



# जलस्वराज्य

शुद्ध पाणी स्वच्छ गाव

## OPERATIONAL MANUAL FOR IMPLEMENTING THE COMMUNITY SCORECARD PROCESS

MAHARASHTRA RURAL WATER SUPPLY & SANITATION  
"JALSWARAJYA" PROJECT

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## *Preface*

This Operational Manual is intended to provide implementation guidelines for running community-based performance and expenditure tracking that can be included in the operations of the Maharashtra Rural Water Supply and Sanitation (RWSS) “Jalswarajya” project (henceforth referred to as “Jalswarajya” Project). It details the context, objectives, and sequencing of tasks for community-based performance monitoring, and provides guidance points, answers to troubleshooting issues, and key points to remember for on-the-ground facilitators.

The specific mechanism that is elaborated on is the *community scorecard process* that is a hybrid of the different techniques of Social Auditing, various Participatory Rural Appraisal (PRA) /Participatory Poverty Assessment (PPA) tools and Citizen Report Cards. This methodology is relatively new, and has only been applied in pilot contexts in a handful of countries, mainly in Africa. The tool originated through the work of CARE Malawi in the Health Sector where they came up with the community scorecard process as a means to put the ‘Rights-Based Approach to Development’ in action.

The learning from these pilot applications of the community scorecard (CSC) process is still at a nascent stage. Consequently, the scope of this manual is only to provide operational guidance sufficient to bring the pilot activities to scale and to serve as a stimulant for the production of a similar Operational Manual by the Maharashtra RWSS project staff. This homegrown manual would be based on the learning and examples from the pilot experience and will be directly relevant within the project context. This Operational Manual must therefore be treated as a “living document” that will be updated and improved upon with growing experience and learning from the field in Maharashtra.

This initial draft has been prepared by Janmejay Singh (SDV), Supriya Kumar (SASRD) and Parmesh Shah (SASRD) of the World Bank. The authors would welcome any comments or suggestions for its improvement. In particular, if the implementing teams come up with any innovative ideas, or problems and learning from conducting the exercises then they should send us a note at [jsingh1@worldbank.org](mailto:jsingh1@worldbank.org), [skumar4@worldbank.org](mailto:skumar4@worldbank.org) and [pshah@worldbank.org](mailto:pshah@worldbank.org) respectively, so as to make this manual more informative.

# **PART-1: INTRODUCTION AND CONTEXT**

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The first part of this manual provides the context and background behind the application of the community scorecard process. Chapter 1 outlines the basic rationale and features of the “Jalswarajya” project within which the community scorecard (CSC) process will be applied. The overall framework of accountability within which the CSC methodology is ensconced is discussed in Chapter 2, and its specific applications in the project are highlighted in Chapter 3.

In Chapter 4 we provide a quick overview of the CSC process methodology, specifying exactly where it is to be applied in the “Jalswarajya” Project. Chapter 5 outlines the main objectives and expected outcomes from the application of this community-based monitoring and empowerment tool.

The methodology for implementing the CSC process will be outlined in Part-2 of the manual, while Part-3 will deal with follow-up, data management and logistical issues.

## CHAPTER 1. BACKGROUND AND CONTEXT

The State of Maharashtra faces a severe problem with regard to ensuring supply of safe and adequate drinking water and sanitation services to its rural population of 57 million. According to recent assessment, out of 86,681 villages and habitations, only about 62,000 of them have established facilities capable of providing adequate services.

Traditionally, the Rural Water Supply and Sanitation (RWSS) Sector has seen government-dominated, supply driven programs that have proven to be unsustainable institutionally, financially and environmentally. Not surprisingly, the level of failure of this approach is widespread and well documented. Some of the key problems of the RWSS sector in Maharashtra are:

- (a) Ineffective and unsustainable public expenditures: Past government RWSS programs focused on construction and neglected source and financial sustainability aspects. This led to unsustainable and poorly managed assets;
- (b) Lack of ownership, poor maintenance of facilities and no cost recovery for O & M: Evidence from India and elsewhere shows that communities having greater control over scheme planning and O & M are willing to pay. However, past government schemes have lacked community participation and meaningful involvement. This led to the selection of unsustainable options and poorly managed water facilities.
- (c) Lack of capacity in local governments and communities to efficiently plan, implement and operate new investments: The main challenges of decentralization are the local institutions' (primarily GPs) lack of capacity to plan, construct and manage RWSS schemes, and the use of non performance-based criteria for fund allocation, and
- (d) Absence of effective monitoring and evaluation capacity: The government at state, district and village level lacks capacity to identify and address problems and take corrective actions in a timely manner, and to the satisfaction of local communities.

This institutional deficiency coupled with the absence of an effective monitoring and evaluation system has resulted in problems of distorted/manipulated feedback, elite capture of resources and services, utter lack of transparency and indifferent and disinterested community members.

### 1.1 Innovative Initiatives of Government of Maharashtra

Against this background, many states have implemented a reform program in varying degrees, but the state of Maharashtra is the first state in India to launch a comprehensive statewide policy for reforming the RWSS sector.

The reform initiatives, following the landmark July 2000 policy directives, touch upon a set of pioneering initiatives:

- Mandatory partial community contribution (of at least 10%) towards the cost of water supply and sanitation facilities
- All O & M costs of water supply and sanitation facilities to be borne by the communities
- Shift in the role of the state government from that of provider to facilitator - policy formulation and providing capacity support to local governments, villages and communities

- Emphasis on awareness, information dissemination and participatory approaches to enhance community participation and involvement
- Ensuring effective involvement of women through representation in village water and sanitation committees and providing a role for Mahila Mandals in approving the schemes and certifying their completion
- Ensuring independent monitoring and evaluation by reputed institutions/agencies to collect reliable and unbiased feedback.

To strengthen these policy initiatives, Government of Maharashtra (GOM) has initiated several innovative programs using principles of community participation and demand-responsiveness. These include the Sant Gadge Baba Clean Village Campaign, Shivkalin Pani Sathawan Yojana for water recharge, and the Mahtama Phule Jal Bhumi Sandharan for low cost water conservation structures.

All these programs (essentially village-level participatory planning and development programs) have made remarkable strides as a result of community mobilization and state contributions and incentives to GPs that are granted in a transparent and competitive manner. In particular, the Sant Gadge Baba sanitation campaign managed to mobilize about Rs. 8 billion from local communities in three years as against GOM's total investment of about Rs. 0.16 billion by way of incentives. Each of these programs has promoted local leaders and communities to take charge of their water and sanitation issues, and to achieve, through self-help and voluntarism, both individual and common good, taking advantage of the incentives provided by the state government.

Encouraged by the response of the village communities, the GOM has extended the principle of community participation to other rural development sectors and the **Yashwant Gram Samrudhi Yojna (YGSY)** was initiated as a sequel to the above mentioned sector specific community-driven development programs.

The YGSY scheme is an integral part of the ongoing process of democratic decentralization. In an attempt to enforce the principle of subsidiarity<sup>1</sup> and to ensure true community-driven development the YGSY stipulates the following:

- Planning and implementation of development plans and operation and maintenance of assets created will be the sole responsibility of the community.
- Selection of development activities most required for village development by Gram Sabha.
- 15% of total cost of development activities to be borne by the communities and the balance 85% provided by the state.
- Selection of villages on a first come first serve basis.
- Financial limit of Rs. 10 lakhs per work.
- Provision of Social Audit by the Gram Sabha for final payment

This scheme has received tremendous response from the village communities and so much community contribution has been mobilized (Rs. 1.52 billion in the very first year) that it is becoming impossible for the GOM to meet its share of 85% contribution. The activities and services that GPs can fund under the scheme include – (a) building PRI buildings, playgrounds, (b) Anganwadi running, (c) construction of roads and drainage systems in the village, (d) construction of cremation and burial grounds, (e) putting up bus stop sheds, (f) electrification of roads, (g) minor irrigation works, (h) building of libraries, gymnasiums, public halls, (i) purchase of boats and transport equipment, etc...

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<sup>1</sup>**Subsidiarity Principle:** states that the lowest level of government must exercise public service responsibilities, unless a convincing case can be made for higher level assignment.

## 1.2 The “Jalswarajya” Project

The “Jalswarajya” project has been designed especially to support these path-breaking reform initiatives by the GOM and to fill in certain gaps (e.g. lack of institutional follow-up support and lack of allocation of funds for process management) not covered in the various programs mentioned above. It specifically aims to: (a) increase rural communities’ access to improved and sustainable drinking water and sanitation services, and (b) institutionalize the decentralization of RWSS service delivery to rural local governments and communities using a combined programmatic and community-based approach.

The project will assist the GOM in scaling up the sector reforms statewide. To this end, a number of strategic choices have been made, such as:

- (a) Focusing on the poor, tribals and women and building their ownership and capacity: The extent of “Below Poverty Line” population in a GP will be a key criterion for its prioritization for project support. The Women Empowerment Fund and the Tribal Development Program will target and build capacity of vulnerable groups to ensure their effective participation.
- (b) Mainstreaming Decentralization: The project will devolve decision-making and fund approval to ZPs, Panchayat Samitis, provide a central role to GPs in project implementation (planning, design and construction) with responsibility for O & M of RWSS services, build capacity and awareness and provide civic education to rural local governments. The project will establish organic links between GPs, informal institutions and VWSCs to eliminate conflicts and to avoid creating parallel power centers at the local level. The GP strengthening will be achieved not only by transferring the above functions to them but also by empowering communities.
- (c) Promoting Responsive and Accountable Public and Private Service Providers: The project will promote the development of responsive and accountable public and private service providers and local governments (GPs, PS, and ZPs) and smooth fund flows within this system. This would be achieved by widening the choice of service providers, making service providers directly accountable to the communities, building capacity of the community to negotiate with them and monitor their performance. An incentive fund has been provided, on a pilot basis, to improve management and governance of VPs and GPs.
- (d) Integrated Approach: The project will promote cross-sectoral linkages, with watershed development, health, rural development, and women’s development programs to maximize health and economic benefits of improved water supply services.
- (e) Ensuring Sustainability: The project will integrate indigenous knowledge and practices with modern methods to give sustainable solutions for water supply and sanitation needs. Sustainable solutions will also be achieved through participatory planning and implementation, and communities contribution towards O&M costs.

As evidenced by the enormous response of the village communities, it is clear that there is a genuine need for institutional efficiency and sustainability in the rural sector as a whole and also specifically within water and sanitation. Therefore, the “Jalswarajya” project aims to further strengthen and mainstream decentralization by ensuring the principles of subsidiarity and by devolving financial powers and decision-making responsibility to the lowest appropriate level of PRIs i.e. the Gram Panchayat (GP) and the Gram Sabha. Consequently, the GPs and their respective Gram Sabhas have been identified as the key institutions and play a central role in the “Jalswarajya Project Implementation”. The project will empower the Gram Sabhas (and hence the people) as well as prepare the GPs to be both responsive and responsible. Through this it hopes to achieve sustainable outcomes based on the principles of equity and inclusion.

## CHAPTER 2. A GENERAL FRAMEWORK FOR ACCOUNTABILITY

In order to understand where the community based performance monitoring initiative fits into “Jalswarajya” project operations, it is useful to provide a brief overview of the framework for social and public accountability in general, which lies behind the mechanism we are describing. This framework tells us how to think about how something like ‘accountability’ can be enforced in real life.

### 2.1 What is Accountability

**Accountability** can be defined as *the obligation of power-holders to account for or take responsibility for their actions*. Power-holders” refers to those who hold political, financial or other forms of power. This includes conventional power holders like politicians and bureaucrats, but also local power holders such as members of water user committees, and contractors for community projects. These power holders can in turn be held accountable for both their (i) *conduct* (i.e. they must obey the law and not abuse their powers) and (ii) *performance* (they must serve the public interest in an efficient, effective and fair manner).

It is easy to see how accountability is an integral component of ‘empowerment’ and hence poverty reduction as was argued in the World Development Report 2001. But accountability can also be analyzed differently from the perspective of - “making services work for the poor”. The problem for low-income countries such as India is not just that they lack resources, but also, and sometimes more seriously, that the resources allocated and expenditures incurred do not yield the desired outcomes at the ground level. The World Development Report 2004, sites four possible causes for this limited effectiveness of public expenditure in the social sector:

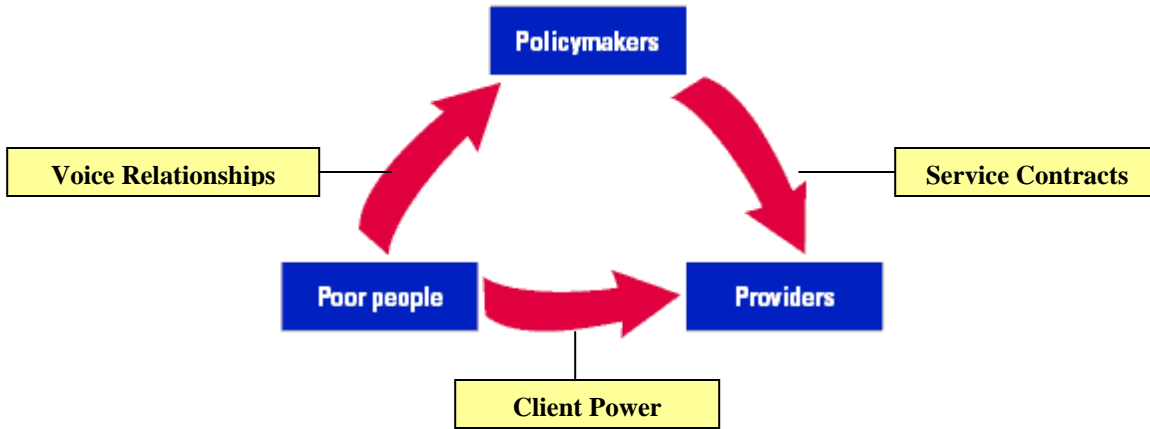
- (i) *Either the government is misallocating resources* – that is, it is spending on the wrong goods or the wrong people. This effectively is a budgeting or resource allocation problem.
- (ii) *Or, the resources never reach frontline service providers* – thus even if the resource allocations are correct, it makes no difference since expenditure ‘leakages’ mean that no money actually reaches its ultimate destination and service delivery is not improved. This then is an expenditure-tracking problem.
- (iii) Even when the money reaches the service provider, *the incentives to provide the service may be weak*. This lack of incentives can be attributed to the problem of performance monitoring and evaluation.
- (iv) Finally, there may be a *demand side failure* – that is, people may not avail of the services provided to them. This is to a large extent a problem of awareness and participation.

These four problems hit at different parts of the service delivery chain, which can be unbundled into three kinds of accountability relationships –

- *Contracts* between the policy maker and the service provider,
- *‘Client Power’* between the citizen-client and service provider, and
- *‘Voice’ relationships* between the citizen-client and the policy maker

As the WDR 2004 argues, services can be made to work for poor people if these three accountability relationships (depicted in Fig.1 below) can be strengthened.

**Figure-1: Unbundling the Service Delivery Chain -Framework from WDR 2004<sup>2</sup>**



Given the above generic problems with how resources are allocated and expenditures are made, the role of accountability becomes very important because it can influence each of these relationships to ensure smooth and timely flow of funds and correct utilization of these funds so that poor communities get better outcomes from the money that is spent on them by the government. That being said, the next question is obviously, *how do you promote accountability – that is, what are the mechanisms and what is the framework that can be used to make public institutions such as the GP more accountable?*

## **2.2 How is Accountability Promoted – Introducing Social Accountability Mechanisms**

Usual methods of enforcing accountability tend to be “supply-driven” and “top-down” using methods such as administrative rules and procedures, auditing requirements, and using formal law enforcement agencies like courts and the police. Much of the time the focus is on ‘rule following’ accountability and rarely is it on actual performance.

These top-down accountability promoting mechanisms have only met with limited success in all countries – be they developed or developing<sup>3</sup>. As a result, new measures such as the setting up of independent pro-accountability agencies like vigilance commissions and ombudsman have been tried, and in other cases public institutions have been privatized or contracted to the private sector to try and bring in market based accountability into the public sector.

More recently, the focus has shifted to the demand side – that is on getting citizens and poor citizens to *directly* demand accountability through greater monitoring and vigilance of power holders. This approach towards exacting accountability that relies on community or citizen action is called *social accountability*.

<sup>2</sup> From World Development Report 2004: “*Making Services Work for Poor People*”, The World Bank, 2003, pp.6, fig.4 – yellow boxes added.

<sup>3</sup> This section draws on Ackerman, J.: “Civic Engagement for Accountability”, Social Development Department Discussion Paper, Forthcoming.

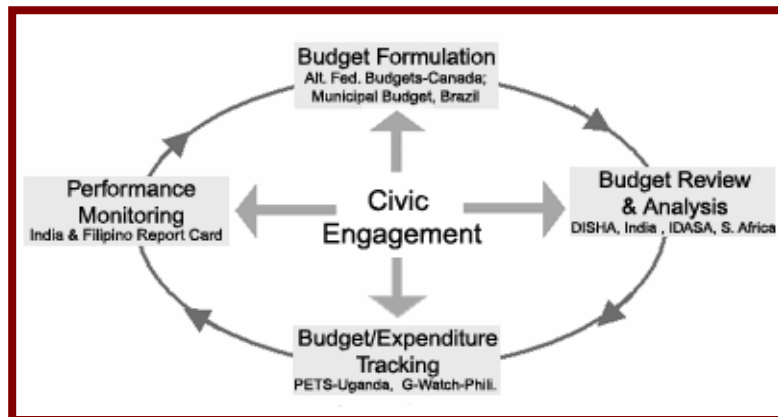
Social Accountability mechanisms are *demand-driven*, and operate from the *bottom-up*. They refer to the broad range of actions and mechanisms (beyond voting) that citizens, communities, civil society organizations (CSOs) and independent media can use to hold government officials and bureaucrats accountable. The power of these mechanisms is that apart from enforcing accountability, they lead to empowerment, knowledge of rights, increased participation and joint planning, as well as strengthening of democracy and governance.

Social Accountability encompasses an extremely broad array of actions that citizens can potentially take to hold government officials and bureaucrats accountable. Research and analysis<sup>4</sup> of different social accountability initiatives across the world show that those mechanisms that seek to directly involve ordinary citizens in processes of allocating, disbursing, monitoring and evaluating the use of public resources have proved very effective since it is this resource flow that puts policy into action. These mechanisms can be categorized into *four processes* that form part of a strategy called **Participatory Public Expenditure Management**. These four processes are:

- (1) *Participatory budget formulation (PBF)* – wherein citizen groups either participate directly in actual allocation of resources, or formulate alternative budgets
- (2) *Participatory budget review/ analysis (PBA)* – the process of reviewing and demystifying actual budgets by CSOs, to assess whether allocations match the government’s announced social commitments,
- (3) *Public budget expenditure tracking (PBET)* – the mechanism of employing citizens and their representatives in tracking how the government actually spends the funds it allocated,
- (4) *Participatory Monitoring & Evaluation (PME)* – which involves the monitoring of service delivery by communities, and the conduct of participatory client satisfaction surveys like *citizen report cards* or local engagements like the *community scorecard process*

Each of these processes forms one step in the overall public expenditure cycle. The essential element in these mechanisms is the introduction of *civic engagement* into the entire process of allocating, spending and monitoring public resources as is depicted in figure-2 below.

**Figure-2: Accountability through a Participatory Public Expenditure Management Cycle**



<sup>4</sup> An international workshop on "Voices and Choices at a Macro level: Participation in country owned Poverty Reduction strategies" organized by the Social Development Department of the World Bank was one of the important forums for sharing experiences amongst civil society practitioners, government officials, academics and Bank staff on such initiatives.

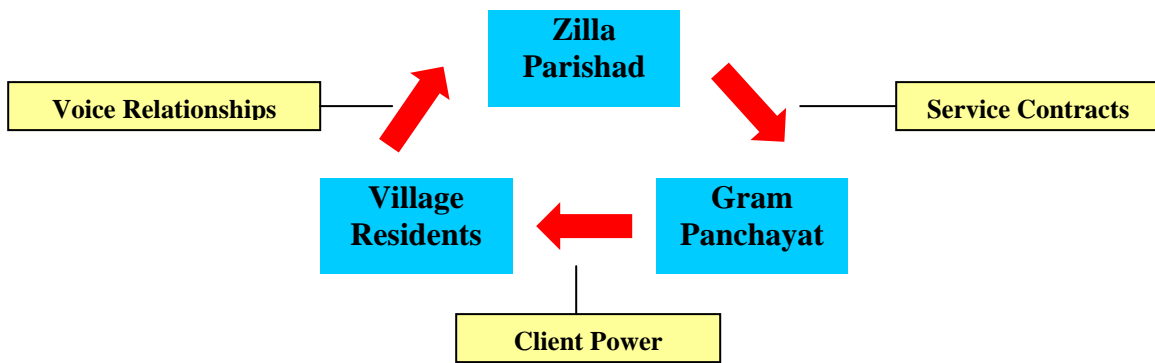
The eventual goal for a comprehensive accountability policy is to influence each of the four stages of the cycle. Our present community based performance monitoring initiative will cover the third and fourth stages of the cycle focusing on what happens at the local/community level. But bearing in mind the other parts of the cycle, that is the framework of accountability, is important because it will tell us where we should aim to take the initiative in the future to attain the kind of outcomes we are hoping for and which we describe in chapter 5.

