



# COMMUNITY SCORE CARD<sup>®</sup>

## Building Trust and Accountability in Nutrition Governance

### OVERVIEW

Although years of programming efforts aimed at improving nutrition in Bangladesh have shown progress, malnutrition rates remain persistently high in the country, particularly among women and children. 28% of children under five in Bangladesh remain stunted,<sup>1</sup> while 37% of women of reproductive age are anemic.<sup>2</sup> Institutional challenges, such as limited staff and inadequate budgets for nutrition, have impeded the effective implementation of nutrition programs. At the sub-national level, lack of understanding among local government about national plans and policies related to nutrition hinder marginalized groups' access to nutrition services. Within the nutrition sector, the government of Bangladesh (GoB) has no policy of social audit or community oversight mechanisms, which are important for understanding community satisfaction with services and promoting community engagement and government responsiveness. To address gaps in local governance and coordination challenges for nutrition, the Joint Action for Nutrition Outcomes (JANO) project, funded by the European Union with co-funding from the Austrian Development Cooperation, employs the Community Score Card<sup>®</sup> (CSC).

Since its development by CARE in 2002, CSC has become an internationally recognised participatory governance approach for improving the quality of government services. The approach involves several rounds of focus group discussions between duty-bearers and citizens, and ensures the participation of women and marginalised groups. Through these methods, CSC helps citizens understand their rights and call upon duty-bearers to respond to community needs. CSC also enables citizens to engage in the design and implementation of policies, resource allocation and service delivery. By emphasising joint problem-solving and inclusive decision-making, CSC builds trust between communities and service providers.

Under the JANO project, CARE utilised CSC across 10 nutrition-relevant sectors and government departments to: 1) study and understand the feasibility of the approach; and 2) work jointly with local government structures to develop solutions to improve the quality, efficiency and accountability of nutrition services.

**Community Clinics, Community Groups, Community Support Groups and their link to Union, Upazila and District Level Committees:** In Bangladesh, several platforms are key for nutrition governance and are involved in the CSC process by the JANO project. In the 1990s, the GoB established Community Clinics to serve populations of ~6,000 people each. The clinics provide nutrition counseling, curative, preventative, and family planning services, as well as selected services at the outreach level. Community Groups support the clinics in their day-to-day functioning. For each Community Group there are also three Community Support Groups, which identify and refer members of the community to clinic services, such as pregnant and lactating women and children. Community Groups and Community Support Groups comprise 13 to 17 members each, out of which at least 30% are women, girls and adolescent boys. Poor and Extremely Poor (PEP) households are also represented. JANO, with close collaboration with the GoB, works to strengthen the Community Clinics and their affiliated Community Groups and Community Support Groups to improve the overall service system.

Beyond the community level, there are local government platforms supporting nutrition efforts at three levels (listed from lowest to highest level): Union Development Coordination Committee (UDCC); Upazila Nutrition Coordination Committee (UNCC); and District Nutrition Coordination Committee. The JANO project has encouraged Community Group and Community Support Group members to engage in the UDCC and UNCC, and they now make up to 100% of community representatives at these levels followed by government protocols.

<sup>1</sup> Bangladesh Bureau of Statistics (BBS) and UNICEF Bangladesh. 2019. Progotir Pathay, Bangladesh Multiple Indicator Cluster Survey 2019, Survey Findings Report. Dhaka, Bangladesh: Bangladesh Bureau of Statistics (BBS).

<sup>2</sup> Global Health Observatory Data Repository, WHO, 2019

# JANO CSC Preparation and Process

- 1** CARE and local NGO staff were trained on the process, including pitfalls. A CSC team comprising CSG/CG members was formed and received training on the process. A workplan was developed along with indicators against which to evaluate service providers' performance.
- 2** Rapport building activities were conducted with service providers and users from the community. Separate meetings were conducted to explain the purpose of the exercise.
- 3** Separate CSC sessions were held with community representatives and providers during which problems in nutrition-related service delivery and their related indicators were identified, listed, scored, and prioritised. Community representatives provided concrete examples to justify their scores for services across sectors and multiple departments.
- 4** Interface meetings were held to build consensus between community representatives and providers around a common set of priority indicators and targets for service delivery. Action plans were developed with responsible persons, timeline, and required resources to attain those set targets.
- 5** The process is systematically repeated to evaluate progress against the set indicators. Once significant progress is made against priority targets, lower priority targets are then addressed.

