.

Comprehensive implementation guideline: A guideline with detailed descriptions of each step and rationale was developed in Nepali language to ensure facilitator usability. This comprehensive guideline,

which is tailored to address adolescent reproductive health topics, not only helps facilitators to understand the process clearly but also equips them with the knowledge to implement it effectively. By standardizing the process, the guideline ensures consistency across diverse geographical areas.

Capacity building of facilitators: To train facilitators, comprised of project staff and local youth club leaders, in implementing the YLCSHB, the USAID ARH team conducted a three-day workshop. On day one, participants learned about the concept of the community health scorecard and facilitation techniques. On the second day, they visited health facilities and observed the process of completing the health facility assessment and self-assessment by health workers. The facilitators also reviewed the focus group discussion reports to understand community perspectives and needs. On the third day, participants attended an interface meeting to observe the facilitation process. Following the interface meeting, a review session was conducted to ensure participants had a comprehensive understanding of the entire tool implementation process. During the facilitation, the district manager staff observed the process andprovided support.

What are the challenges?

Gaps in facilitation skills: The process of data collection, community dialogue, and action planning can be lengthy and complicated, necessitating skilled facilitators to ensure active, inclusive, and continuous engagement from a large group of diverse participants. The USAID ARH team conducted training sessions for local youth leaders, equipping them with facilitation skills. Additionally, the youth facilitators received training in engaging with HFOMCs to conduct regular monitoring.

Acknowledging the capacity of youth: The active participation of young people in monitoring adolescent-friendly services challenges traditional norms of unquestioned authority. Given that adults sometimes overlook the capabilities of young people, USAID ARH selected youth facilitators who are at least 20 years old, have formal schooling, and possess an interest in public speaking and communication. USAID ARH deliberately built capacity of youth facilitators to effectively communicate their concerns to decision- makers and community leaders. Decision-makers are also consistently briefed on the importance of youth involvement in the program and the CHSB tool through ongoing meetings, discussions, and orientation programs.

Financial challenges: Participants voiced concerns about the need for financial incentives as well as the lack of transportation allowances, which hindered full participation of stakeholders in the interface meetings. To address these concerns, participants were informed about the vital role of their active involvement in enhancing service quality and how it benefits the entire community. They were assured that participation is entirely voluntary. Moreover, the project makes efforts to schedule interface meetings during the community's free time to minimize disruption to their work schedules.

What are we learning?

Intentional capacity building is required: Rolling out the youth co-led community health scorecard tool and the process itself requires extensive efforts and capacity building of youth leaders, who may lack experience in organizing meetings and facilitating dialogue with diverse groups.

Engaging youth improves service quality: The youth co-led CHSB process has resulted in municipal-level budget allocation for adolescent reproductive health programs and the delivery of adolescent-friendly health services at healthcare facilities. The tool has helped regularize the HFOMC meetings, with

adolescent invitee members participating. Health facilities have updated their citizen charters to incorporate comprehensive information about adolescent reproductive health services.

Addressing youth turnover with proactive leadership training: Youth groups are highly mobile, resulting in considerable turnover from the program. This underscores the importance of identifying and training additional youth leaders throughout the process to maintain a strong pool of youth leaders. This proactive approach ensures swift replacement of departing facilitators, maintaining program continuity and quality.

Way forward

Moving forward, it is essential that adolescents continue to be at the forefront of key processes and decisions. With proper training and support, they can use their newly acquired understanding of the local administrative process, health service indicators in the CHSB, and the contextual factors to improve adolescent reproductive health services in their community.

Active participation and commitment from service providers, service users and other local stakeholders is necessary for action plans to be effectively implemented. It is crucial for youth clubs and implementation partners to consistently monitor and follow up on the action plans formulated during the interface meetings. Building the capacity of youth facilitators is an on-going process particularly as they frequently change. Moreover, identifying local champions who can advocate for and support youth in addressing reproductive health and family planning issues is essential for fostering meaningful andenduring change.

Through prior programs such as Strengthening Approaches for Maximizing Maternal, Neonatal and Reproductive Health program, CARE led implementation of CHSB and advocacy for incorporation of CHSB into local budgets. Through this prior program, the cost of CHSB was calculated ($500-$600 for completion of all four steps and $200-$250 for semi-annual review).[3] CARE has successfully advocated for corresponding budgeting of CHSB steps into local budgets. For USAID ARH, CARE will advocate for integration and institutionalization of CHSB costs into municipal budgets for sustainableimplementation.

Disclaimer: This learning brief is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents of this learning brief are the sole responsibility of USAID ARH and do not necessarily reflect the views of USAID or the United States Government.

[3] Overseas Development Institute. 2015.Improving Maternal and Child Health in Asia through Innovative Partnerships and Approaches: The caseof Nepal. Strengthening Approaches for Maximizing Maternal, Neonatal and Reproductive Health