Having described the general framework for social and public accountability and why accountability is important let us move on to see why the exercise that we are describing needs to be implemented to take things further.

### CHAPTER 3. ACCOUNTABILITY IN THE MAHARASHTRA PRI AND "JALSWARAJYA" PROJECT CONTEXT

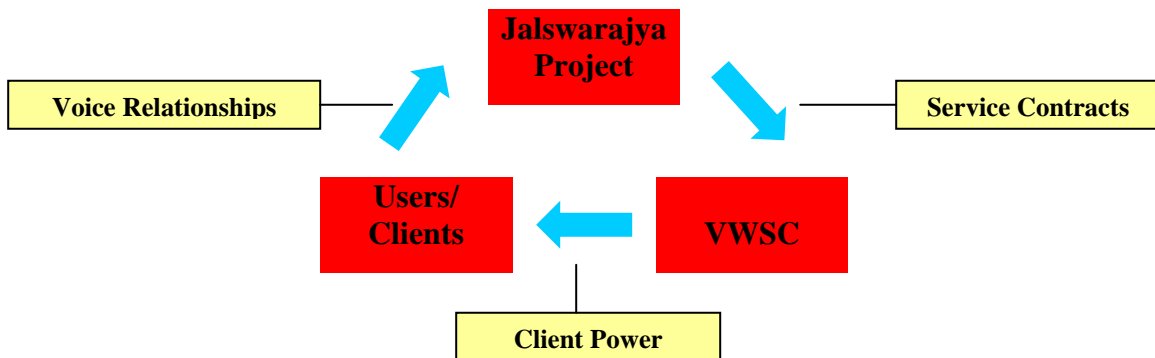
It is easy to apply the general framework of accountability described in the previous chapter to the relationships to the context of Panchayati Raj Institutions and the Jalswarajya project. In the 3-tier PRI framework, the ZP is the highest tier and is responsible for WSS scheme approval, having a capital expenditure of upto Rs. 75 lakhs. It can thus be compared to the "Policymaker". GPs, the lowest of the three-tier PRIs, also the primary implementing agencies are the service providers and the village residents, the ultimate clients<sup>5</sup>. Thus, using the framework of the WDR 2004 described earlier, we can depict the basic accountability relationships in the Maharashtra PRI (Figure 2) and Jalswarajya project context as (Figure 3) below.

**Figure 3: Accountability Relationships within the PRI Framework**



Similarly, the Jalswarajya project has given rise to a new set of accountability relationships i.e. those between the Project, the VWSC (the legal standing committee of the GP) and the villagers<sup>6</sup>.

**Figure 4: Accountability Relationships in PRI Framework and Jalswarajya Project Context**



<sup>5</sup> The middle tier - Panchayat Samities - have no direct role here.

<sup>6</sup> An important observation to make here is that the *GP performs a dual function* – that of a local governing institution and that of a service provider. Therefore, one of the critical aims is to improve the GP accountability. This would positively impact both the decentralization process and the “Jalswarajya” project performance.

**Four generic problems** face the accountability relationships depicted above:

- *Distorted information flows*
- *Elite Capture*
- *Lack of transparency, and*
- *No feedback from users.*

To address these and promote and support the RWSS reform agenda initiated by GOM in 2000, the Jalswarajya project aims to implement a decentralized demand-led approach by empowering village communities to plan, design, implement and manage their own water and sanitation facilities. Participatory planning processes are central to this approach and success of this approach is dependent on how successful and effective these processes are. Related Capacity Building Programs assume importance in supporting these processes to be effective and efficient. The multiple accountability relationships necessitate the use of different social accountability tools, such as participatory monitoring, expenditure tracking and participatory budgeting that will have to be implemented in a phased fashion.

The approach under the project will be to test new methods in a few pilot districts first and then scale-up to remaining districts building on the successes and learning from the problems identified in pilot phase. Monitoring & Learning (M&L) therefore becomes an indispensable and essential requirement of the Project and will be an integral part of Project management.

M&L System would help create a decision support system across the Project among its various users based on accurate and timely information to help shape their decisions. The System will involve and encourage key stakeholders and users at all levels from the State, Districts and Villages to share their experiences and assess the effectiveness of interventions made through the Project. M&L would be a continuous process and expected to improve communication across the stakeholders and build strong linkages among themselves on Project objectives and sectoral issues.

### **3.1 User Feedback and Performance Monitoring of Service Providers**

In the first instance, the “Jalswarajya” project intends to put great emphasis on community-based performance monitoring and accountability, not only in the context of specific RWSS projects, but also in the context of capacity building of decentralized institutions, i.e. GPs and ZPs, who under the YGSY scheme are now providing and managing a host of village level services and infrastructure projects.

In this evolving decentralization context, it is increasingly being realized that the much needed and missing “user perspective” is required to gain reliable and realistic feedback on both qualitative and quantitative dimensions of public service delivery. For example, critical information like issues of accessing the source of water, duration of water supply, breakdown of water sources and satisfaction with the quality of water provided, which can only be obtained through direct user feedback that has not been collected and analyzed in the past, will now be used to for the dual purpose of community empowerment and institutional strengthening of Gram Panchayats.

For this reason, the Monitoring, Learning and Evaluation system that will be established to monitor project progress will involve innovative and community-centric accountability mechanisms such as

the *Community Score Card* process – the subject of this manual - that provide a channel for direct ‘user’ feedback.

The CSC process has emerged in recent years as a sustainable, easy-to-implement, local process of monitoring, feedback, and participatory planning that can be used to identify and directly reform local problems. While the process will be described in more detail in the next chapter, it is important to highlight that one of the main objectives of the CSCs is to make unheard voices heard, increase public awareness, and by so doing, generate collective action and bottom-up pressure against poor service delivery. It also provides project managers an opportunity to track immediate outcomes, take mid-course corrective measures and bring in strategic reorientation. This project will specifically build on the potential of CSCs, to be an effective local accountability and performance monitoring mechanism.

### **3.2 Developing a Rating System for Gram Panchayats**

Beyond the regular progress monitoring at the local level, the Project’s Local Government Incentive Fund aims to introduce a rating system that allows comparative assessment of the performance of and village level GPs. This process will be anchored in a standardized user feedback report card instrument that draws on local level participatory engagements of the CSC process. What this rating system will do above the CSC process is to provide robust district, provincial and national level performance benchmarks that will facilitate more aggregate level accountability and inform more macro reforms. They will play key role here to give organized user feedback the power to generate comparative profiles across Panchayats.

The pilot interventions are intended to make services providers directly accountable to the communities and empower and enable them to negotiate with the service providers and monitor their performance. If successful, they can be scaled up to the entire state and greatly enhance the effectiveness and sustainability of the entire project. The user feedback-based indicators of the rating system will be designed such that the findings will loop in well with the other Monitoring, Learning and Evaluation mechanisms such as MIS.

However, for these new mechanisms to be successful a large degree of supervision, technical guidance and management is needed. Moreover, the design and implementation stages have to be visualized in the form of a strategic continuum and hence, call for a blend of conceptual and operational expertise.

### **3.3 Scaling up to the Zilla Parishads**

From the project and village level accountability systems, the aim will be to scale-up the Zilla Parishad (ZP) level. Here again, the aim of institutional strengthening will call for user feedback and interfaces with the Panchayati Samiti and GPs. The CSC tool, or a variation of it will most likely be applied on a pilot basis for this context as well, and eventually a ‘rating system’ similar to the one generated for GPs will be created for ZPs as well.

### **3.4 From Monitoring to Participatory Budgeting**

Eventually, the accountability requirements of the decentralized context in Maharashtra will require the participatory performance monitoring undertaken through the CSC process and GP/ZP rating

systems to influence the participatory budgeting/planning and resource allocation done by PRI institutions in Maharashtra. This is a natural transition in the Participatory Public Expenditure Management cycle shown in Fig.2, and is a critical step forward in the process of financial devolution in the state.

## CHAPTER 4. INTRODUCTION TO THE COMMUNITY SCORECARD PROCESS METHODOLOGY

The Community Score Card (CSC) process is a community based monitoring tool that is a hybrid of the techniques of social audit, different participatory rural appraisal (PRA) techniques and citizen report cards. Like the citizen report card, the CSC process is an instrument to exact social and public *accountability* and responsiveness from service providers<sup>7</sup>. However, by including an *interface meeting* between service providers and the community that allows for immediate feedback, the process is also a strong instrument for *empowerment* as well.

The CSC process uses the “community” as its unit of analysis, and is focused on monitoring at the local/facility level. It can therefore facilitate the monitoring and performance evaluation of services, projects and even government administrative units (like district assemblies) by the community themselves. Since it is a grassroots process, it is also more likely to be of use in a rural setting.

A critical feature of the CSC process is that there must be a definite and almost immediate feedback mechanism in built in the execution. This is done by means of an interface meeting between the users and the providers or local government officials as described below.

Using a methodology of soliciting user perceptions on quality, efficiency and transparency similar to citizen report cards, the CSC process allows for (a) tracking of inputs or expenditures (e.g. availability of drugs), (b) monitoring of the quality of services/projects, (c) generation of benchmark performance criteria that can be used in resource allocation and budget decisions, (d) comparison of performance across facilities/districts, (e) generating a direct feedback mechanism between providers and users, (f) building local capacity and (g) strengthening citizen voice and community empowerment.

As with any instrument of social and public accountability, an effective CSC undertaking requires a skilled combination of four things: i) understanding of the socio-political context of governance and the structure of public finance at a *decentralized level*, ii) technical competence of an intermediary group to *facilitate* process, iii) a strong publicity campaign to ensure maximum participation from the community and other local stakeholders, and iv) steps aimed at institutionalizing the practice for iterative civic actions.

### 4.1 The Components of the CSC Process

As such the CSC process is not a long-drawn and can even be carried out in one public meeting. However, the purpose of the exercise is not just to produce a scorecard, but to use the documented perceptions and feedback of a community regarding some service, to actually bring about an improvement in it's functioning.

For this reason the implementation of a comprehensive CSC process, does not stop at just the creation of a CSC document that summarizes user perceptions. Instead, the CSC process involves four components (fig.3):

- (i) The ***Input Tracking Matrix*** – this is a simple comparison of project inputs, physical outputs, budgets, or entitlements as recorded in financial accounts, audits or as stipulated in project and policy documents with what is *actually* present at or received by the community. This

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<sup>7</sup> A table summarizing the difference between the CSC and the CRC is presented at the end of this note as Annex 1.

comparison gives us a basic idea of the ‘variance’ between official and actual statistics, and is a first warning signal of the presence of inefficiency and/or corruption. Often the mere process of letting communities know their entitlements or what official budgets for different projects in their area were is significantly *empowering* since most of the time common people, especially the poor, have no access to such information.

- (ii) The ***Community Generated Performance Scorecard*** or simply the ***Community Scorecard for short*** - this is the key output that is generated through the community engagement. In simple terms it is a quick table summarizing the community’s feedback on the performance of different services or projects. The criteria used for judging performance are generated by the community *themselves* and often include various performance parameters like availability, access, transparency reliability, quality and satisfaction. The community then scores these criteria through different focus groups and reasons for scores are shared using (as far as possible) actual evidence or personal anecdotes. The debate and discussion that surrounds the generation of the community scorecard becomes the basis for inviting suggestions from the community on what reforms can be made to improve the situation<sup>8</sup>.
- (iii) The ***Self-Evaluation Scorecard by Service Providers*** – the community scorecard process does not stop at the community, but goes on to engage in a similar feedback process with the “providers” (school teachers, doctors, project staff), who will provide self-assessment on their performance.<sup>9</sup> Like with the community, this is done by a focus group discussion in which they come up with criteria to assess their own performance and score them. After discussing the reasons for their scores, the providers too reflect on how things can be improved and make suggestions for reform,
- (iv) The ***Interface Meeting between users and providers*** - Finally and perhaps the most significant component of the CSC process is the interface meeting between the providers and the community. This meeting will be used to provide respective feedback from the community and self-evaluation score cards and generate a mutually agreed “reform” agenda (agenda for change) through action planning on the recommendations that both sides had made independently.

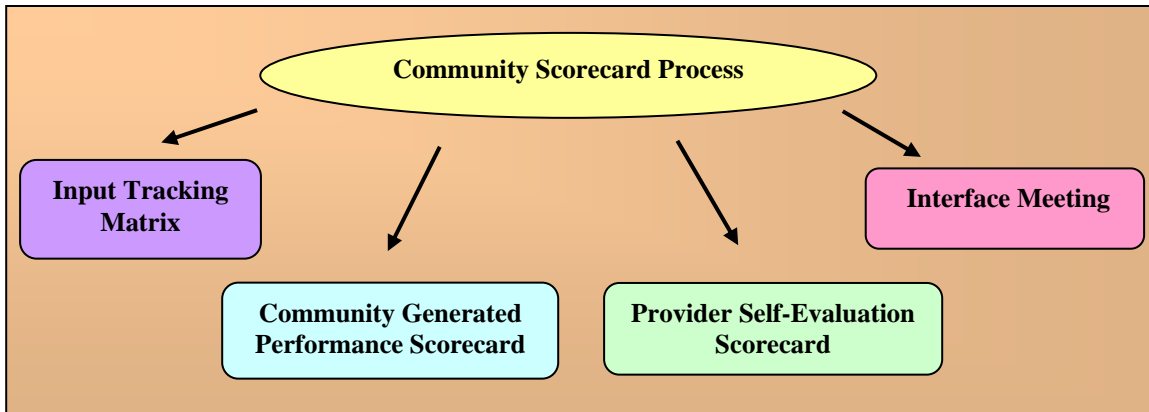
Even after the interface meeting, there is continued monitoring and follow-up. This drives home the fact that the CSC is indeed a *process*, that does not stop at generating scorecard tables, but intends to go further into a series of local interactions between the community and providers to put in place mutually agreed upon reforms and plans. It is through the elements of direct community feedback, joint planning, as well as the sharing of key supply-side information on budgets, inputs, and entitlements with the community, that the CSC becomes a strong tool for community empowerment, transparency and accountability.

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<sup>8</sup> The facilitators usually ensure that these recommendations include not just those actions that the providers and the district government can address, but also those that the community can put in place themselves.

<sup>9</sup> This component of the CSC process is very important for at least three reasons. Firstly, it helps to give a balanced perspective on performance – looking at both supply constraints and demand side factors. Secondly, it helps sensitize health facility staff and makes them less defensive and suspicious of the process. Finally, it is often the case that the lowest level frontline provider of health services is as disempowered as the community, and it is important to get their feedback to climb up to influence planning decisions.

**Figure 4: The Four Components of the Community Scorecard Process**



## 4.2 Applications of CSC Process in the Maharashtra Jalswarajya Project:

In the context of the Maharashtra Jalswarajya project the CSC process will be specifically used to evaluate the following three areas:

- (1) Water Supply and Sanitation Service Provision – The first application context is of course WSS services, which are at the heart of the Jalswarajya project. Here provision is to be managed by Village Water Supply and Sanitation Committees (VWSCs) that will be set up by the project. Based on the components of the CSC process this leads to *three* scorecard outputs in the WSS context:
  - i. WSS Service Input Tracking matrix,
  - ii. WSS/VWSC Performance Scorecard
  - iii. VWSC Self-evaluation Scorecard.

In addition to the VWSC, however, it is also important to obtain a community perspective on the Jalswarajya project, which will be providing support services related to WSS service delivery. Basic assessment of everything from the communities knowledge of the very existence of the project to the relevance and effectiveness of its various components (e.g. Women’s Empowerment Fund, Local Governance Incentive Fund) and processes (e.g. capacity building trainings, supervision procedures) can be done, and would provide very useful feedback to the project team on its own performance. Therefore a *fourth* output in the WSS context is:

- iv. Jalswarajya Project Performance Scorecard

- (2) Service Provision and Infrastructure Works by Gram Panchayats – As part of the institution strengthening component of the Jalswarajya project, the second application context for the CSC process will be to monitor the performance of GPs in provision of *one or two* other basic services and infrastructure works such as construction of roads, drains, day care centers, maintenance of land records, dispute resolution, etc... which are part of the YGSY scheme and also have a direct bearing on their capacity to provide and supervise WSS services. This application will also allow the project to move to a broader context of strengthening decentralized institutions than would be the case if the focus were limited to WSS services. Moreover, such a general assessment of performance on service delivery beyond WSS will be needed for developing the rating system that

will be used in the GP Incentive Fund. As with the case of WSS services, there will be three scorecard outputs here as well:

- i. GP Services/Infrastructure Input Tracking Matrix,
- ii. GP Services/Infrastructure Scorecard
- iii. GP Services/Infrastructure Self-evaluation Scorecard.

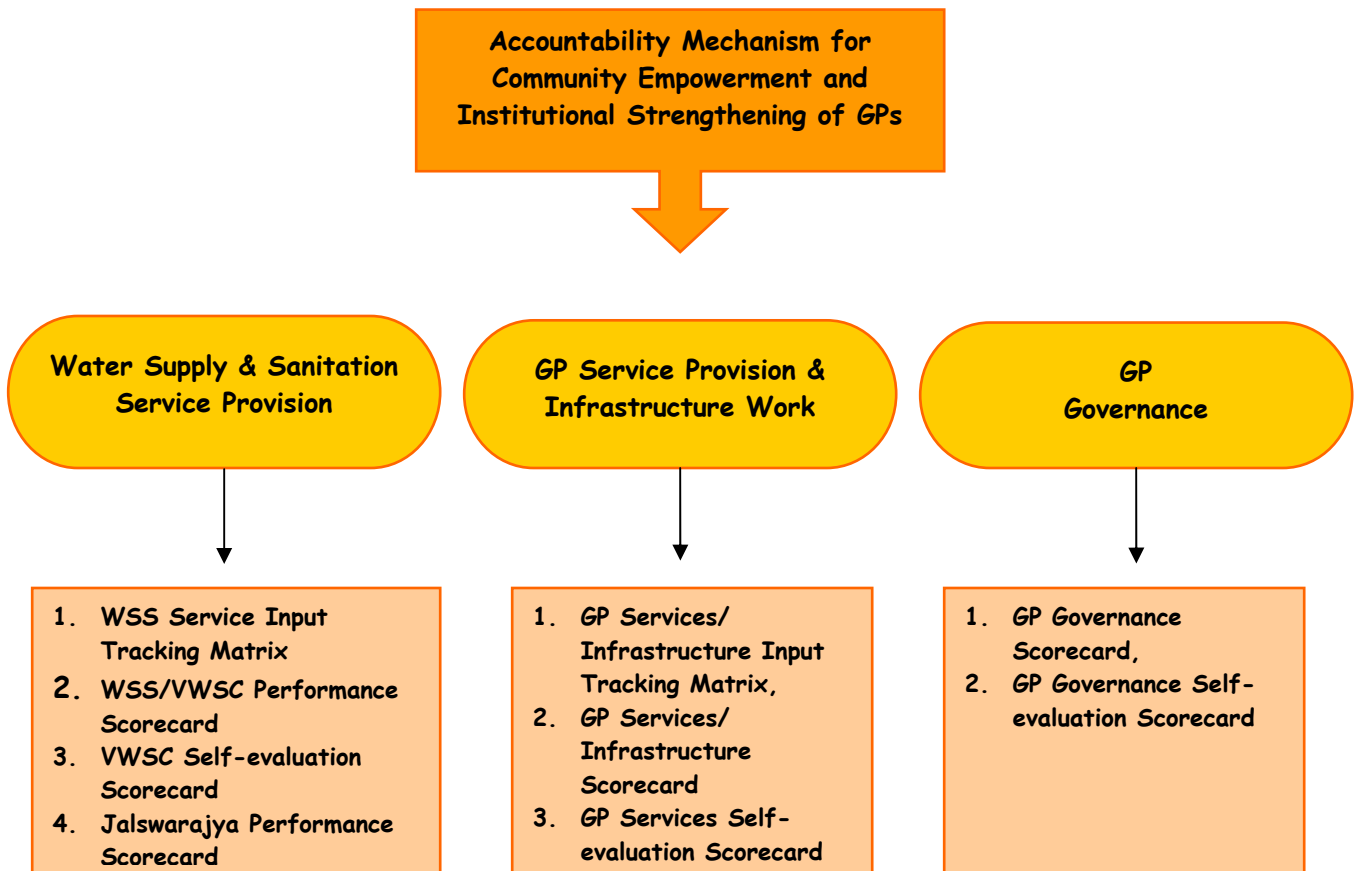
(3) Gram Panchayat Governance – This final application context also links to the institutional strengthening and GP Incentive Fund components of the project. The objective here is to move beyond service delivery to assess (from the community’s perspective) the more intangible aspects of governance of GPs such as participation, inclusion, transparency, fairness, etc...Since here there is no real ‘service’ or tangible ‘output’ that is being monitored/assessed there will be no need for any form of ‘input tracking’. There will therefore only be two scorecard outputs in this application, namely:

- i. GP Governance Scorecard,
- ii. GP Governance Self-Evaluation Scorecard

At a later stage, one will be using a similar format to assess the governance of ZPs as well as perhaps an assessment of their performance in terms of the ‘services’ they are supposed to provide. However, for the purpose of this draft manual we will not focus on the ZP context.