## Achievements

In 2020 and 2021, 64 unions under 7 Upazilas of Rangpur and Nilphamari districts conducted CSC exercises, working through Community Groups, Community Support Groups, and UDCCs. 768 members from Community Groups and Community Support Groups worked alongside the UDCCs and line department officials, including representatives from the health, agriculture, and women and child development sectors to provide their feedback to service providers through the CSC each year. In total, 1,700 people (610 female) participated in the fiscal year 2020-21 and 2021-22 CSC process.



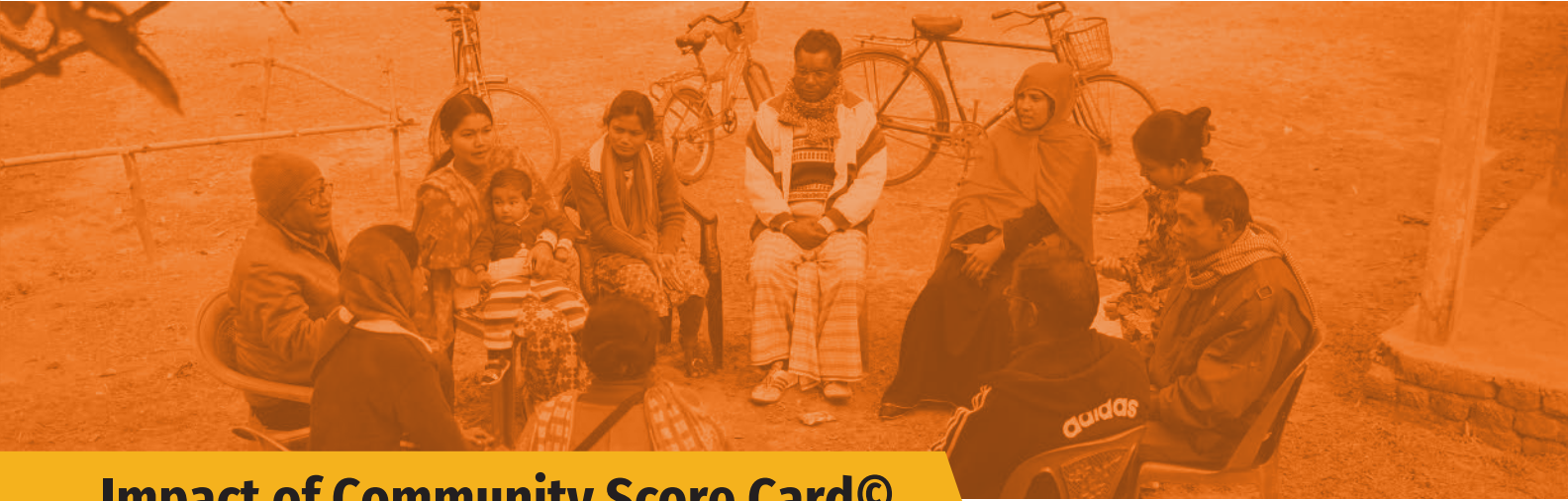
"The CSC process made bridges among the service provider and service receiver. This process creates the opportunity to make responsive nutrition activity plans and engagement among different departments in accordance with community expectations, oversight and feedback." Md. Monayem, Sub-Assistant Agriculture officer, Nilphamari district. Qualitative survey for CSC, May 2022.

## Qualitative Evaluation of the JANO CSC Process

In May 2022, focus group discussions and in-depth interviews were held with community representatives and key stakeholders to understand if the CSC process was inclusive, robust, and moving in the right direction.

Across the focus group discussions, participants noted that the CSC process allowed both the community and service providers to better understand their roles in ensuring quality services. The CSC process was also viewed as an opportunity for representatives from marginalized groups to participate and have their voices and concerns heard. Many participants noted that they had become more familiar with the different service providers in their areas through CSC and that they felt more comfortable providing feedback to providers as a group rather than as individuals. Focus group discussions were held in communities wherein at least two rounds of CSC had been conducted - as such, participants were able to gauge whether or not a change in the quality of service had occurred. Generally, discussion participants noted an improvement in service quality, as evidenced, for example, through increased households visits from service providers.