These application contexts and the scorecard outputs specified are summarized in Fig.4 below.

**Fig. 5. Use of Community Score Cards in “Jalswarajya Project”**



## CHAPTER 5. OBJECTIVES AND OUTCOMES SOUGHT

If the accountability mechanisms outlined in this manual are implemented in all the three sets of activities we described above, the initiative can lead to tremendous changes in terms of empowerment, democratic decentralization and improved service delivery. Specifically, we envisage that the process that we describe will lead to five key types of outcomes:

- i. *Project Outcomes* – the identification of key variables and indicators for the performance monitoring and rating systems, and identification of capacity building requirements in key institutions associated with the project
- ii. *Process Outcomes* – such as change in procurement rules, transparency requirements in service delivery and management, etc. at the community level
- iii. *Institutional Outcomes* – like suggestions on appropriate institutional arrangements for carrying out performance monitoring and rating on a sustainable basis, new forums for feedback, new community level organizations handling accountability initiatives like audit committees, new staff for performance monitoring, new performance based incentives in management of facilities, etc.
- iv. *Policy Outcomes* – for example, incentives for better performance for Gram Panchayats, changes in the resource allocation to GPs or facilities based on performance, new information/transparency laws, more transparent public record keeping, etc.
- v. *Empowerment Outcomes* – through greater *information on entitlements* among the community, and more voice/influence in affecting policy choices
- vi. *Capacity Building Outcomes* – in terms better financial management knowledge and performance monitoring skill of communities, service providers, and district assemblies.

As specifically seen from within the Jalswarajya project perspective - these generic outcomes translate into:

- (a) Strengthening of the decentralization process: The project would strengthen local governments and rural communities' managerial, technical and financial capacity by (i) giving budget directly to village-level governments; and (ii) bridging the gap between communities and the district-level government by transferring planning and implementation to GPs
- (b) Empowerment of Communities by (i) building their skills to become critical users and consumers rather than passive recipients; and (ii) introducing mechanisms for communities to express their demands. Communities would demand, plan, implement and manage their rural water and sanitation systems while covering operating and maintenance costs
- (c) Ensuring efficient use of water by transferring water use planning and allocation functions to the communities and testing aquifer source sustainability;
- (d) Institutional Reforms: The project would support GOM in implementing a time-bound road-map for restructuring of the existing sectoral agencies such as the Ground Water Development Agency (GSDA) and the Maharashtra Jeevan Pradhikaran (MJP) to align them better in the context of decentralization. GSDA and MJP play an important role in assessing ground water resources and implementing rural and urban water supply facilities, respectively. To take the institutional reforms a step further, GOM will: (1)

adopt a time-bound transitional action plan designed to achieve complete separations of the O&M functions of MJP from its other functions, and complete, by December 31, 2004, full implementation of the transitional plan and (ii) take necessary steps including preparatory studies and legislative measures, to adopt, by December 31, 2004, a comprehensive and time-bound action plan for restructuring of MJP

- (e) Discontinuing, in a phased manner, direct and indirect government subsidies: GOM has already taken a policy decision to discontinue, in a phased manner, direct and indirect subsidies to local governments for O&M of water supply facilities and streamlining management of O&M functions. This reduction in subsidies will be further supported during the project.
- (f) Cost Sharing Reforms: As an expression of their commitment to participation and ownership, beneficiaries will contribute to the capital cost of the facilities, with a portion to be paid upfront in cash.

These outcomes and objectives need to be kept in mind when launching into the performance monitoring exercise we describe below, because the process requires a great deal of follow-up action and coordination if these results are to be achieved. Simply going in the field and generating score card documents and input tracking data is not enough – one needs to use this data productively. This manual will therefore have separate sections on follow-up/institutionalization as well as on using and disseminating information so that these objectives are realized.

## **PART-2: METHODOLOGY FOR IMPLEMENTATION**

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The second part of this manual will outline the generic stages involved in the implementation of the community scorecard process, highlighting all the key steps that are involved in each stage.

Chapters 6 through 10 will each discuss one stage in the process, while chapters 11 and 12 will discuss issues of follow-up and logistics respectively. Each of these chapters will deal with the common steps in the methodology, but will also discuss the nuances involved in applying them to the specific context of the Maharashtra RWSS project for the three application contexts that were highlighted in chapter 4.

It should be kept in mind that the methodology we describe should be seen as just one method of execution of the model –one that has developed over different pilot initiatives undertaken in different parts of the world. The methodology is, however, very flexible and it is this characteristic that makes it so powerful. What must be kept in mind is that the end goal is to influence the quality, efficiency and accountability with which services are provided – therefore the mode of execution chosen should be such as to reach these goals.

## CHAPTER 6 . PREPARATORY GROUNDWORK

The first and in fact one of the most critical stages of the CSC process is the preparatory work that is done prior to the community level engagements. This ensures that there is adequate participation in the process, and that planning of logistics is complete. The steps involved with specific reference to the project are discussed below.

**Note:** For the purposes of the application of the CSC, ‘community’ will refer to the village or group of villages that come under a single GP and VWSC.

### 6.1 Steps and Tasks Involved

Step-1: Identifying and Training of Facilitators - The CSC process is heavily dependent on the quality of the facilitation and mobilization undertaken. The project must therefore start with a full training of facilitators, which would include sharing of this manual and ideally a 3-4 day workshop with a field exercise.

Step-2: Scoping Visits to Meet Community Representatives – The project staff must start by going to the field to meet with community representatives in a particular community. They should be introduced to the nature and purpose of the CSC exercise and the methodology should be explained briefly<sup>10</sup>. It is important to explain to them that the reason for engaging in this exercise is to (a) get their feedback, (b) track and evaluate the performance of service providers, and (c) plan jointly with the GP and VWSC on how we can make things better.

Step-3: Orientation Meeting with GP and VWSC members – Along with the meetings with the community, separate orientation meetings are needed with GP and VWSC members. They too need to be told about the motivation for the CSC process, and how this will lead up to the GP incentive fund.

**Note:** Providers are often suspicious and reluctant of being monitored in any way. Therefore care must be taken to ensure GP and VWSC members that the CSC process is not meant to attack them, but to come up with joint ways to improve performance.

Step-4: Get Basic Data on Community – Before beginning the local engagement with the community, the project team should also try and get some basic data on the community and facility. This includes:

- population data – total, male, female
- which services are provided by GP
- usage of WSS and other services
- poverty profile – how many poor, where do they live, ....
- social profile – are there SC/STs, where do they live...

This initial stratification can done by two means:

- (a) either through informal interviews by the facilitating team during scoping visits, or
- (b) by using existing ‘**well-being ranking**’ data collected by previous participatory exercises.

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<sup>10</sup> The flow chart in figure –11 can be shared with them.

Step-5: Decide GP Services/Infrastructure Projects that will be Focused On – For the GP service delivery assessment it is important to decide before going for the local engagement, which two key services or infrastructure projects will be focused on. This will depend on what is being provided/managed by the GP and what is of importance to the community. For all target communities, one should therefore have the list of two GP services that will be assessed before the local scorecard engagement<sup>11</sup>.

Example: If a particular GP provides/manages land records, ‘*anganvadi*’ services, and say vocational training services, and has constructed a new road, a bus stop and library in the new school then during the scoping visit ask the community and GP which are the two most important activities (can be either services or infrastructure projects or both) – these will then be focused on in the scorecard assessments.

Step-6: Plan Basics of Methodology – As part of the preparation phase, the project team also needs to decide some basics for implementing the CSC process. These will become clearer after going through the later stages of the methodology, but should be considered upfront, before the full scale piloting. The main issues to consider are:

- how many facilitators will go to each village
- what time will the meetings be held
- will the interface be the same day or later
- what is the scoring method
- what scale will be used for scoring
- what are the focus groups that will be made – it is important to decide this before hand in order to save time when one reaches the community and also to standardize over all the communities.
- how many rounds of scorecards will be implemented

Step-7: Other Logistics – The organization of the community gatherings will also involve decisions about certain logistics. These include the deciding the venue for the gathering based on a sense of the number of participants that will take part. Materials for the gathering – paper, pencils, megaphone/PA system (optional), blackboard (optional), etc. – need to be procured.

**Issue to Consider: ‘Ensuring Participation of Poor and Vulnerable Groups’**

A major objective of the CSC process is to ensure that voice is given to poor and vulnerable groups such as women and lower caste people. To ensure that this happens, the preparatory groundwork must make a special effort to mobilize these groups and encourage them to participate in the process. Wherever possible, separate focus groups for them should also be created (see discussion below on choice of focus groups).

Likewise in order to cater to the **equity objectives** of the project, it is imperative that the poor are identified, encouraged to participate, and that their views are taken separately from the more well-off members of the community. In particular 3 things need to be kept in mind during sampling and implementation of the pilot phase:

- (i) Ensuring *all regions are covered*
- (ii) Ensuring *all hamlets are covered* within the regions, and
- (iii) Ensuring that all participatory planning data such as *well-being rankings* and *poverty mapping* are collected and used in the preparatory phase.

The special significance given to equity will also become apparent to the community during the CSC process and will hopefully encourage greater participation and generate more voice from the poor about their needs and concerns.

<sup>11</sup> Naturally this will differ from GP to GP.

Step-8: Awareness Building and Mobilization – As the process of drawing out community perceptions is done via a community meeting, one must ensure that the latter has broad participation from all parts of the community in the village cluster. For this purpose, the meeting must be preceded by full-scale mobilization of people in the community through an advocacy/awareness generating campaign that informs people about the purpose and benefits of the CSC. This can include use of pamphlets, posters, community radio, and field visits. If a large segment of the community participates in the process, the first step towards success would have been achieved.

Step-9: Involve Other Partners - The involvement of traditional leaders, members of local governments, workers at the service facilities in the region, community volunteers, and staff from NGOs and other support organizations working in each of the village clusters is also important, because they will put greater force for change on the GPs and will also give greater credibility and momentum to the CSC process as a whole.

## CHAPTER 7. DEVELOPING THE INPUT TRACKING MATRIX

The input tracking component of the CSC process aims to get a rough snapshot of inefficiency and possible leakages at the local level. It is called ‘input’ tracking rather than expenditure tracking, because in most local settings access and availability of budget expenditures is limited to poor communities. They do however know and see what physical assets or service inputs are being used in their context, and so are able to track inputs – i.e. the tangible assets and services money was spent on – instead of expenditures. Records or inventories of these inputs are usually also available in most facilities and project reports.

As we mentioned in Ch. 4, input tracking will be done in for:

- (a) WSS services,
- (b) one or two services or infrastructure projects undertaken/provided/managed by the GP.

*The basic methodology is to obtain data on inputs, and then track these with the help of (a) key informant interviews with GP and VWSC members, (b) focus group discussions with community members, and (c) on-site physical inspections and transect walks. Data and evidence on inputs is then triangulated from each of these sources.*

The detailed steps involved in developing the input tracking matrix are listed below and summarized in Fig-5.

### 7.1 Steps and Tasks Involved

Step-1: Decide and Obtain Information on Inputs to be Tracked – The first step in generating the input tracking matrix, which actually falls mainly in the realm of preparatory groundwork, is to decide what inputs will be tracked and obtain adequate supply side data on them. This of course will depend on what services, other than WSS, will be included in the CSC process.

Table-1 below gives some examples of inputs based on the Baba Gadge Abhiyan for WSS, as well as some possible inputs that might come up for different GP services or infrastructure works funded under the YGSY scheme that may be selected as the most important by the community.

**Table-1: Possible Inputs that Can be Tracked**

WSS Services	Land Records	Road Infrastructure	Electrification
<ul style="list-style-type: none"> <li>- Number of water taps</li> <li>- Number of wells</li> <li>- Number of toilets constructed</li> <li>- Spending on IEC and training</li> <li>- Community contributions</li> <li>- Maintenance equipment</li> </ul>	<ul style="list-style-type: none"> <li>- Spending on infrastructure</li> <li>- Furniture and equipment</li> <li>- Trips/communication with government offices</li> </ul>	<ul style="list-style-type: none"> <li>- Road materials – brick, tar</li> <li>- Wages paid</li> <li>- Machines and equipment</li> <li>- Community contributions</li> </ul>	<ul style="list-style-type: none"> <li>- Number of electricity poles set up</li> <li>- Spending on technicians</li> <li>- Cost of materials</li> <li>- Tariff collection and community contribution</li> </ul>

**Identification of Inputs/Indicators:** Identification of inputs to be tracked should be a participatory process involving project staff and the community members. Bringing together different people in a participatory process to identify indicators reveals their different needs and expectations. It also brings to light what is considered ‘relevant’ by the stakeholders.

Once a general list is generated, a good way to streamline that list (so that the task does not appear daunting) is to ask if the indicators are SMART, i.e., Specific, Measurable, Attainable, Relevant and Timely. It is better to track few inputs well than to track many ineffectively.

**Sequencing of Inputs:** Once a final list of inputs is generated, they should ideally be distributed over progressive cycles of the score card process in a logical manner. For the first round, a few key inputs should be chosen (e.g. number of wells) that provide a general idea of the overall existing situation. With each additional round, the list of inputs to be evaluated should be reexamined and new and more relevant inputs may be added as deemed fit.

Once the focus services and inputs are identified, the next step is to get supply side data about each of them, so that we know what we are tracking. This supply side information includes:

- Budget allocations
- Recorded amounts spent as per financial and audit reports
- Official inventories of equipment and physical assets
- Official entitlements of certain inputs based on Maharashtra State or National policy guidelines (e.g. entitlements on WSS facilities in decentralization policy)
- Contractor information (if applicable), including amounts paid and system of contracting
- Community contributions raised, etc...

**Step-2: Give Information on Entitlements** – The next step is done in a gathering<sup>12</sup> with the community and GP and VWSC. In a plenary meeting, the entire group should be informed about what their entitlements as per the decentralization policy are, what the budget for different projects is, what recorded infrastructure and facilities should be available, etc. based on the information gathered in the first step. For instance, do the official project records show that there should be three water taps in the village, or that the GP budget indicates that 1 km of roads were built last year. Knowing such entitlements is in itself a source of empowerment for the community.

**Step-3: Divide Participants into Focus Groups** – The gathering should then be divided into groups. As a first step, *separate the GP and VWSC from the rest of the community*. Then sub-divide the community into about 3 sub-groups with about 10-15 people in each. The resulting sub-groups should have sufficient numbers of respondents for each of the services (WSS and the GP services) and should ideally also be mixed in terms of gender and age. They will then be able to provide information regarding different inputs.

**Step-4: Fill in the Input Details** – The facilitating team then needs to ask for and record the data on each of the inputs that have been chosen, from all of the groups. Wherever possible each of the statements of the group member should be substantiated with any form of concrete evidence (receipt, account, etc.). One can triangulate or validate claims across different participants as well.

**Step-5: Recording Data** – The data collected about the receipt, use, or expenditure on inputs is summarized in the form of an input tracking matrix. This records in the rows each of the input

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<sup>12</sup> As such, the input tracking, community scorecard, self-evaluation scorecard and indeed the interface meeting can be completed in one full day gathering with the community and providers. However, it is usually advisable to spread the process over a few days. See fig.12 for a flowchart of the entire CSC process which shows the length of time each stage should take.

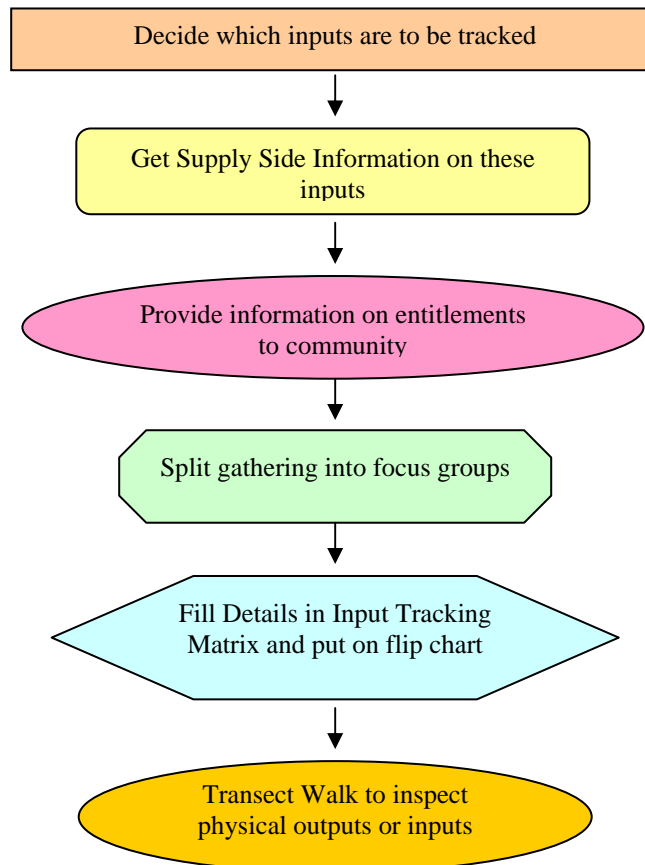
indicators chosen during the community gathering, and then feeds into the columns the actual as provided by each group/household/individual depending on the case at hand.

Step-6: (Optional) Inspection of Physical Project Output or Inputs – For cases when the scrutiny is of a physical infrastructure project, the last stage must be an inspection of the project output to see if it is completed and is of adequate quality.

Step-7: Develop an Action Planning Matrix – Based on the discrepancies that emerge from the input tracking matrix, an action planning matrix must be immediately formulated for all the corrective actions that can be undertaken at the local level. For activities that need to be undertaken at a higher level, another Action Planning matrix can be formulated at a later stage.

**Note:** Two copies of the input tracking matrix should be made – one in the notebook of the facilitating team, and one on a flip chart for the community to see. Leave the latter with the community.

**Fig. 6.: Summary of Steps for Developing Input Tracking Matrix**





## Frequently Asked Questions:

### 1. What if no supply side budget data or inventory record is available?

**Ans.** In this situation, go ahead and do an input tracking without the entitlements. This on its own will be quite revealing, and can be used to demand more transparency from the GP and higher authorities.

### 2. What if there is a very high evidence of corruption?

**Ans.** If there is very big variance between entitlement and actual, then it is likely that there is some corruption happening. In such a situation remember that the facilitating team's role is as a neutral intermediary. Data should simply be presented during the interface. Let the community and GP/VWSC decide what to do after that. Of course, adequate chance for justification and cross checking of claims should be given.

### 3. What if the statements/claims of different groups don't match?

**Ans.** As a first step do a direct physical inspection to check for sure. If the input is not tangible, then try and triangulate with another group and with the GP/VWSC. Finally, if it could be a case of not remembering, then take the value that is most common across groups.

## 7.2 Hypothetical Examples of Input Tracking Matrices

In order to get a sense of what the input tracking matrices might look like in a real application of the CSC process in the Jalswarajya project, we present in this section some hypothetical input tracking matrices. As mentioned earlier, we will be generating two kinds of input tracking matrices – one for WSS services and the other for a GP service or infrastructure project funded through the YGSY scheme.

Let us consider WSS services first. Inputs for WSS services can be tracked under the following **core input indicator categories**: (1) Coverage (or Distribution), (2) Equipment, (3) Labor, (4) Maintenance, (5) Financial Management, and (6) Sanitation Inputs. Input indicators can be developed for each of these core categories. The first two core indicator categories, Coverage (or Distribution) and Equipment have been shown below. For a more complete input tracking matrix see **Annex 2**.

**Table-2 (a) : Hypothetical Input Tracking Matrix for WSS Services**

INPUT INDICATOR	ENTITLEMENT/ BUDGET/ RECORDED AMOUNT	ACTUAL AMOUNT	REMARKS/ COMMENTS
<b>A. Coverage or Distribution</b>			
A.1 Number of Hand-pumps	10	8	-
A.2 Number of public taps	15	13	Water supply only 4 hours per day
A.3 Number of wells	4	4	Poor Water quality
<b>B. Equipment</b>			
B.1 Expenditure on pipes, tubes, valves, water meters	Rs. 10 lakhs	Rs. 8 lakhs	-
B.2 Expenditure on Tools & Machinery for water lifting etc.	Rs. 15 lakhs	Rs. 12 lakhs	-

The recommendations should generated should themselves be tabulated separately as shown below:

**Table-2 (b): Corresponding Hypothetical Recommendations**

RECOMMENDATIONS
<ul style="list-style-type: none"> <li>• Run inquiry into missing taps &amp; hand-pumps</li> <li>• Explore technical option to increase water supply</li> <li>• Check compliance with stipulated maintenance procedure</li> <li>• Display all important procurement information on notice boards easily accessible by the people</li> </ul>

Next let us consider some services or infrastructure works done by GPs. For the purpose of our hypothetical example let us consider two common GP services/infrastructure projects –

- (i) construction of roads and gutters, and
- (ii) construction and maintenance of PRI school buildings and provision of educational materials.

Hypothetical input tracking matrices for each of these are given below. Only a few core indicator categories are shown here, for a more complete input tracking matrix, see **Annex 2**.

**Table-3 (a) : Hypothetical Input Tracking Matrix for GP Service  
– Construction of Village Road with Gutter**

INPUT INDICATOR	ENTITLEMENT/BUDGET/ RECORDED AMOUNT	ACTUAL AMOUNT	REMARKS/ COMMENTS
<b>A. Materials</b>			
A.1 Amount of tar used	100 Drums	100 Drums	Poor quality
A.2 Bags of cement used	50 Bags	40 Bags	-
<b>B. Labor</b>			
C.1 Number of workers	25 workers	25 workers	Need for more labor
C.2 Daily wages in accounts	Rs. 40/day	Rs. 30/day for women	Discrimination between men and women

**Table 3 (b): Corresponding Hypothetical Recommendations**

RECOMMENDATIONS
<ul style="list-style-type: none"> <li>• We should do an inquiry into missing bags of cement</li> <li>• All important procurement information should be publicly displayed on notice boards</li> <li>• Check compliance with stipulated quality standards</li> <li>• Enforce Material Inspection Reports as part of regular procurement procedure</li> <li>• We should check labor contracts issued by the Procurement Committee</li> <li>• If contracts are not issued then enforce them</li> <li>• Awareness programs for women to enable them to demand their right</li> <li>• Check with Finance Committee for resources for additional labor</li> </ul>

**Table-4 (a): Hypothetical Input Tracking Matrix for GP Service  
– Construction & Maintenance of PRI School Buildings and Provision of Education Materials**

INPUT INDICATOR	ENTITLEMENT/ BUDGET/ RECORDED AMOUNT	ACTUAL AMOUNT	REMARKS/COMMENT S/EVIDENCE
<b>A. School Furniture</b>			
A.1 Number of desks purchased	Don't know	150	Entitlement Information not easily accessible
A.2 Number of black-boards	Don't know	4	Recently acquired but already broken, need to be replaced
<b>B. Educational Materials</b>			
B.1 Textbooks per child	4	4	Not enough
B.2 School bags	0	0	Would be helpful if school bags are provided

**Table 4 (b) : Corresponding Hypothetical Recommendations**

<b>RECOMMENDATIONS</b>
<ul style="list-style-type: none"> <li>• Display of information in popular public places such as the village temple</li> <li>• Check to see if the cause is poor quality or lack of vigilance and take action accordingly</li> <li>• Explore the possibility of allocating additional resources</li> </ul>

All these hypothetical examples are *only indicative*. They should eventually be replaced by real examples once the CSC process has been piloted in some villages.

**Note:** It is not necessary to always have 'core input categories' but these usually help in classification. Also, as mentioned in the steps for implementation the input categories and indicators need to be developed by the project team *beforehand* and they should by-and-large be common across all GPs. That being said, one should always ask the community to go over the inputs and suggest any additions or deletions to those that the project team has come with.

## CHAPTER. 8. DEVELOPING THE COMMUNITY GENERATED PERFORMANCE SCORECARD

The community generated performance scorecard is what is usually referred to as the ‘community scorecard’. It is the key output of the entire CSC process, and is nothing but an assessment of the performance of a particular service, or service provider based on criteria developed and scored by the community. The reasons for these scores are documented and become the basis for obtaining suggestions for reform, which is the objective of the process.

*The main methodology is facilitated brainstorming of indicators and scoring in small groups, consisting of local service users only. The focus group discussions are undertaken in one large gathering of the community or in separate meetings with specific groups over a 1-2 day period.*

In the context of the Jalswarajya project, we will be developing community scorecards for WSS services, one to two GP services, and one for GP governance. The basic steps involved in developing each of these community scorecards are common and are presented in the next section. Later, in section 8.2, specific instructions will be given to facilitators and note takers.

### 8.1 Steps and Tasks Involved

Step-1: Divide Gathering into Focus Groups Based on Usage – As with the input tracking the participants need to be classified in a systematic manner into focus groups based on usage of the service being evaluated. This will ensure that the focus groups are able to capture different aspects of the service.

#### **Issue to Consider: “Choosing Focus Groups”**

At a general level, one could have the following 3 focus groups: (i) Adult Men, (ii) Adult Women, and (iii) Village Elders. Alternatively one could use only the male-female distinction and then separate between *users* and *non-users* of the particular service.

However, the **division of focus groups eventually depends on which service is being evaluated and on targeting of certain groups**. For instance, for education we may want to separate parents, pupils and teachers, while for health we may want to keep inpatients, pregnant mothers, and outpatients separate. Similarly we may want a separate focus group for orphans or people from lower castes.

Some brainstorming will therefore have to be done by the project team on what focus groups to use for WSS services and the GP services being evaluated.

Whatever focus group divisions are decided upon, there needs to be a critical mass of persons in each group because without this no useful data can be solicited. Also, since we are running the community scorecard for 3 or 4 contexts, to save time, it is probably advisable that the groups be divided in such a way that each focuses on only one or maximum two contexts. **This would mean about 6-9 focus groups in all.**<sup>13</sup>

**Note: Focus groups should not be larger than 25-30** or else they become very difficult to handle. Also, there should be at least **one facilitator and one note taker with each group.**

Step-2: Develop Community Generated Performance Criteria – Each of the focus groups now needs to go through a discussion of each of the services under scrutiny as well as GP governance to come up

<sup>13</sup> See chapter 13 for a discussion on the implications of the focus group divisions on logistics of implementation.

with a set of criteria with which to evaluate them. Facilitators initiate the discussion using some basic ‘guiding questions’ such as the following:

- Are your WSS services running well? Why do you say so?
- How will someone know that this service is operating well?
- How do you judge the performance of the facility/service (what specifically do you look for)? If you don’t use it, why not?
- What characteristics do you think define a well-governed GP?

The aim of these questions is to evoke a discussion amongst the group, from which *some generic performance criteria* will emerge as the broad headings under which to put the issues discussed. Further, there may be several issues raised that, although distinct, come under the same broad heading or performance criteria. These should be placed as *sub-criteria under the broad performance criteria*. For instance, for the governance scorecard a performance criteria could be “participation in decision making” for which the sub-criteria will be ‘participation of women in decision making’ and ‘participation of SC/ST and other vulnerable groups’.

**Note: Criteria should be ‘positive’** so that higher scores mean better performance. For instance use ‘adequacy of WSS services’ rather than ‘lack of WSS services’

**Issue to Consider: “Performance Criteria vs. Indicators vs. Inputs”**  
 In the focus group discussion for developing criteria, it is important to note the difference between ‘criteria’, ‘indicators’ and ‘inputs’.  
 A **criterion** is a broad performance assessment category that is *usually qualitative*. But even if it cannot be measured, a performance criterion can be subjectively scored. E.g. ‘transparency’ or ‘attitude of VWSC members’ would be performance criteria.  
 An **indicator** is a *measurable or quantitative* measure of performance – it usually measures a particular performance criteria. Eg. ‘whether budget was shared’ or ‘whether VWSC address complaints on a first-come-first-serve basis’ would be indicators of the above criteria.  
 Finally, **inputs** are measurable quantities that determine and influence performance, but are in themselves not measures or aspects of performance of a service. Eg. ‘Wealth of GP members’ could be an important input or determinant of GP performance, but by itself is not an indicator of performance.  
 Usually the discussion on performance criteria will throw up not only criteria, but several indicators and inputs and it is up to the facilitating team to be aware of what is what. As a first cut, our focus is only on what are strict performance *criteria*. Performance indicators, and service inputs could possibly enter the scorecard as sub-criteria, but often their place is in the ‘reasons for scores’ column discussed below.

**Step-3: Decide Standard/Benchmark Performance Criteria** – In addition to the community-generated above, the evaluation team as a whole should agree on a set of standard performance criteria (about 3) for each service being assessed and for GP governance<sup>14</sup>. The purpose of using these standard criteria is to allow comparison across GPs and across time. They provide some basic benchmarks of performance, beyond what the community comes up with.

**Table-5: Possible Standard Performance Criteria that Can be Tracked**

WSS Services	GP Services	GP Governance
- Satisfaction with WSS services - Availability of WSS services - Quality of WSS	- Satisfaction - Availability	- Transparency - Extent of Participation - Responsiveness

<sup>14</sup> Ideally this step should be undertaken during the preparation phase.

If the community-generated criteria are the same as the standard ones, then one should try and dig deeper to get sub-criteria from the community for how they assess each of them.

**Step-4: Narrow Down and Finalize Criteria** – If many criteria are identified, help the group to prioritize these to a reasonable number. This can be done by clustering them under broad headings and putting some down as sub-criteria, or by asking the group to prioritize what are the most important ones.

**Ideally one should have about 5-8 performance criteria with the possibility of 2-3 sub-criteria for some of them.** In each case, the final set of criteria that will be used in the scorecard should be agreed upon by the group.

**Step-5: Scoring by Focus Groups** - Having decided upon the performance criteria, the facilitators must ask the focus groups to give scores for each of them on a predefined scale (see text box below). To ensure that the community understands the scoring process it is usually good to start with a trial run, on something easy – e.g. ‘how would you rate the performance of the Indian cricket team’. One can also use visual aids such as ‘smiley faces’ or rocks to help in the scoring.

**Issue to Consider: ‘Scoring Methodology and Scale’**

**1) Scoring Method:** Different methodologies can be adopted to score the group-generated indicators and national benchmarks. Whichever methodology is adopted however, the team must ensure that it

- (a) Helps achieve consensus
- (b) Is usable in resource-poor environment
- (c) Minimizes lateral influence
- (d) Is meaningful/user friendly
- (e) Ensures Integrity, and
- (f) Offers equal opportunity to all.

Two common, yet different methods are *individual voting* and *group consensus*. The advantage of voting is that ensures participation and equal opportunity and minimizes lateral influence. The advantage of group consensus, apart from the agreement on a single score, is that is quicker, and often the debate that it causes amongst the group to arrive at a common score is very informative.

Usually, the best option is to use the consensus method for big groups (>10), and use votes (and average) when the group is small (<10). But in either case it is important to (a) allow and encourage debate between group members on scores, and (b) record differences of opinion in the notes, even if following a consensus model so that only one score will be put up.

**2) Scale:** Different scales can be used for scoring, e.g. 1-5 (indexed to very bad, bad, OK, good, very good), 0-10, 0-100, etc... Again there are pros and cons to each – a 1-5 scale is easy to understand, and one can use visual aids for it, but a 0-100 scale is better for capturing change over time. The choice is to a large extent a cultural issue based on what the project team and the communities are more comfortable using, but it also depends on what the eventual data analysis and monitoring system for the project will be. Once decided though, **all focus groups should use the same scale.**

**Step-6: Securing Explanation/Evidence to Back Rankings** - In order to draw people’s perceptions better it is necessary to ask the reasons behind both low and high scores. This helps explain outliers and often provides extremely valuable evidence and useful examples regarding service delivery. Note that many of the reasons would already have been coming up in the earlier discussion on criteria – these should have been recorded earlier and need not be reiterated here.

**Step-7: Recording Data** – The scoring of the focus groups for each of the performance criteria chosen by the community are recorded in the community scorecard. This has as its rows each of the

performance criteria and sub-criteria, followed by a column for scores and one for brief reasons/remarks as shown in the *real* example below in table-6.

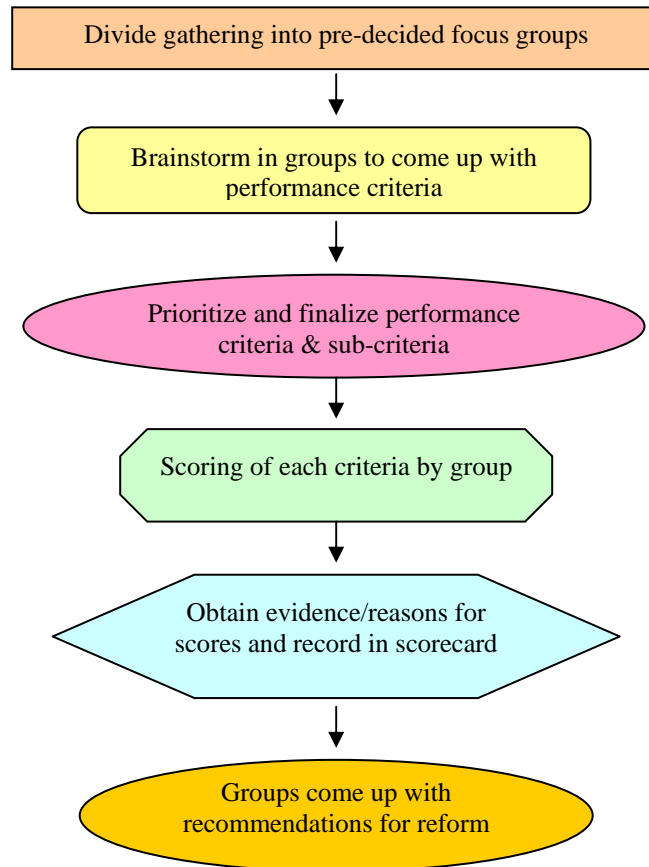
**Table-6: A Sample of an Actual Community Score Card for Evaluating Health Services<sup>15</sup>**

	<b>Performance Criteria</b>	<b>Score (0-100)</b>	<b>Reasons/Remarks</b>
<b>1.</b>	<b>Positive Attitude of Staff</b>	<b>45</b>	
1.1	Punctuality of staff	50	Start late, but some work after hours
1.2	Polite behaviour	40	Many staff shout at patients, rude to children
1.3	Listening to patients' problems	50	Don't give a chance to explain problems; cannot express opinions freely
1.4	Respect for patients	25	Disrespectful
1.5	Respect for patients' privacy	70	Never heard of sensitive information being revealed
<b>2.</b>	<b>Management of the health facility</b>	<b>50</b>	
2.1	Cleanliness	70	Center is clean, rooms mopped
2.2	Observing working hours	40	Open on time, but come late, long lunch
<b>3.</b>	<b>Quality of services provided</b>	<b>35</b>	
3.1	Adequate supply of drugs	25	Drugs mostly not available
3.2	Adequate equipment	20	No admission wards, other rooms not functional, no dental, surgery services...
3.3	Adequate and qualified staff	15	Health workers qualified but not enough in number and they are not dedicated
3.4	Emergency services available 24 hours	10	Serious cases don't get services they deserve, no admission wards for serious cases
3.5	Providing multiple services every day	75	Antenatal services available apart from outpatient services
3.6	Emergency transport service	2	One ambulance for several health centers, so virtually non-existent
3.7	Communication facilities (telephone, wireless)	75	Telephone is available
<b>4.</b>	<b>Equal access to the health services for all members of the community</b>	<b>25</b>	
4.1	No discrimination in providing drugs to the patients	30	Health staff favor friends and relatives
4.3	No preferential treatment	35	Some workers favor friends and relatives
4.4	Maintaining a first come-first serve policy	25	No queues or numbers for attention

**Step-6: Obtaining Community's Suggestions for Reform/Improvement** - The process of seeking user perceptions alone would not be fully productive without asking the community to come up with its own set of suggestions as to how things can be improved based on the performance criteria they came up with. These suggestions should include not only what the GP and VWSC should do, but also what the community can do to make things better.

<sup>15</sup> Based on Shah, Meera K.: *Using Community Scorecards for Improving Transparency and Accountability in the Delivery of Public Health Services – Evidence from the Local Initiatives for Health (LIFH) Project*, CARE-Malawi, April 2003. Note that not all the sub-criteria have been shown in this scorecard.

**Fig. 7.: Summary of Steps for Developing Community Scorecard**



**Note:** There are **5 stages of Focus Group Discussions** involved in developing the community scorecards:

1. To identify criteria
2. To prioritize and finalizing criteria
3. To give scores
4. To give reasons for scores
5. To suggest recommendations for improvement

## 8.2 Hypothetical Examples of Community Scorecards for Different Project Contexts

As for the input tracking matrices, in this section we will present some hypothetical examples of community scorecards for the different contexts that will be covered in the Jalswarajya Project.

Looking back at Fig.5 we find that in our case, we will be **producing a total of four (or five – in case two GP services/projects are considered) community scorecards**. These are:

- (i) WSS/VWSC performance community scorecard
- (ii) Jalswarajya Project performance scorecard
- (iii) GP service/infrastructure project performance scorecard, and the
- (iv) GP governance scorecard

Below we give hypothetical examples of what the community scorecards for each of these contexts might look like for one particular focus group after a pilot run of the CSC process. Only a few core criteria have been illustrated here, for more complete Community Scorecards, see **Annex 3**.

**Table-7 (a) : Hypothetical Example of WSS/VWSC Community Scorecard**

<b>Focus Group: Women</b>			
	<b>Community Performance Criteria</b>	<b>Score (1-5)</b>	<b>Reasons/Remarks</b>
<b>1.</b>	<b>Availability and Cost</b>	<b>2</b>	Because of distances, many households left out
1.1	Water distribution network	3	Enough water resources around the village
1.2	Easy access to public protected water (within 100 meters)	1	Have to walk for at least 20 min to get to the nearest source
<b>2.</b>	<b>Reliability</b>	<b>3</b>	On the whole ok
2.1	Breakdown of Public taps/hand-pumps within 3 months	3	Problem with taps is not so much breakdowns but part-time provision
2.2	Repairs done within 2 days	4	Generally quick repairs
2.3	Maintenance by VWSC	4	Good maintenance; periodic checks
<b>4.</b>	<b>Participation and Functioning of VWSC</b>	<b>3</b>	Good, but sometimes don't listen to all members
4.1	Voice to women poor and other vulnerable groups	4	Not many women speak up
4.2	Leadership/Expertise in solving water and sanitation problems	3	Still learning, but better than last year
4.3	Frequency of meetings to discuss water and sanitation related problems	3	Usually meet every month, but no meeting last month, maybe be better to meet twice a month

There will be similar scorecards for the other focus groups.