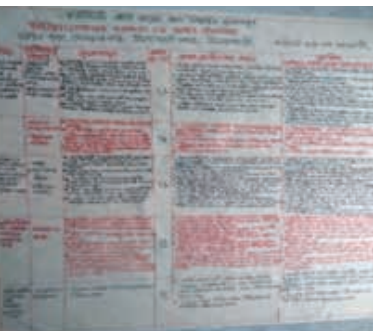
In-depth interviews among key stakeholders, such as UDCC members and community health care providers, revealed that while some may have been hesitant about the CSC process in the beginning - for fear of backlash or negativity - the process was generally viewed as a positive experience that allowed both service providers and communities to understand each side's perspective and challenges faced. Interviewees also saw the value in CSC as an opportunity to facilitate more effective collaboration among departments working towards the same goals.



## Impact of Community Score Card©



Community members rating the services provided by different departments at the Union level. This is a CSC exercise held in community.



An action plan to address the findings developed by CSC team



Interface meeting among community people, CSC team members and UDCC members at the Union level.

### Leadership and participation of women, adolescent girls and boys, and PEP community members

About 30-38% of all participants of the CSC team are women and girls. This forum thus provides opportunities for participation and leadership roles to women and girls, many of which come from PEP households. PEP community members are also encouraged to participate in the CSC process, and PEP household participation is now 10% of the total.

### More transparent and inclusive budget allocation and accountability

UDCC members, based on community rating of priorities and feedback of service providers, make commitments to nutrition-related budget allocations with inclusion, transparency, and accountability as best practices. For example, more budget was allocated to Iron and Folic acid tablets as all CCs were under budgeted for these. Resources and budgets are also allocated with a focus on reversing trends of historic exclusion of marginalised groups.

### Setting expectations through dialogue

Communication between the UDCC and the communities, such as through interface, ward and UDCC meetings, allows the Union Parishad to be directly responsive to community needs while setting realistic expectations.

### Establishing feedback mechanisms

CSC establishes numerous rounds of feedback at a local level. CSC provides platforms for UDCC members to regularly meet to gain a better understanding of nutrition governance issues and receive feedback from the community on their priorities. The UNCC members, including Union Parishad Chairman, directly see progress in identified indicators and have the power to bring changes to address bottlenecks.

### Increasing support to service providers

Barriers to high quality service provision are identified (e.g., inadequate medical supplies or staff shortages), which enables local government to better address them. Across sectors, service providers feel supported both by the community and local representatives.



## Challenges

- Community representatives participating in the CSC process may not be able to distinguish between the responsibilities of closely related departments (e.g., Health Department versus Family Planning Department). This can result in inaccurate CSC scores for relevant departments.
- There are limited human resources across government departments, which restricts their ability to address community feedback and recommendations (shared through the CSC process) to improve support and services.
- 

## Recommendations

- JANO to provide robust training to CSC facilitators on the roles and responsibilities of different government departments and officials.
- JANO to advocate to the government for the fulfillment of key vacant service provider roles.
- Inter-departmental difference in opinions could be mitigated during the interface meeting upon both party's mutual agreements.

## Lessons Learned

- Involvement of women and adolescent girls in the CSC process is seen positively by local government, and this enables their feedback to be heard. Furthermore, by involving women, adolescent girls, and poor and extremely poor community members, it is possible to improve the targeting for safety-net distribution and women's leadership in accessing services.
- As a result of the CSC process, Upazila Parishads realized they can change the process of allocating budgets and are now earmarking larger budgets in favor of nutrition and related fields.
- There is an element of turf protection and a desire by government department workers to be seen in a good light, especially in the presence of their higher officials. Strategies therefore need to be designed by the JANO team to ensure interface meetings are seen as a safe space where open discussion is welcome.

### For further queries or technical assistance:

#### **Dr. Md. Mizanur Rahman**

Senior Team Leader, JANO Project  
Email: [mizanur.rahman2@care.org](mailto:mizanur.rahman2@care.org)