**Table-7 (b): Corresponding Hypothetical Recommendations**

<b>RECOMMENDATIONS</b>
<ul style="list-style-type: none"> <li>• We should have more water taps on other side of village</li> <li>• Explore options for easy provision of water</li> <li>• We should have someone who checks that women and vulnerable groups are participating in decision making, and that all agenda issues are covered</li> <li>• We should have more frequent meetings</li> <li>• Maybe we should go and check what other villages are doing to solve their water issues</li> </ul>

**Table-8 (a) : Hypothetical Example of Jalswarajya Project Community Scorecard**

<b>Focus Group: Men</b>			
	<b>Community Performance Criteria</b>	<b>Score (1-5)</b>	<b>Reasons/Remarks</b>
<b>1.</b>	<b>Effective Functioning and Use of Services</b>	<b>2</b>	Only just started
1.1	Functioning System	2	Started very recently, so not much in place
1.2	Effective Financing	3	Large quantity of finance has been offered
1.3	Effective Management	3	No problems so far; too early
<b>2.</b>	<b>Demand Responsiveness of Service</b>	<b>4</b>	Only one request for training – was met
2.1	Is demand of users being met	4	Yes, maintenance training request was met
2.2	Quality of training and technical support	3	Training was good but very general
2.3	Cost effectiveness	3	Good, but very long – no manual
<b>3</b>	<b>Participation in O &amp; M</b>	<b>1</b>	Project team has not visited to supervise
3.1	Economic participation	1	No participation
3.2	Management participation	1	No participation – need for technical assistance

**Table-8 (b) : Corresponding Hypothetical Recommendations**

<b>RECOMMENDATIONS</b>	
<ul style="list-style-type: none"> <li>• Tailor the trainings as per the needs of the users</li> <li>• Have more regular field visits</li> <li>• During field visits attempt should be made to connect with the communities. One way to do this is to plan field visits around Gram Sabha meetings</li> <li>• Assess the need for technical assistance</li> <li>• Appoint suitable support organizations to provide the same</li> <li>• Have to ensure participation in decision making and management</li> </ul>	

**Table-9 (a) : Hypothetical Example of GP Service/Infrastructure Community Scorecard  
Service: Construction of Village Road and Gutter**

<b>Focus Group: SC/ST</b>			
	<b>Community Performance Criteria</b>	<b>Score (1-5)</b>	<b>Reasons/Remarks</b>
<b>1.</b>	<b>Quality of Road and Gutter</b>	<b>3</b>	Originally it was good, but deteriorated quickly
1.1	Absence of Cracks and holes	2	Several cracks and big holes have

			developed; get flooded in rains
1.2	No Flooding of Gutter	2	Frequent flooding and overflow onto road
<b>2.</b>	<b>Access and Use</b>	<b>3</b>	Lot of use, location ok
2.1	Lack of Congestion	2	Gets quite congested during daytime
2.2	Link to highway	3	Linked to main highway
<b>3</b>	<b>Transparency and Efficiency of Construction</b>	<b>2</b>	Did not tell us how contract was given; contractor was friend of GP member
3.1	Size and Width	2	Road and gutter should be wider; would be less congestion and flooding
3.2	Transparent contract procedure	1	Favoritism
3.3	Timeliness of construction	3	Road built according to plan

**Table-9 (b): Corresponding Hypothetical Recommendations**

<b>RECOMMENDATIONS</b>	
<ul style="list-style-type: none"> <li>• Potholes and cracks should be repaired</li> <li>• Gutter should be emptied periodically – before it overflows</li> <li>• Expand width of road</li> <li>• Check compliance with quality standards as mentioned in the contract</li> <li>• Procurement Committee should give us details of materials used and we should check these periodically responsible</li> <li>• Public display of all procurement information</li> <li>• Discourage favouritism by enforcing a fair bidding procedure for all contract – perhaps appoint a member of the SAC in the selection committee</li> <li>• Make provision for better technical assistance in future</li> </ul>	

**Table-10 (a): Hypothetical Example of GP Governance Community Scorecard**

<b>Focus Group: Male Elders</b>			
	<b>Community Performance Criteria</b>	<b>Score (1-5)</b>	<b>Reasons/Remarks</b>
1.	Efficiency and Effectiveness	3	Have done several projects
2.	Self-reliance and Viability	2	Dependent on government support
3.	Transparency	3	Share Project Details in meetings
4.	Conflict Resolution/Grievance Redressal System	3	No system as such

**Table-10 (b) : Corresponding Hypothetical Recommendations**

<b>RECOMMENDATIONS</b>	
<ul style="list-style-type: none"> <li>• Explore ways of raising own resources – seek technical advice</li> <li>• Cross learning: Exposure visits to villages where GPs are more self-reliant</li> <li>• We should set up a grievance redress system</li> </ul>	

### 8.3 Special Instructions for Facilitators<sup>16</sup>

- ▶ The **opening of the discussion is critical** since it usually sets the tone of the entire process that follows. Explanation of objectives is key – often the community or the GP will think that the project team is there to give money, and so they will only raise demands in the hope that you will fund them. Therefore the *opening line should not be ‘what are your problems’*, but should focus more on monitoring performance.
- ▶ Likewise, facilitators need to bear in mind the **sequencing of the discussion** to avoid repetition and respondent fatigue. Often groups will move straight into a discussion of reasons for a particular criteria before scoring – here the facilitator will have to either ask the person to hold their thought, or else bring that point up automatically in the discussion of reasons and not have the community member repeat themselves.
- ▶ Also, it is important to **move the pace of the discussion swiftly**. While sufficient time should be given for discussion, the movement from issues raised to actual criteria lies in the hands of the facilitator and this should be done relatively quickly to avoid repetition later.
- ▶ Scoring should be done **one criterion/benchmark at a time**. Participants should vote on one criterion and never be asked to vote on all the criteria at once. This again is an issue of sequencing – the ideal is to start by putting all criteria up first, then score and give reasons one by one for each criterion.
- ▶ As mentioned before, it is best to work through the scoring procedure with a **practice run on a “dummy criterion”** to ensure that the focus group participants understand and are comfortable with the procedure. Examples of practice/dummy criteria are: “The quality of the road outside the village”; “The weather today”; “The performance of the Indian cricket team”, etc.
- ▶ Facilitators should guide and help participants in scoring, but should **avoid influencing the scoring or criteria development process** by suggesting criteria and scores or asking the group to change their ratings. The community generated criteria are meant to be just that. In order to capture scores on criteria the project team is interested in, one should use the standardized criteria.
- ▶ One should **avoid the discussion from getting too negative**, that is a situation where only problems and criticisms are being raised and all scores seem to be ‘unduly’ low<sup>17</sup>. In this situation the best strategy is to *ask for positive counter examples*.
- ▶ Since the scoring technique is essentially subjective and highly influenced by expectations which will differ across different villages, a it is **useful to ask a benchmarking question** to the group right at the outset. An example of such a benchmark question would be ‘what would you say is ‘reasonably good’?’ or ‘what characteristics should the service have for you to give a 4 or 5 score?’ During comparisons across focus groups and across villages, this benchmark question could be cited.

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<sup>16</sup> Apart from the instructions above, Annex-5 also summarizes a general presentation on facilitation that can be used by the project team during training and as a quick reference guide.

<sup>17</sup> Of course this may genuinely reflect the state of affairs, but sometimes groups can get into a negative mode in which all scores get biased downwards.

- ▶ Throughout the scoring and reason/explanation phase, facilitators should **always ask for *personal examples/experiences***. This will keep out ‘opinions’ on service, and ensure that the scores and reasons reflect actual *user* feedback and perceptions. These reasons and anecdotes are summarized in the ‘reasons’ column of the scorecard and recorded in more detail in the team’s notes.
- ▶ It is also critical throughout the discussions to **ensure maximum participation** of the group members. This can be done by asking direct questions to those who are not speaking, or cross-checking the opinions of the more vociferous speakers with the more quiet ones. Special care needs to be taken to ensure that women and vulnerable groups speak if there is a mixed group.
- ▶ Finally, it is very important to **end the discussion with suggestions for improvement**. The guiding questions to use include:
  - What can be done now to improve the service?
  - What support is needed from the community to improve?
  - What needs to be done for the community to be able to do that?
  - What support is needed outside the community and within?
  - How and when will support be obtained?
  - What can community members do themselves to improve the service?

#### 8.4 Special Instructions for Note Takers

- ▶ As the group discussions move at a fast pace and a lot of what the community says is in the form of issues or personal stories, it is up to the note taker **to be attentive and quick to recognize and note down performance criteria**.
- ▶ The note takers are also chart writers, so they also have the **responsibility for putting up scorecards on charts, blackboards, or on the ground so that they are *visible***. This means that they have to move quickly between their own notes and the charts, and must decide when they should move from one to the other. In this context it is **useful to have pre-prepared matrices and scorecard templates** on the charts, which only have to be filled in.
- ▶ Some of the most valuable data generated during the CSC process is in the form of personal anecdotes and stories. Therefore it is critical that the note taker **write down these anecdotes and examples in full**. They will most likely become mini-cases used during the interface meetings and when scaling up the CSC process.
- ▶ Even if the personal notes are done in English, **all charts should use local language** so that they are understandable by the community. In the case of high illiteracy areas, one should also use some kind of symbols in the charts for the different criteria and scores.
- ▶ Towards the end of the group discussion, the note taker should **count and record the final number of participants in the group** along with the overall notes. This will keep a record of the extent of participation during the process.

**Issue to Consider: 'Biasing of Scores due to Incentives or Fear of Retribution'**

This is a genuine risk in the community scoring process – community members may be reluctant to be honest and give poor scores for the GP and VWSC for fear of later retribution. At the opposite end, the knowledge that the CSC process will feed into the GP incentive fund may induce overly positive responses in order to obtain grant resources for the village. This factor should be kept in mind by the project team all the time. The only way to tackle it is to (a) be clear in explaining the objectives of the exercise – highlight that it is not about finger pointing, (b) not mention the incentive fund in the first round of piloting – that will get the community used to the process first, (c) try and solicit personal examples, objective explanations, and where possible concrete evidence to back scores, and (d) ensure that there is regular follow-up to see that there was no backlash from the GP.



**Frequently Asked Questions:**

**1. What if there is great divergence and disagreement on scores within a group?**

**Ans.** This is a situation that usually arises when the group is not homogenous (e.g. a mix between users and non-users). One should dig deeper into the reasons behind the different scores and encourage a debate that leads to some common consensus. If that is not possible, then there are two options – (a) if there is a large number that is dissenting with the majority, and have valid reasons and evidence for this, then *split the focus group*, or (b) if it is a few who have different views then keep the group intact, but *note both scores down* and the separate reasons for them. *Do not average the scores* (e.g. put 3 as the group score when half the group says 4 and the other 2) as this average would have little meaning and would hide the reality of the situation.

**2. Do scores have to be reconciled across focus groups?**

**Ans.** No. The objective of dividing into different focus groups is to bring out the differences of perception and feedback that they may have. If however, there are two similar groups (e.g. two women's groups) that were created because of large numbers then one can do some consolidation.

**3. Can/Does one aggregate the scores?**

**Ans.** As above, if the focus groups are different then one cannot aggregate the scores across them (e.g. average the scores of men and women). But if they are similar groups (this will be the case when there are more than one village in a GP, so that there will be two or three sets of similar groups) then it is possible to aggregate them. (See discussion on 'cluster meetings' below).

**4. Should reasons be written only in notes or also on the visible charts?**

**Ans.** While the more detailed notes on explanations and anecdotes should be in the project team's notes, a summary should be put up on the charts. This will be used in the interface meeting discussion.

**5. Are we 'scoring' or 'ranking'?**

**Ans.** We are scoring – that is the idea is not to rank performance criteria, but to individually rate them. The only ranking that is done is during the prioritizing of criteria to narrow them down to an acceptable number.

**6. What if all the scores are looking the same?**

**Ans.** This may well be an honest reflection of the service, but is often the result of either lateral influence, or of the group dynamic moving into a negative or positive mode. As suggested earlier, in this situation the best thing to do is to ask for counter-examples and counter-scores to initiate some kind of debate and discussion.



### **Questions to Consider during Community Scoring:**

- Do the focus groups have sufficient number of users? Are women being represented?
- Are the performance criteria positive?
- Was there sufficient participation of community members within groups in discussions about what performance criteria to use? Were some members dominating the discussion while others were quiet?
- Was sufficient time given for group discussion? Did facilitators avoid biasing views?
- Are the scores representative or do they reflect personal biases of a few?
- Are the high and low ranks backed by some sort of material/anecdotal evidence?
- Does the community have a clear idea of what improvements need to be made in the light of their scores?

## CHAPTER 9. DEVELOPING THE PROVIDER SELF-EVALUATION SCORECARD

The provider self-evaluation is the component of the community performance monitoring process that tries to draw out the perspective on performance from the supply-side. In our case this will be done by the VWSC for WSS services, and the GP for its 1-2 key services and for its own governance.

The methodology is almost identical to the generation of the community scorecard described in the previous chapter and involves facilitated brainstorming on criteria for self-evaluation and scoring done in small groups of the providers. The main steps are given below.

### **Issue to Consider: ‘ Self-evaluation of Service or of Service Providers’**

One clarification that is often asked about during the self-evaluation is whether providers like the GP and VWSC are evaluating the service as a whole, or just their own performance. In fact, the same issue can come up with the community as well - for instance should they be assessing WSS services (access, availability, quality) or the performance of the provider, viz., the VWSC (for which criteria would be different – like responsiveness, efficiency to deal with complaints, resource mobilization, etc...).

The answer quite simply is *both*! That is part of the evaluation is of the service, and part of the service provider. In the case of the self-evaluation therefore, the first focus should be on evaluating own performance (issues such as management quality, resource mobilization, etc.) and then also on the general performance of the service in question. Only in the case of the GP governance self-evaluation will the focus be only on self performance by the GP, for all the service contexts the self-evaluation will be a mix of both elements.

### 9.1 Steps and Tasks Involved

Step-1: Orient GP and VWSC – As with the community, the first step in developing the self evaluation scorecard for providers is to orient them properly about the purpose and use of the CSC process. This will probably have been done during the preparatory phase, but will have to be repeated when actually starting the scorecard process with the GP and VWSC. One needs to explain to the GP’s in particular that they are to comment on both the main service(s) they provide as well as their overall governance.

Step-2: Ensure adequate Participation – Since the GP members and VWSC may come from different villages and will normally be busy with their duties it is important to set out a time in advance for completing the exercise, so that an adequate number of members (ideally all of them) participate.

Step-3: Divide into focus ‘groups’ – Although there will not be many GP and VWSC members it is usually still advisable to split them into focus groups, and in fact *keep the GP head in a separate one person ‘group’* because their presence could restrict the other members from speaking openly. Again the divisions could be based on gender, social status, village, etc..

Step-4: Deciding on Performance Criteria - As with the community, the GP and VWSC members need to go through a brainstorming session to come up with their own set of performance criteria. Ideally, these should then be classified in a manner that is easily comparable with the indicators chosen by the community. Also, the *standard criteria used with community are repeated with the GP and VWSC*.

Step-5: Provider Ranking - The GP and VWSC members then need to fill in their relative scores for each of the indicators they came up with. *The scale used should be the same as with the community*.

**Step-6: Reflection and Explanation of High/Low Scores** - The GP and VWSC members also need to be asked to reflect on why they gave the scores they did, and to provide evidence and explanations from personal experience. One can even for the record ask them what they personally consider would be the most important grievances from the community’s perspective, and then compare and see the extent to which the deficiencies are common knowledge<sup>18</sup>.

**Step-7: Recording Data** – The data from the self-evaluation is also recorded in the form of a score card, which looks exactly like the community scorecard.

**Table-11: Example of an Actual Self-Evaluation Scorecard by Health Center Staff (also from CARE Malawi’s LIFH Project)**

	<b>Performance Criteria</b>	<b>Score (1-100)</b>	<b>Reasons/Comments</b>
<b>1.</b>	<b>Positive Attitude of Staff</b>	<b>60</b>	
1.1	Observing working hours	40	Field workers punctual, but nurses and clinicians are not; extended lunches
1.2	Polite behavior	60	Some are rude
<b>2.</b>	<b>Management of the Health Centre</b>	<b>60</b>	
2.1	Cleanliness	60	Surroundings quite clean
2.2	Availability of rules to guide operations	60	Some rules and guidelines in place
<b>3.</b>	<b>Quality of Health Centre Services Offered</b>	<b>70</b>	
3.1	Adequate drugs available	60	Some stock outs experienced
3.2	Adequate number of staff	50	Not enough
3.3	Qualified staff	75	Skills are good
3.4	Proper treatment of patients	70	Patients assisted according to need
3.5	Number of people using facility	60	Not all community members use center
3.6	Availability of food for patients	30	Frequent stock outs, long delay in replenishment
<b>4.</b>	<b>Relations with the patients</b>	<b>40</b>	
4.1	Reception of patients	60	Few staff are not very friendly
4.2	Positive relationship between staff and patients	30	Communities don’t see aim of some services; demand too much; high expectations
<b>5.</b>	<b>Infrastructure and equipment</b>	<b>50</b>	
5.1	Availability of good and safe water	100	There is a bore hole and tap water
5.2	Availability of transport	20	One ambulance for several health centers
5.3	Adequate number of staff houses	60	Not enough
5.4	Adequate toilets, kitchen, and shelter	40	Available but not in use
5.5	Availability of beds and beddings	0	No bedding supplies
5.6	Communication facilities	80	Telephone available

The categories above can easily be compared with those in the community score card for health services that was shown in table-5.<sup>19</sup>

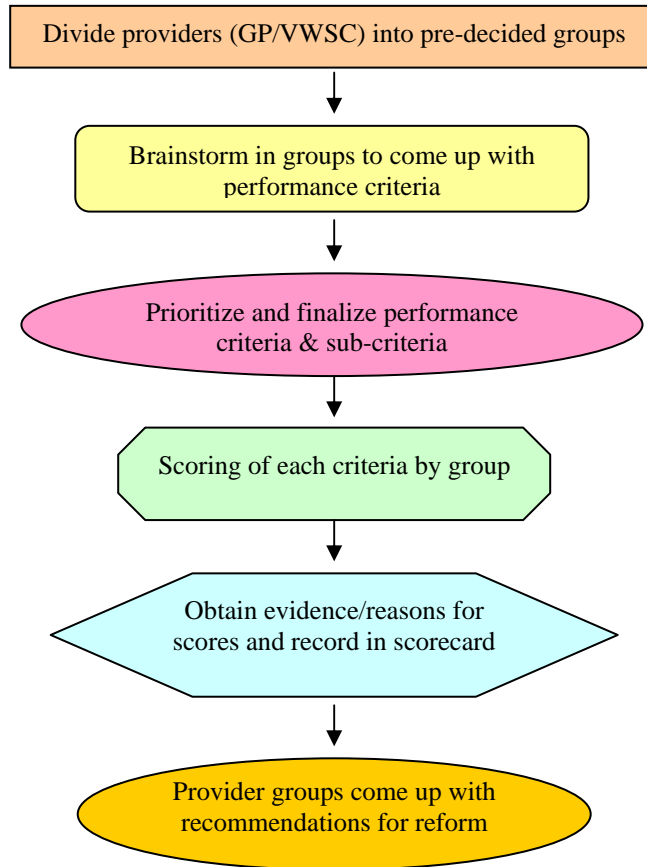
**Step-7: Suggestions for Reform/Improvement** – Like one did with the community, the GP and VWSC members are then asked about what reforms or suggestions they have for improving the quality and

<sup>18</sup> If the GP and VWSC are pretty much aware of the complaints the community have of them, it is an indication that the problem is not information gaps, but bad incentives.

<sup>19</sup> Note again that not all the sub-criteria that were actually generated in Malawi have been shown here.

efficiency of the services they provide. These, too can be compared with the suggestions of the community to see to what extent the demands for reform are common.

**Fig. 9: Summary of Steps for Developing Provider Self-Evaluation Scorecard**



**Note:** Instructions for facilitators and note-takers are pretty much the same as with the community scorecard. The only thing to remember is that the need for monitoring and feedback has to be sold more carefully to the GP and VWSC since they will usually be more reluctant to accept the exercise. They must be told that the focus is on improving services and joint planning and not on singling out and castigating certain people. Also the providers should be reminded to think beyond 'inputs' like infrastructure (which they do more than the community), and focus instead on performance criteria.

## 9.2 Hypothetical Examples of Self-Evaluation Scorecards for Different Project Contexts

As before, in this section we will present some hypothetical examples of self-evaluation scorecards for the different contexts that will be covered in the Jalswarajya Project.

Just as there were four (or five) community performance scorecards, there will be a corresponding *three or four self evaluation scorecards generated in our pilots – corresponding to each of the*

**community scorecard contexts, except the Jalswarajya Project for which only a performance scorecard will be done.** These self-evaluation scorecards are:

- (i) VWSC self evaluation scorecard
- (ii) GP service/infrastructure self evaluation scorecard, and the
- (iii) GP governance self evaluation scorecard

Below we give hypothetical examples of what the self-evaluation scorecards for each of these contexts might look like after a pilot run of the CSC process. Only a few core criteria are illustrated below, for a more complete Self-evaluation Scorecard, see **Annex 4**.

**Table-12 (a) : Hypothetical Example of VWSC Self Evaluation Scorecard**

<b>Focus Group: Full VWSC</b>			
	<b>Provider Performance Criteria</b>	<b>Score (1-5)</b>	<b>Reasons/Remarks</b>
<b>1.</b>	<b>Participation in Planning</b>	<b>4</b>	All plans done with full community participation
1.1	Voice to women, poor and other vulnerable groups	4	Hear concerns of vulnerable groups; have high membership from them
1.2	Less politics/favoritism	5	No favoritism
1.3	Inclusion of all sections of the society	4	Efforts to mobilize community; no exclusion
<b>2.</b>	<b>Management and Maintenance</b>	<b>3</b>	Efficient, but sometimes not everyone is present to take decisions
2.1	Financial management and accounting	2	Some problems, as no one has experience
2.2	Preventive Maintenance and Repair	3	Have put up basic maintenance instructions; spot checks
<b>3.</b>	<b>Quality and Availability of WSS Services</b>	<b>4</b>	Adequate water available; medium quality
3.1	Quality of Construction and design	3	According to standards
3.2	Availability of water & sanitation facilities	3	Most households have access

**Table-12 (b) : Corresponding Hypothetical Recommendations**

<b>RECOMMENDATIONS</b>
<ul style="list-style-type: none"> <li>• Arrange for training of staff members for training</li> <li>• In the interim, hire technical assistance</li> <li>• Identify quality issues such as maintenance of cleanliness at the source, rusty pipes, excessive/lack of chlorination etc.</li> <li>• Train O &amp; M committee members to take corrective action or hire external technical assistance for the same</li> </ul>

Notice that the standard criteria that would be used in the provider self evaluation should be the same as with the community focus groups. This is in order to facilitate comparison and dialogue on these common themes. For an example see Annex-2 and Annex-3.

**Table-13(a): Hypothetical Example of GP Service/Infrastructure Self Evaluation Scorecard  
Service: Construction of Village Road and Gutter**

<b>Focus Group: Male GP Members (without Sarpanch)</b>			
	<b>Provider Performance Criteria</b>	<b>Score (1-5)</b>	<b>Reasons/Remarks</b>
<b>1.</b>	<b>Quality of Construction</b>	<b>3</b>	According to standards, good materials used; some wear & tear
1.1	Adherence to standards	4	All standards met
1.2	Technical supervision	3	Hired professional engineer to supervise
<b>2.</b>	<b>Use of Road</b>	<b>5</b>	Very high usage; has benefited community
<b>3.</b>	<b>Financial Management and Costs</b>	<b>3</b>	Good even though first time
3.1	Low Cost	3	Very reasonable
3.2	Contributions raised	4	More than half of community contributed

**Table-13 (b) : Corresponding Hypothetical Recommendations**

<b>RECOMMENDATIONS</b>	
<ul style="list-style-type: none"> <li>• Hire professional engineer</li> <li>• Get additional resources for road repairs</li> <li>• Expand road</li> </ul>	

**Table-14 (a) : Hypothetical Example of GP Governance Self Evaluation Scorecard**

<b>Focus 'Group': GP Sarpanch</b>			
	<b>Provider Performance Criteria</b>	<b>Score (1-5)</b>	<b>Reasons/Remarks</b>
1.	Participation and inclusion	4	Ensure full participation of community, no one is excluded
2.	Transparency	3	Decisions are made publicly
3.	Free and fair elections	4	All elections are free and fair
4.	Quality and fairness in decisions	5	Always seek majority consensus
5.	Dispute Resolution	4	Disputes settled amicably
6.	Effectiveness and Voice of Mahila Gram Sabha	3	Active but needs more capacity building
7.	Entrepreneurship and Innovation	3	Setting up new internet kiosk; vocational training for youth

**Table – 14 (b) : Corresponding Hypothetical Recommendations**

<b>RECOMMENDATIONS</b>	
<ul style="list-style-type: none"> <li>• Arrange for capacity building of members</li> <li>• Incorporate procedures such as compulsory certification of completion of all projects by the Mahila Gram Sabha etc.</li> </ul>	

- Undertake more vocational training for youth

It is important to reiterate at this stage that these examples are only indicative – they should not bias the process in the communities or the kinds of scorecards that are eventually generated. It might well be that the real scorecards look quite different. Our goal here is just to provide a glimpse of what may result from the community interactions.

## CHAPTER 10. THE INTERFACE MEETING

The interface meeting is perhaps the most critical stage in the CSC process, since it holds the key to ensuring that the feedback of the community is taken into account and that concrete measures are taken to remove the shortcomings of service delivery. Therefore, it is usually preceded by some degree of planning and preparation. The meeting itself is a facilitated plenary discussion of the outcomes of the scorecards, followed by joint action planning on reforms for improvement.

### 10.1 Steps and Tasks Involved

Step-1: Prepare Both Parties for Meeting - Both the community and providers need to be prepared for the interface meeting. They should therefore be sensitized about the feelings and constraints of the other side. This ensures that the dialogue does not become adversarial, and that a relationship of mutual understanding is built between client and provider. The sensitization can be done by explaining the motivation for the interface and *sharing the results* of the different scorecards.

Step-2: Community Cluster Meetings for GPs with More Than One Village - In those GPs and VWSCs that cater to more than one village it is important to go through a *cluster meeting* in which the representatives of each of the member villages come together to share the results of the community scorecards from their village. These scorecards are compared, and for are *aggregated across similar focus groups* (that is men to men, women to women, and so on). The aggregation methodology is simply to brainstorm on what main performance criteria should be retained across a particular focus group category (like women) across the villages, and then simply report all the scores and reasons for each of these narrowed down criteria.

The purpose of this cluster meeting is to aggregate the feedback of the community, so that there are not too many different views being expressed during the interface meeting.

Step-3: Ensure Adequate Participation from Both Sides - This will require mobilization at the community level, and arrangements so that GP and VWSC members are able to get away from their duties and attend the meeting. One can further involve other parties, like local political leaders, and senior government officials in the interface meeting to act as mediators, and to give it greater legitimacy and backing.

Step-4: Present Scorecards in Plenary Gathering – Once both parties are in one plenary gathering and the interface meeting begins, put up all different scorecards (input-tracking, community and self-evaluation) for all of the services and for GP Governance, so that they are clearly visible to all.

Step-5: Summarize Scorecard Results – The next step is to summarize fairly quickly the results of all the different scorecards, taking one service/context at a time. Ideally, this presentation should be done not by the facilitating team but by one of the members of each of the focus groups that generated the scorecard. This helps to give a sense of ownership to the groups for the scorecards, and also can be an empowering moment for the members of vulnerable groups.

Step-6: Analysis of Results in Plenary Discussion – One or two of the facilitators from the scoring process should now take the lead during the interface meeting, and engage the community and providers in a short analysis of the scorecard results. The focus should be on *highlighting common criteria and similar scores*. From these, the main problem areas, as well as those on which there is a positive consensus amongst both parties will be identified, and this will lead on to the discussion of how to make things better.

**Step-7: Brainstorming to Come Up with Concrete Reforms** – Using the previous analysis, as well as the set of recommendations that were developed during the scorecard generation, the plenary should now be asked to think more concretely on which key reforms are needed and can be realistically achieved. Focusing on what can be done immediately is important since the evidence of some positive change will give immediate credibility to the entire process from both the community’s and provider’s perspectives, and make it easy to undertake such exercises in the future. Senior government officials and/or politicians present can also endorse the reforms.

**Step-8: Develop an Action Planning Matrix** – Based on the reforms arrived at above, the facilitators need to help the community and GP & VWSC to jointly come up with an *action planning matrix*. This specifies what actions will be undertaken under each of the agreed upon reforms, who will do them, when, and finally, who will monitor the progress.

**Table-15: Sample of Actual Action Planning Matrix Developed During Interface Meeting at a Health Dispensary in Tanzania**

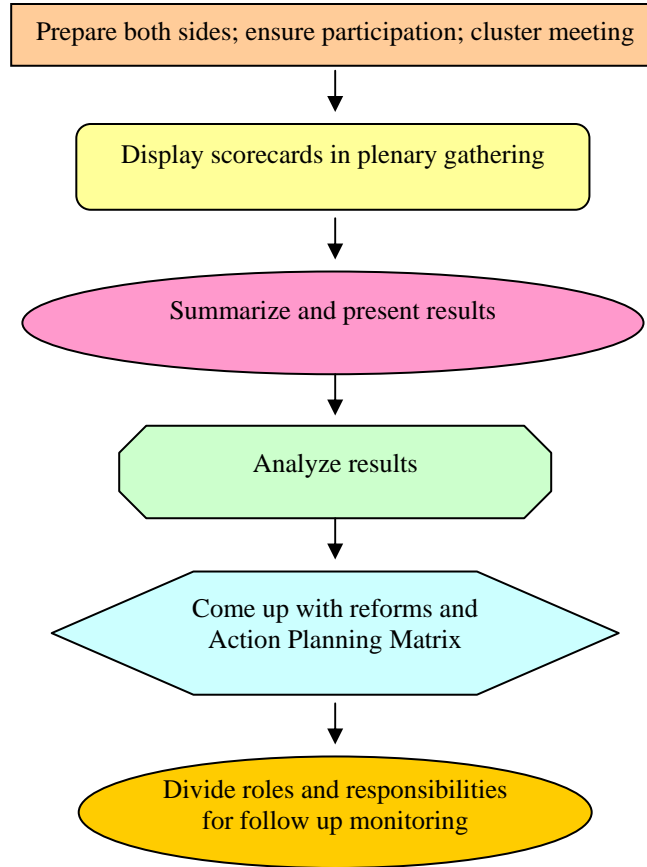
No.	Problem Area	What will we Do? (STEPS TO BE TAKEN)	Who will do it? (RESPONSIBLE PERSON/GROUP)	When will they do it? (TIMING)	SUPERVISOR
1	Availability of drugs	Upgrade dispensary to a health center	Village Chairperson	In next few months	Ward Councilor
2	Cost sharing	Need for explanation of official rules	Medical Officer	Next week	Village Chairperson
3	Tools and Equipment	Upgrade dispensary to a health center	Village Chairperson	In next few months	Ward Councilor
4	Water services	Rainwater Harvesting Tank (short term) and Construction of Wells (long term)	Village Chairperson	In next few months	Ward Councilor
5	Community Health Fund	Clarification of rules	Health/Medical Officer	Next week	Village Chairperson
6	Participation	Village meetings should be done frequently	Village Chairperson	Annual meetings starting 15th Dec	Ward Councilor

A hypothetical example of what an action planning matrix might look like in the context of the WSS Services is shown below:

**Step-9: Divide Roles and Responsibilities for Follow-up and Monitoring** – Finally, before leaving, the community and providers need to agree upon follow-up actions that will be undertaken to ensure that the action plans developed are put into practice. This could take the form of repeat meetings, visits by external parties, some kind of report, etc. It is also advisable for the project team to appoint someone as the overall monitor for the action plan on behalf of the community, who will report directly to the

project staff in case of any problems. A second person should be given charge of supervising follow up actions that require external support or partnership such as with the ZP. This task would most likely be taken up by the Chairman of the Monitoring Committee set up by the Jalswarajya Project.

**Fig. 10: Summary of Steps for Running Interface Meeting**



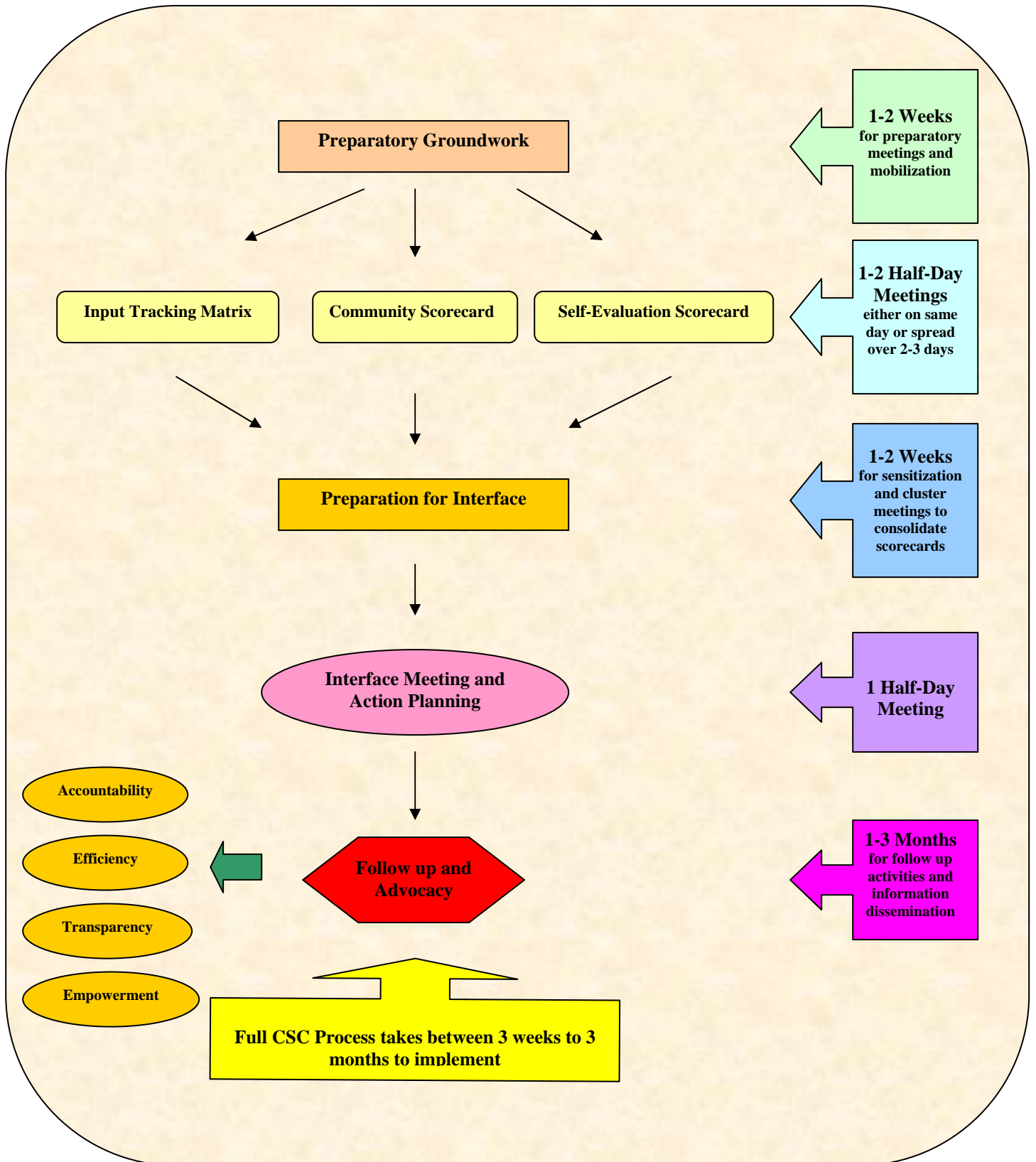
## 10.2 Special Instructions for Facilitators and Note Takers during Interface Meeting

- ▶ The facilitators role during the interface meeting is quite key, because they are the **neutral intermediary** that will ensure that a productive dialogue ensues between the community and the GP and VWSC.
- ▶ Usually it is advisable to have **two facilitators during the interface** - one was previously with a community group, and another who has been with a provider group. There are two reasons for this – (i) firstly, it is simply tiring and unwieldy for only one facilitator to manage such a large gathering, but (ii) secondly, because facilitators who have only interacted with either a provider group or a community group will perhaps be biased in their facilitation since they have much better understanding of the position of one of the parties.
- ▶ Facilitators must **be careful in case of volatile situations**, which may arise if there is overall dissatisfaction against the GP or VWSC or when there is evidence of corruption and leakage in the

input tracking. In these situations it is important to *remain neutral* and *try to move discussion into the more positive tone of what can be done to make things better rather than on accusations*.

- ▶ Often in the case of interface meetings there is **need for being innovative** about ways to get the community and the providers to move beyond their differences and agree on a reform agenda and action plan.
- ▶ Note takers need to **continue to take notes during interface meeting** and one of the group should volunteer to put up the action planning matrix.
- ▶ Finally, it is important that the facilitating team **ensures everyone leaves in good spirits** and there is no fear of backlash and retribution.

**Fig.12: Summary of Entire CSC Process and the Time Involved for Implementing Different Stages**



## **PART-3: FOLLOW-UP, DATA MANAGEMENT AND LOGISTICS**

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The final part of this manual will outline the follow up actions and steps that need to be undertaken after the CSC process is completed in a particular set of villages. In a sense, these follow up steps form as much a part of the overall CSC process as the components described above, since they ensure that the process is sustained and institutionalized.

We also briefly consider both issues of data management and logistics, which are important given the large scale application of the CSC process that is anticipated in the Jalswarajya project.

The Manual ends with some annexes, including a list of further references on the CSC process and its applications, as well as on other social accountability tools.

## CHAPTER 11. FOLLOW-UP AND INSTITUTIONALIZATION

The CSC process we have described above is only one part of the overall initiative of community empowerment and accountability. Indeed, one can quite rightly argue that what we have described in Part-2 of the manual is only the part of the CSC process that is done at the community gathering, the next stage in the process is what happens *after* the interface meeting. And more often than not this turns out to be more important than what happened in the gathering and the interface, because it is then that the action plans developed by the providers and community get put into practice.

Even within the follow-up category, there are those actions that need to be taken in the short run, and then those that are needed more in the long run to institutionalize the CSC process into the governance at the GP level. In this chapter we will give some suggestions for both the short term steps needed, as well as some ideas about how to institutionalize the CSC process. A lot of the follow-up actions will, however, need to be developed at the local level based on the immediate context, and several will emerge organically out of the initiative of both the community and the GPs/VWSCs.

### 11.1 Basic Follow-Up Steps

- 1) Monitoring Visits and Spot Checks – At a bare minimum, the project team needs to set up a timetable for undertaking monitoring and spot checks to the villages and GPs to see the progress done on the action plans. These should ideally be every month or 3 weeks, or based according to the timeline that was suggested in the action plans. The formal monitoring visits should be pre-announced to the community and GP/VWSC to put some pressure on them to move ahead with the implementation of their plans.
- 2) Obtain Updates from M&E Officers at Village Level – As mentioned in the last step of the interface meeting, in order to ensure the sustainability of monitoring and reforms, the project team should identify the contact person in each of the villages who will be the monitoring in-charge overseeing the progress on action plans. This should most often be the *Chairman of the Monitoring Committee* appointed under the Project. They should be responsible for ensuring that the progress and monitoring reports sent to the project team include the progress on the CSC action plans.
- 3) Publicize Results of CSC Process in Local Media – In order to raise awareness, increase participation and also put some performance pressure on the providers, the results of the CSC process across villages should be publicized using local media forms such as community radio, posters, pamphlets, advertisements, public interest films, etc...Comparative statistics across GPs can also be made public to foster health competition amongst them using the results of the data analysis that is suggested in the next chapter.
- 4) Conduct ZP CSC Process and Interface Meetings – Using a summary of key issues raised during the CSC process across a set of GPs within a particular district, the higher level CSC process and interface meetings can be set up between the Panchayat Samiti and the Zilla Parishad. Here GP, community, media, and civil society representatives will be the ‘community’. The aim here would be to give feedback on ZP performance and also share those issues and recommendations from the local CSC processes that fell beyond the influence of the GP/VWSCs, and had to do more with the higher level administration. A similar process of action planning as in the CSC process should be facilitated at this level.
- 5) Training of Community Members on CSC Methodology – In order to scale up and sustain the CSC process at the local level it is important for the project team to train certain community

volunteers on the CSC process methodology so that they can run it independently in the villages after the project team has left. This has in fact been the main approach towards scaling up the CSC process that has been successfully applied in other countries. The training can actually start as early as the pilot implementation where the project team should let one or two focus groups be facilitated jointly by community members so that they get first hand practice of the process.

6) Plan schedule for Repeat Intervention – Finally, the project team must also design the schedule for the repeat CSC process intervention. This should ideally happen about 6-8 months after the first round, so that there is sufficient time for some progress to have been made, and yet not be too far removed for the community and GPs to forget about the process.

## 11.2 Institutionalization Measures

While the above follow-up actions will ensure sustainability and momentum in the short term, so more concrete steps will be needed to institutionalize the CSC process, and more generally the process of community feedback and social accountability, and scale it to the state level. Over here we provide only a set of suggestions of what can be aimed for by the project team.

### Suggestions:

- Link with the GP Incentive Fund – The most direct and obvious institutionalization measure for the CSC process is going to be the link with the GP Incentive Fund, since this will create positive incentives for GPs to undertake the exercise and will foster a spirit of healthy competition and community feedback. CSC results will be used to identify the standardized indicators in the performance rating checklist for the Incentive Fund. Ideally, this practice should be repeated with other such incentive funds or competitions set up by the Government of Maharashtra.
- Creation of Official Public Forums for Community Feedback and Participatory Budgeting – The interface stage of the CSC process can be converted into an official forum between GPs, the VWSC and the community for feedback from the community about their demands. These forums should ideally be held periodically, and should eventually take this feedback to the next stage of the participatory public expenditure management cycle that was shown in Figure –2, viz. to the stage of *Participatory Budgeting*. Using the kind of action planning done in the CSC process, the community and GP can then decide jointly on how the GP and VWSC budget should be spent. This will create greater ownership and transparency over the use of decentralized resources at this local level.
- Performance-Based Resource Allocation from the Maharashtra Government and under the YGSY Scheme – Following the lines of the GP Incentive Fund, an element of performance and community feedback using the CSC process can also be introduced for the resource allocation under the YGSY scheme (which is currently on a first-come-first-serve basis) as well as other programs of the Government of Maharashtra. This will extend the competitive environment created by the GP Incentive Fund and will enhance efficiency, quality and demand responsiveness or accountability. It will also strengthen the process of financial decentralization in Maharashtra.
- Use of CSC results in Policy Formulation – The project team should also endeavor to scale up the results of the CSC process and later GP rating to influence state policies, since a lot of demand side information would have been raised about the needs and concerns of the poor and vulnerable across the state. This will ensure that the State Government's policies are more responsive and pro-poor.

- Extending CSC Process to Other Sectors and Public Services – Using the example from the Jalswarajya project, communities should be encouraged and trained to run the CSC process in other sectors and public services beyond those controlled by the GP. This will help sustain the community monitoring ethic at the local level.

These are only some of the possibilities for institutionalization that can happen after running the CSC. The project team should continue to think up innovative ways to scale up and sustain the process of community monitoring and social accountability throughout the running of the project.

## CHAPTER 12. DATA ANALYSIS AND MANAGEMENT

The CSC process throws up a lot of very valuable qualitative and quantitative data. The personal experiences, anecdotes, and feedback of community's on performance of services are highly useful demand side data that is rarely captured by more standardized survey instruments. The project team must therefore plan for and invest in a data management and analysis system to record all this data, right from the outset.

There are two main applications for the data collected under the CSC process – (a) the Rating System for the GP Incentive Fund, and (b) the M&E and Learning for the Project as a whole. These are discussed below.

### 12.1 Using CSC Data for Designing the GP Incentive Fund Rating System

The immediate application of the CSC data will be in the design of the rating system for the GP Incentive Fund. At this stage, it is expected that the *first round application of the CSC process will provide baseline benchmarks on performance of GPs* on areas of governance and service delivery.

The *actual performance rating system is likely to involve a standardized checklist that combines elements of the CSC process*, because the checklist will bring the objectivity and standardization needed to compare GPs in a fair and transparent manner.

*The performance criteria, sub-criteria, and reasons for scores that are thrown up in the CSC process will be used to develop indicators and weights for developing the instrument for the GP rating system.* Thus, if 80% of communities used 'transparency' as a performance criterion, and felt that performance was low on this, then the rating instrument will have to include a section on transparency with high points accorded to it. Further if the community gave reasons such as 'did not share budgets', 'do not inform us when new resources are available' etc. then 'shared last 2 budgets with community' and 'put up information of new resources on notice board' could be two of the indicators within the transparency category for which points are given.

Therefore, a first level of data management will be to analyze performance criteria and reasons for scores across all the GPs to find the most common ones and use these to design the GP performance rating system.

At a bare minimum this require the project team to *enter the data* into some database software like Excel or Access. Beyond that some simple methods one could use are:

- Start by *post-coding similar sounding criteria*. E.g. 'Adequate water supply', 'Availability of Water' and 'Quantity of Water' are essentially referring to the same thing, and be post-coded to say, just 'Adequate Quantity of Water'
- Then tabulate the criteria and do a tally of which 5-8 are most common, i.e., repeated the most across GPs
- For these, look at the scores and reasons for scores, and repeat the frequency count to see what the most common score (or range of scores) was, and what the most common reasons for scores were
- From these, devise appropriate indicators to be used in the design of the performance rating instrument.

## 12.2 Using CSC Data for M&E and Learning of the Project

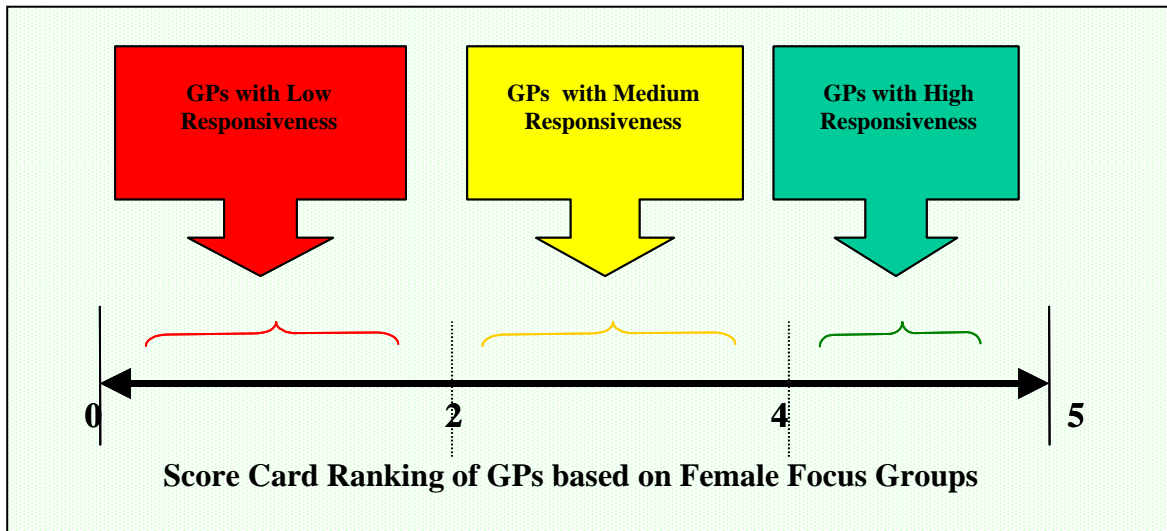
The second, and broader more sustained application of the CSC data will be in the overall monitoring and evaluation system for VWSCs and GPs in the Jalswarajya Project.

There are some immediate data products that emerge from the CSC process, viz. the input tracking, community and self-evaluation scorecards, as well as the action planning matrices, and field notes from the process. These provide some direct qualitative caselets that can be used to modify and improve the design of the project, as well as to get a picture of the performance of particular GPs.

From these outputs and primary use of data, however, one could also invest in some secondary data analysis that can be done at a more *comparative* and *aggregate* level. The facilitating team needs to decide which one is most useful and indicative of the kind of data that has been collected. Several visual aids can be used which will present the data in a concise and clarifying manner. What we present below are just some examples of the kind of analysis and presentation that can be done.

1) **Cross-GP Comparisons** – One useful form of analysis that can be done using the standard criteria used in the CSC is to do a cross-GP comparisons and ranking based on the scores given by the generic focus groups on any of those criteria. For instance, if one of the GP Governance standard criteria were ‘responsiveness’, and focus groups were men and women, one could do a ranking of GPs based on the scores given by men and by women. Then the following scatter line can be drawn for the sampled districts.

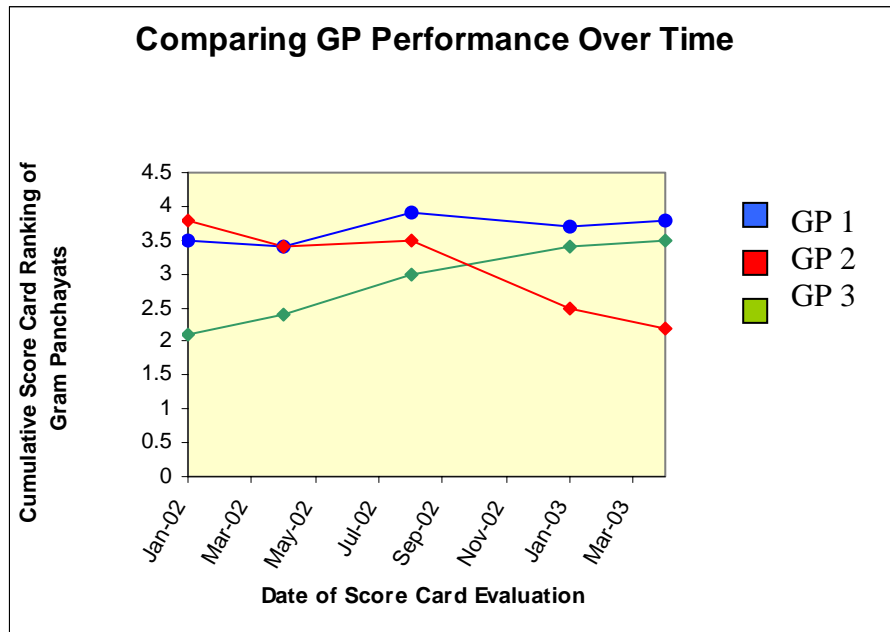
Figure-13: Comparing Responsiveness of GPs



Like the incentive fund and rating system, the publishing of these rankings of GPs and VSWCs in this manner can inform decisions about resource allocation, need for systemic reforms (in cases where all GPs are showing low scores, for e.g. Finance and Accounts – this may indicate the need to review the current accounting procedures and perhaps introduce higher accounting standards) and also provide a basis for incorporating incentives for performance.

2) **Tracking the Performance of GPs/VWSCs Over Time** – Just as cross-sectional comparisons were done above, one can also do time series comparisons of how the scores of a GP or VWSC on a particular standardized criteria have changed over time. This is obviously only possible once several iterations of the CSC process have been conducted, but it would provide very valuable information about which GPs/VWSCs are improving performance and which are remaining stagnant. In cases where there has been a deterioration in the community’s scoring, it would provide a case for more detailed scrutiny as to the reasons why such a fall in score happened. Thus more targeted reforms can be taken before the condition becomes worse..

**Figure - 14: Comparing GP Performance Over Time**



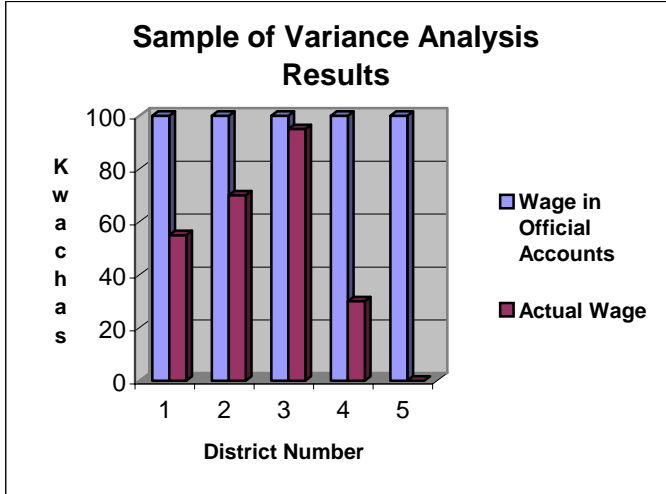
This kind of a comparison can also be performed at the district level once enough data has been collected

3) **Analysis of Discrepancies between Entitlements and Actual Inputs (Variance Analysis)** – From the data collected in the input tracking matrix, one can conduct *variance analysis* across GPs and VWSCs over particular inputs. This involves calculating the discrepancy between actual input use/receipt and the official entitlement/record within a community and then comparing these between GPs and VSWCs at a point in time, or within the same GP/VWSC over a period of time.

For instance, suppose one of the inputs for the VWSC is labor wages. Here the official record would be the bank statement of the VWSC or the amount they claimed to have paid in an official document. The community would of course be the source to get the actual wages received. The difference if any between the two amounts would be the ‘discrepancy’ or ‘variance’ for community contributions for this particular VWSC. The same can then be done for all the rest and one could get a sense of which VWSCs are the ones that have the highest variance. Also, for the project’s M&E, one could keep track of how long it takes to plug all leakages.

**Figure – 15: The discrepancy between official and actual wages can be averaged and compared over GPs to get a sense of the level of leakage occurring**

	Wage in Official account	Actual Wage Received
District 1	100	55
District 2	100	70
District 3	100	95
District 4	100	30
District 5	100	0



These are only some suggestions for the kind of data analysis that can be done. Other innovative techniques for using and analyzing CSC data in a concise and provocative manner can be devised over time with the help of different partners like the media.

## CHAPTER 13. LOGISTICS AND PRELIMINARY PLAN FOR IMPLEMENTATION OF GP/ZP INCENTIVE FUND

Last but not least, it is important to raise some logistical issues that will have to be kept in mind by the project team in implementing the CSC process. The answers to most of these will have to be eventually finalized at a local level after the process has been tried in a sample of villages. However it is important to at least flag them here so that one can keep them in mind when doing the initial pilot trials. We will then move on to give the initial conceptualization of how the implementation of the CSC process will run in the overall Jalswarajya project with a particular focus on the GP Incentive Fund.

### 13.1 Key logistical issues to keep in mind

- Identification and Training of Trainers and Facilitators – As should be evident from the description of the CSC process in this manual, its success depends heavily on the quality of facilitation. For this reason, a primary logistical issue will be to locate adequate trainers and facilitators for the CSC and train them in the methodology for implementation. These facilitators should ideally have skills in supporting a participatory process at the community level. Having this training at the very outset will help in building a team spirit among the staff and promote a shared understanding of the goals and objectives and the process to be established.
- Deciding Number of Facilitators/Note Takers Per Village – As discussed in the methodology section, the CSC process requires at least one facilitator and one note taker per focus groups. Since we have at least 3 contexts that we will be dealing with (WSS, GP Governance and 1-2 GP Services) and each of these will on average have about 3 focus groups, there are in all at least 9 focus groups per village that one is dealing with. One could of course run all three contexts with each group, but that tends to take a long time, and assumes that each context would require the same classification of focus groups. If one ran all these focus group discussions simultaneously we would need about 18 people to go to the community, which is quite impractical! Instead, if we run them separately, and stagger the meetings it would still require at least 3 facilitator-note-taker pairs to go to each village – so 6 in total. Other alternatives are possible, but this logistical issue will be a very important one to consider upfront and would depend on (a) how many facilitators are available, and (b) how many GPs are to be covered. Even after that one would need to be prepared for contingencies, e.g. what if 500 people showed up to the community gathering (as once happened in Malawi!) – are there enough facilitators to handle such a situation?
- Ensuring Adequate Participation of Communities through different IEC techniques – The above discussion also raises another logistical issue that for a high level of participation by the community, one needs proper advertising and preparatory groundwork. Consider the above example where we are looking at WSS, 1 GP service, and GP Governance, and that we are making 3 focus groups for each (men, women and elders). In that case, there are 9 focus groups in all, and if we want about 15 people in each group, then there should be at least 135 community members attending the gathering. Otherwise, one would have to stagger the meetings over a couple of days with set timings to meet with a particular group. Thus, depending on the strategy one would have to invest in more or less advertising and mobilization to ensure community participation.
- Deciding the Sequence and Timeline for the Group Discussions and Interface – Linked to the above two points will be the key implementation issue of how the group discussions in the community and with the GP/VWSC will be sequenced. Will one do all discussions in one go, over the course of a day, or will they be staggered? How much later will the interface meeting be held from the scorecard

meetings? Will the interface be GP by GP or at a more aggregate level? As figure 11 indicates there are various possible timelines for implementation of the CSC process, and these will have to be figured out after a trial run in the field.

- Data Management and Analysis – As the previous chapter showed, there is a lot of data management and analysis that needs to be done after the CSC process has been run in a number of GPs. The logistics of who will do this, where, and how will also have to be decided pretty early on to ensure that this rich data is properly used.

- Sensitization of GPs and VWSCs – As we have seen, one of the most critical factors in successfully using the CSC process is ensuring an open and positive dialogue among the main partners in this process i.e. the service providers and the users. Several delicate and debatable issues will come up and since this process is envisioned as one leading to tangible results and not just as an information gathering exercise, it is important that conflict be avoided and the dialogue be held in a positive open environment. To this end, a training workshop on behavior and attitudes can be conducted as a sensitization exercise to enable the GP and VWSC members from across the state to handle the interface dialogue with the communities. The emphasis will be on listening and dialoguing skills and to make the participants more aware of their own attitudes and behavior. This can also be integrated into the scoping visits that are to be done during the preparatory groundwork.

- Materials and Resources – Last but not least, an important logistical issue that can be flagged at this point is of materials and resources that will be involved in running the CSC process. These will become clear once the pilot trials are completed.

- Deciding the Different Strategies for Large and Small Villages – Finally, an important logistical issue that will have to be tackled once the CSC process is implemented on scale is to develop separate logistical plans for small and large villages. In general, one would have to scale up the materials and human resources needed per village according to its size.

## 13.2 Preliminary Plan for Implementation of CSC Process under GP/ZP Incentive Fund

While the CSC process will be a key participatory monitoring tool that will be used in the overall M&E and accountability of the Jalswarajya project, the primary application will be to form part of the pilot component of the project which includes the setting up of a “Local Government Incentive Fund” (LGIF).

The LGIF will include separately a *Gram Panchayat (GP)* and a *Zilla Parishad (ZP) Incentive Fund* and is intended to provide capacity building support to these local government institutions so that they can become more effective, accountable and responsive. The CSC process as we have described in this manual will only apply to the GP Incentive Fund.

Approximately 225 GPs across 9 Districts in which the Project is being undertaken initially will be supported over a four-year period with grants ranging between \$10,000-\$15,000 or Rs.450,000 – 700,000. Borrowing from the success of the recent Baba Gadge Abhiyan in the state of Maharashtra, the financial support to GPs under the LGIF will be given through a competitive process that resembles a development market place, and awards chosen GPs based on a combination of factors including performance and innovation, thus providing incentives to these institutions for better governance, transparency and efficiency.

The challenge is to design a performance rating and award selection system for the LGIF that provides the correct incentives for promoting accountability, transparency, equity and participation. As presently envisaged the LGIF will follow **four broad stages** of implementation over the next 4 years of the project. These four stages are:

**Stage-1: *Piloting Phase to Develop Adequate, Community-Generated Performance Criteria*** – In this stage, the CSC process elaborated in this manual will be tested in a representative sample of about 25-35 GPs. These GPs should be representative of the state of Maharashtra – i.e. some from remote areas, some from coastal, some near urban centers, some with a good governance record, other with poor ones, etc... The goal in this trial run of the CSC from the perspective of the LGIF would be to help facilitate communities to come up with criteria/indicators with which to evaluate the services under consideration so that they can be used in the development of the eventual rating system. As discussed in the data analysis chapter, all common performance criteria brought up by the communities must be listed, organized and captured by measurable indicators.

**Stage-2: *Baseline Performance Benchmarking*** – This stage will scale up the implementation of the CSC Process, but this time using a large set of standardized criteria based on the piloting phase. All GPs across the 9 districts that are in the pilot phase of the project will be covered. This monitoring will measure performance indicators such as:

- (i) quality of overall services delivered in the GP
- (ii) innovation, especially in relation to supply of WSS services and GP governance
- (iii) participation/inclusiveness, etc.

The results from this initial monitoring exercise will provide the initial performance benchmarks against which the GPs will be assessed.

**Stage-3: *GP Development Marketplace (DM) and Selection of Awardees*** – The third stage of the set up process, will involve a development market place contest for GPs, in which they will get a chance to showcase their achievements, and make innovative proposals for the use of LGIF funds, should they receive the grant award. The entire contest will involve a great deal of publicity and media mobilization. Awardees in the DM process will be selected by considering **three broad criteria**:

- (i) the *past performance* of the GP<sup>20</sup>
- (ii) the *GP DM proposal's innovativeness and development potential*
- (iii) *socio-economic status* of the GP – which will be measured by indicators such as population size, degree of poverty, proportion of vulnerable groups (SC/STs, women, orphans, etc.)

**Stage-4: *Performance Rating System*** - Once the DM has finished and awards have been granted, the monitoring process will continue in the entire pool of GPs to check for (a) whether LGIF funds were used for the intended purpose, (b) the comparison of performance in the selected GPs to those that were not chosen for the awards (this will give an indication of the impact that the DM award has had), and (c) what the *externality/spin-off* effects of the LGIF and participatory monitoring system have been on the overall performance of the GPs in comparison to the baseline benchmarks (this will give an indication of the impact that the overall LGIF initiative). If the conclusions from the last analysis are positive, then the case to repeat and extend the LGIF model to the entire state of Maharashtra will be made stronger.

Apart from this, the CSC process should of course be used in the project for basic M&E on a sustained basis.

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<sup>20</sup> This past performance would be measured by the benchmark indicators identified in stage 2.

**ANNEX-1: DISTINGUISHING BETWEEN THE COMMUNITY  
SCORECARD AND THE CITIZEN REPORT CARD**

<b>The Citizen Report Card</b>	<b>The Community Scorecard</b>
<ul style="list-style-type: none"> <li>• Unit of analysis is the household/individual</li> <li>• Information collected via a survey questionnaire</li> <li>• Relies on formal stratified random sampling to ensure that the data is representative of the underlying population</li> <li>• The major output is the actual perceptions assessment of services in the form of the report card</li> <li>• The media plays the major role in generating awareness and disseminating information</li> <li>• Conducted at a more macro level (city, state or even national)</li> <li>• More useful in urban settings</li> <li>• Time horizon for implementation is long (about 3-6 months)</li> <li>• Intermediary plays a large role in conducting the survey and data analysis</li> <li>• Technical skills are needed</li> <li>• Feedback to providers and the government is at a later stage after media advocacy</li> </ul>	<ul style="list-style-type: none"> <li>• Unit of analysis is the community</li> <li>• Information collected via focus group interactions</li> <li>• Involves no explicit sampling. Instead the aim is to ensure maximum participation of the local community in the gathering.</li> <li>• Emphasis here is less on the actual scorecard and more on achieving immediate response and joint decision-making</li> <li>• This relies more heavily on grass-roots mobilization to create awareness and invoke participation</li> <li>• Conducted at a micro/local level (village cluster, and set of facilities)</li> <li>• More useful in rural settings</li> <li>• Time horizon for implementation is short (about 3-12 weeks)</li> <li>• Role of intermediary is mostly as facilitator of the exercise</li> <li>• Facilitation skills are needed</li> <li>• Feedback to providers is almost immediate and changes are arrived at through mutual dialogue during the interface meeting</li> </ul>

**ANNEX-2: HYPOTHETICAL EXAMPLES OF INPUT TRACKING  
MATRICES FOR WSS SERVICES AND GP SERVICES**

**HYPOTHETICAL EXAMPLE OF INPUT MATRIX FOR WSS SERVICES**

INPUT INDICATOR	ENTITLEMENT/ BUDGET/ RECORDED AMOUNT	ACTUAL AMOUNT	REMARKS/COMMENTS /EVIDENCE
<b>A. Coverage or Distribution</b>			
A.1 Expenditure on domestic piped supply			
A.2 Number of public taps, hand-pumps, wells			
A.3 Number of privately provided hand-pumps and wells			
<b>B. Equipment</b>			
B.1 Expenditure on pipes, tubes, valves, water meters			
B.2 Inventory of Tools & Machinery for water lifting etc.			
<b>C. Labor</b>			
C.1 Provision for construction labor			
C.2 Provision for maintenance and interim labor			
<b>D. Maintenance</b>			
D.1 Water quality testing frequency			
D.2 Water table monitoring frequency			
D.3 Overhead Reservoir cleaning frequency			
<b>E. Financial Management</b>			
E.1 Tariffs collected			
E.2 Procurement trainings completed			
E.3 Installed accounting systems			
<b>F. Sanitation Inputs</b>			
F.1 Number of Sewer Connections provided			
F.2 Number of Soak-pits provided			
F.3 Number of Household Latrines provided			

**HYPOTHETICAL EXAMPLE OF INPUT MATRIX FOR GP SERVICES – Construction  
of Village Road with Gutter**

INPUT INDICATOR	ENTITLEMENT/ BUDGET/ RECORDED AMOUNT	ACTUAL AMOUNT	REMARKS/COMMENTS /EVIDENCE
<b>A. Materials</b>			
A.1 Amount of tar used			
A.2 Bags of cement used			
<b>B. Machines &amp; Equipment</b>			
B.1 Amount spent on mixer			
B.2 Number of shovels, levelers, carts			
<b>C. Labor</b>			
C.1 Number of workers in records			
C.2 Daily wages in accounts			
<b>D. Length of Road constructed</b>			
<b>E. Financial Management</b>			
E.1 Contributions collected			
E.2 Overall budget			

**HYPOTHETICAL EXAMPLE OF INPUT MATRIX FOR GP SERVICES –  
Construction & Maintenance of PRI School Building and Provision of Education Materials**

INPUT INDICATOR	ENTITLEMENT/ BUDGET/ RECORDED AMOUNT	ACTUAL AMOUNT	REMARKS/COMMENTS /EVIDENCE
<b>A. Materials</b>			
A.1 Cement Used			
A.2 Bricks Used			
<b>B. Labor</b>			
B.1 Number of workers in records			
B.2 Daily wages in accounts			
<b>C. School Furniture</b>			
C.1 Number of desks purchased			
C.2 Number of benches purchased			
<b>D. Educational Materials</b>			
D.1 Textbooks per child			
D.2 Library Books			
<b>E. Financial Management</b>			
E.1 Contributions collected			
E.2 Overall budget			
<b>F. Time taken for Construction</b>			

### ANNEX-3: HYPOTHETICAL EXAMPLES OF COMMUNITY SCORECARDS

#### HYPOTHETICAL EXAMPLE OF WSS/VWSC COMMUNITY SCORECARD

Focus Group: Women			
	Community Performance Criteria	Score (1-5)	Reasons/Remarks
<b>1.</b>	<b>Availability and Cost</b>	<b>2</b>	Because of distances, many households left out
1.1	Water distribution network	3	Enough water resources around the village
1.2	Volume of water produced	3	Water available for up to 8 hours
1.3	Easy access to public protected water (within 100 meters)	1	Have to walk for at least 20 min to get to the nearest source
1.4	Affordability of water	3	It is not cheap
1.5	Ease of payment	4	They allow in-kind payments and credit
<b>2.</b>	<b>Reliability</b>	<b>3</b>	On the whole ok
2.1	Breakdown of Public taps/hand-pumps within 3 months	3	Problem with taps is not so much breakdowns but part-time provision
2.2	Repairs done within 2 days	4	Generally quick repairs
2.3	Maintenance by VWSC	4	Good maintenance; periodic checks
<b>3.</b>	<b>Access/Usage</b>	<b>2</b>	Can be better
3.1	Metered water consumption	3	Water when available is in good quantity
3.2	Water distribution network	2	Several outer huts not covered
<b>4.</b>	<b>Quality of Water</b>	<b>4</b>	Quality is good
<b>5.</b>	<b>Participation and Functioning of VWSC</b>	<b>3</b>	Good, but sometimes don't listen to all members
5.1	Voice to women poor and other vulnerable groups	4	More women members than quota
5.2	Leadership/Expertise in solving water and sanitation problems	3	Still learning, but better than last year
5.3	Frequency of meetings to discuss water and sanitation related problems	3	Usually meet every month, but no meeting last month
5.4	Less politics/favoritism	4	No favoritism
	Standard Performance Criteria	Score (1-5)	Reasons/Remarks
<b>1.</b>	<b>Satisfaction with WSS Services</b>	<b>3</b>	Relatively ok; improvements since two years ago
<b>2.</b>	<b>Management of VWSC</b>	<b>4</b>	Happy with VWSC;
<b>3.</b>	<b>Availability of Water</b>	<b>3</b>	Covered above
<b>4.</b>	<b>Financial Transparency of VWSC</b>	<b>4</b>	Very transparent – discuss budget in gram samiti.

**HYPOTHETICAL EXAMPLE OF JALSWARAJYA PROJECT COMMUNITY  
SCORECARD**

<b>Focus Group: Men</b>			
	<b>Community Performance Criteria</b>	<b>Score (1-5)</b>	<b>Reasons/Remarks</b>
<b>1.</b>	<b>Effective Functioning and Use of Services</b>	<b>2</b>	Only just started
1.1	Functioning System	2	Started very recently, so not much in place
1.2	Effective Use	2	Only one request catered to up to now
1.3	Effective Financing	3	Large quantity of finance has been offered
1.4	Effective Management	3	No problems so far; too early
<b>2.</b>	<b>Demand Responsiveness of Service</b>	<b>4</b>	Only one request for training – was met
2.1	Is demand of users being met	4	Yes, maintenance training request was met
2.2	Quality of training and technical support	3	Training was good
2.3	Cost effectiveness	3	Good, but very long – no manual
<b>3</b>	<b>Participation in O &amp; M</b>	<b>1</b>	Project team has not visited to supervise
3.1	Economic participation	1	No participation
3.2	Management participation	1	No one has been asked to participate in management
	<b>Standard Performance Criteria</b>	<b>Score (1-5)</b>	<b>Reasons/Remarks</b>
<b>1.</b>	<b>Knowledge of Jalswarajya Project activities</b>	<b>4</b>	Relatively new, but there was big ad campaign and posters
<b>2.</b>	<b>Perception of ownership by Community</b>	<b>2</b>	Not felt direct ownership, seems the same as other schemes
<b>3.</b>	<b>Sustainability of activities</b>	<b>3</b>	Maybe, because of training; but most government schemes come and go
<b>4.</b>	<b>Participation in Planning, Organization and Construction</b>	<b>-</b>	No project yet so cannot comment

**HYPOTHETICAL EXAMPLE OF GP SERVICE/INFRASTRUCTURE COMMUNITY  
SCORECARD SERVICE: CONSTRUCTION OF VILLAGE ROAD AND GUTTER**

<b>Focus Group: SC/ST</b>			
	<b>Community Performance Criteria</b>	<b>Score (1-5)</b>	<b>Reasons/Remarks</b>
<b>1.</b>	<b>Quality of Road and Gutter</b>	<b>3</b>	Originally good, but deteriorated quickly
1.1	Absence of Cracks and holes	2	Several cracks and big holes
1.2	No Flooding of Gutter	2	Frequent flooding and overflow onto road
<b>2.</b>	<b>Access and Use</b>	<b>3</b>	Lot of use, but location not good
2.1	Lack of Congestion	2	Gets quite congested during daytime
2.2	Link to highway	3	Linked to main highway
2.3	Close to Households	2	Built on one side of village, so not close to many households
<b>3</b>	<b>Transparency and Efficiency of Construction</b>	<b>2</b>	Did not tell us how contract was given; contractor was friend of GP member
3.1	Size and Width	2	Road and gutter should be wider
3.2	Transparent contract procedure	1	Favoritism
3.3	Timeliness of construction	3	Road built according to plan
<b>4.</b>	<b>Maintenance</b>	<b>1</b>	No one has taken responsibility to repair cracks and maintain overflows
	<b>Standard Performance Criteria</b>	<b>Score (1-5)</b>	<b>Reasons/Remarks</b>
<b>1.</b>	<b>Participation in Choice of Activity</b>	<b>3</b>	Decision was discussed in Gram Samiti, but no alternatives offered
<b>2.</b>	<b>Transparency of Budget and Expenditures</b>	<b>2</b>	Did not share budget or total costs

**HYPOTHETICAL EXAMPLE OF GP GOVERNANCE COMMUNITY  
SCORECARD**

<b>Focus Group: Male Elders</b>			
	<b>Community Performance Criteria</b>	<b>Score (1-5)</b>	<b>Reasons/Remarks</b>
1.	Efficiency and Effectiveness	3	Have done several projects
2.	Self-reliance and Viability	2	Dependent on government support
3	Transparency	3	Share project details in meetings
4	Service orientation	4	Provide several services, including recreation center for elders
5	Participation and inclusion	4	All villagers invited in gram samiti
6.	Quality consciousness	3	Quality is good, but not much maintenance
7.	Role played in Social intermediation	4	Resolve disputes in fair manner
8.	Role played in enterprise promotion	3	Have started vocational center and internet kiosk
	<b>Standard Performance Criteria</b>	<b>Score (1-5)</b>	<b>Reasons/Remarks</b>
<b>1.</b>	<b>Effectiveness and Voice of Mahila Gram Sabha</b>	<b>2</b>	Not that effective; no leader or organization; no technical knowledge
<b>2.</b>	<b>Responsiveness of GP</b>	<b>4</b>	Very respectful; listen to us

## ANNEX-4 : HYPOTHETICAL EXAMPLES OF SELF-EVALUATION SCORECARDS

### HYPOTHETICAL EXAMPLE OF VWSC SELF-EVALUATION SCORECARD

Focus Group: Full VWSC			
	Provider Performance Criteria	Score (1-5)	Reasons/Remarks
<b>1.</b>	<b>Participation in Planning</b>	<b>4</b>	All plans done with full community participation
1.1	Voice to women, poor and other vulnerable groups	4	Make sure to hear concerns of vulnerable groups; have high membership from them
1.2	Less politics/favoritism	5	No favoritism
1.3	Inclusion of all sections of the society	4	Efforts to mobilize community; no exclusion
1.4	Frequency of meetings to discuss water and sanitation related problems	4	Monthly meetings held
<b>2.</b>	<b>Responsiveness</b>	<b>4</b>	Respond quickly to problems and demands
2.1	Leadership/Expertise in solving water and sanitation problems	4	Have resolved problems in impartial and just manner (story in notes)
2.2	Grievance Redressal/Conflict Resolution System	3	Informal system in place
<b>3.</b>	<b>Technical Capacity</b>	<b>3</b>	Are building capacity; can understand several complex issues
3.1	Informed choice of technology	3	Consulted technical officers and reviewed choices
3.2	Preparation of engineering designs	3	Done with technical support
<b>4.</b>	<b>Management and Maintenance</b>	<b>3</b>	Efficient, although sometimes not everyone is present to take decisions
4.1	Financial management and accounting	2	Some problems, as no one has experience
4.2	Preventive Maintenance and Repair	3	Have put up basic maintenance instructions; spot checks
4.3	Tariff setting and collection	3	Fair tariffs and timely collection; occasional delays
4.4	Rational water charges	4	Depreciation charges are included
<b>5.</b>	<b>Quality and Availability of WSS Services</b>	<b>4</b>	Adequate water available; good quality
5.1	Quality of Construction and design	3	According to standards
5.2	Availability of water and sanitation facilities	3	Most households have access
	Standard Performance Criteria	Score (1-5)	Reasons/Remarks
<b>1.</b>	<b>Satisfaction with WSS Services</b>	<b>4</b>	Very good, lot of improvement
<b>2.</b>	<b>Management of VWSC</b>	<b>4</b>	Well managed; good relations with community and high participation
<b>3.</b>	<b>Availability of Water</b>	<b>4</b>	Adequate access and quantity
<b>4.</b>	<b>Financial Transparency of VWSC</b>	<b>5</b>	Always discuss budget in Gram Samiti.

**HYPOTHETICAL EXAMPLE OF GP SERVICE?INFRASTRUCTURE SELF-EVALUATION SCORECARD Service: Construction of Village Road and Gutter**

<b>Focus Group: Male GP Members (without Sarpanch)</b>			
	<b>Provider Performance Criteria</b>	<b>Score (1-5)</b>	<b>Reasons/Remarks</b>
<b>1.</b>	<b>Quality of Construction</b>	<b>3</b>	According to standards, good materials used; some wear & tear
1.1	Adherence to standards	4	All standards met
1.2	Technical supervision	3	Hired professional engineer to supervise
<b>2.</b>	<b>Use of Road</b>	<b>5</b>	Very high usage; has benefited community
<b>3.</b>	<b>Financial Management and Costs</b>	<b>3</b>	Good even though first time
3.1	Low Cost	3	Very reasonable
3.2	Contributions raised	4	More than half of community contributed
<b>4.</b>	<b>Planning Process</b>	<b>4</b>	Done in very participatory manner
	<b>Standard Performance Criteria</b>	<b>Score (1-5)</b>	<b>Reasons/Remarks</b>
<b>1.</b>	<b>Participation in Choice of Activity</b>	<b>4</b>	Full participation of community in deciding activity
<b>2.</b>	<b>Transparency of Budget and Expenditures</b>	<b>3</b>	Several community members given budget, others shown on request

**HYPOTHETICAL EXAMPLE OF GP GOVERNANCE SELF-EVALUATION SCORECARD**

<b>Focus 'Group': GP Sarpanch</b>			
	<b>Provider Performance Criteria</b>	<b>Score (1-5)</b>	<b>Reasons/Remarks</b>
1.	Participation and inclusion	4	Ensure full participation of community, no one is excluded
2.	Transparency	3	Decisions are done publically
3.	Free and fair elections	4	All elections are free and fair
4.	Quality and fairness in decisions	5	Always seek majority consensus
5.	Dispute Resolution	4	Disputes settled amicably
6.	Resource Mobilization	4	Have mobilized significant resources
7.	Entrepreneurship and Innovation	3	Setting up new internet kiosk; vocational training for youth
	<b>Standard Performance Criteria</b>	<b>Score (1-5)</b>	<b>Reasons/Remarks</b>
<b>1.</b>	<b>Effectiveness and Voice of Mahila Gram Sabha</b>	<b>3</b>	It is active, but needs more capacity building and training
<b>2.</b>	<b>Responsiveness of GP</b>	<b>4</b>	Listen to community needs

**ANNEX-5: HYPOTHETICAL EXAMPLES OF ACTION PLANNING  
MATRICES FOR DIFFERENT CONTEXTS**

**HYPOTHETICAL EXAMPLE OF ACTION PLANNING MATRIX FOR WSS  
SERVICES**

<b>No.</b>	<b>Problem Area</b>	<b>Steps to be Taken</b>	<b>Responsible Party</b>	<b>Time Frame</b>
1.	Poor availability due to access issues	<ul style="list-style-type: none"> <li>Explore options for easy provision of water</li> </ul>	<ul style="list-style-type: none"> <li>Technical Committee of VWSC</li> </ul>	One Month
2.	Need for more participatory meetings	<ul style="list-style-type: none"> <li>Appoint a facilitator who ensures:               <ul style="list-style-type: none"> <li>- all issues on the agenda are covered</li> <li>- adequate participation from women and other vulnerable groups</li> <li>- all voices are heard before any decision is made</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Social Audit Committee</li> </ul>	Two weeks
3.	Need for greater frequency of meetings	<ul style="list-style-type: none"> <li>Take a decision in the Gram Sabha about the frequency of meetings</li> </ul>	<ul style="list-style-type: none"> <li>Finance Committee</li> </ul>	One month
4.	Inadequate Water Supply	<ul style="list-style-type: none"> <li>Inquiry into missing taps &amp; hand-pumps</li> <li>Explore technical option to increase water supply</li> </ul>	<ul style="list-style-type: none"> <li>Technical Committee of the VWSC</li> </ul>	One Month
5.	Poor Water Quality	<ul style="list-style-type: none"> <li>Check compliance with stipulated maintenance procedure</li> <li>Identify quality issues such as maintenance of cleanliness at the source, rusty pipes, excessive/lack of chlorination etc.</li> <li>Train O &amp; M committee members to take corrective action or hire external technical assistance for the same</li> </ul>	<ul style="list-style-type: none"> <li>O&amp;M Committee</li> <li>Jalswarajya Project</li> <li>Jalswarajya Project</li> </ul>	Two weeks to One Month
6.	Resource Leakage	<ul style="list-style-type: none"> <li>Check with Procurement Committee</li> <li>Display all important procurement information on notice boards easily accessible by the people</li> </ul>	<ul style="list-style-type: none"> <li>Social Audit Committee</li> </ul>	One month
7.	Lack of Financial Management & Accounting Skills	<ul style="list-style-type: none"> <li>Arrange for training of staff members for training</li> <li>In the interim, hire technical assistance</li> </ul>	Jalswarajya Project	One Month

**HYPOTHETICAL EXAMPLE OF ACTION PLANNING MATRIX FOR GP  
INFRASTRUCTURE/SERVICES – ROAD & GUTTER BUILDING**

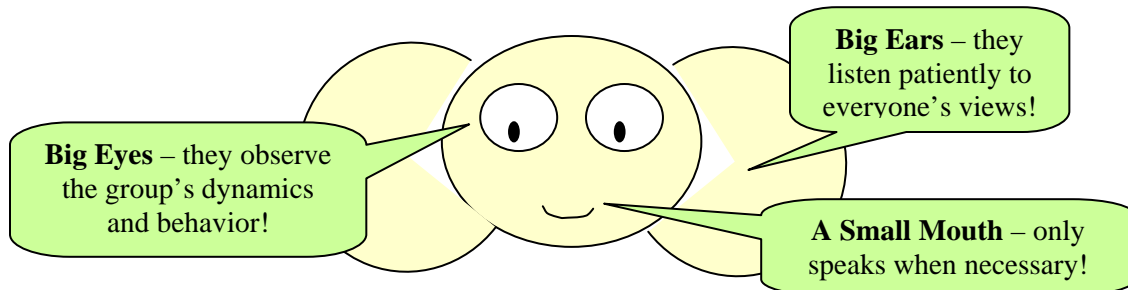
<b>NO.</b>	<b>PROBLEM AREA</b>	<b>STEPS TO BE TAKEN</b>	<b>RESPONSIBLE PARTY</b>	<b>TIME FRAME</b>
1.	Resource Leakage	<ul style="list-style-type: none"> <li>• Inquiry into missing bags of cement</li> <li>• Public Display of all important procurement information on notice boards</li> </ul>	<ul style="list-style-type: none"> <li>• Procurement Committee</li> <li>• Social Audit Committee</li> </ul>	One Month
2.	Poor Quality of Material	<ul style="list-style-type: none"> <li>• Check compliance with stipulated quality standards</li> <li>• Enforce Material Inspection Reports as part of regular procurement procedure</li> <li>• Hold the Procurement Committee responsible for:               <ul style="list-style-type: none"> <li>- Choosing poor quality material OR</li> <li>- Not ensuring that the right quality was provided by the contractor</li> </ul> </li> <li>• as the case maybe</li> </ul>	<ul style="list-style-type: none"> <li>• Social Audit Committee</li> </ul>	Two weeks to One Month
3.	Gender Wage Discrimination	<ul style="list-style-type: none"> <li>• Check labor contracts issued by the Procurement Committee</li> <li>• If contracts are not issued then enforce them</li> <li>• Awareness programs for women to enable them to demand their right</li> </ul>	<ul style="list-style-type: none"> <li>• Women's Empowerment Committee</li> <li>• Social Audit Committee</li> </ul>	One month
4.	Inadequate Labor Supply	<ul style="list-style-type: none"> <li>• Check with Finance Committee for resources for additional labor</li> </ul>	<ul style="list-style-type: none"> <li>• Infrastructure Committee</li> </ul>	One month
4.	Lack of Transparency in Procurement Procedure	<ul style="list-style-type: none"> <li>• Enforce public display of all procurement information</li> <li>• Discourage favouritism by enforcing a fair bidding procedure for all contract – perhaps appoint a member of the SAC in the selection committee</li> </ul>	<ul style="list-style-type: none"> <li>• Social Audit Committee</li> </ul>	Two weeks
4.	Inefficient Construction Design	<ul style="list-style-type: none"> <li>• Make provision for better technical assistance</li> </ul>	<ul style="list-style-type: none"> <li>• Technical Committee</li> </ul>	One month

## ANNEX-6: GUIDANCE POINTS FOR FACILITATORS

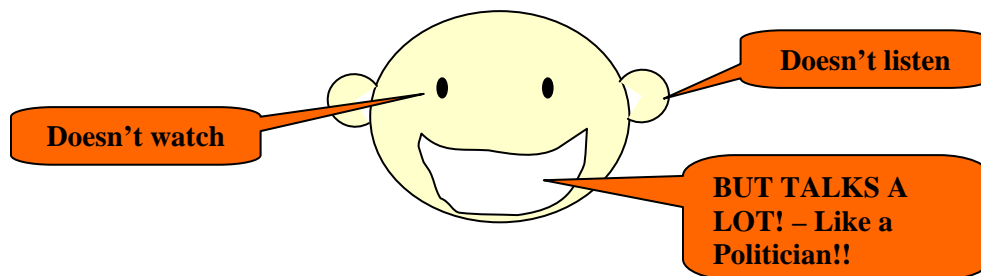
### The Goals of Facilitation:

- *To guide...*
- *To enable...*
- *To provoke...*
- *To create a conducive environment...*

### A good facilitator looks like this...



### And a bad facilitator looks like this...



## Facilitation... ‘the basics’:

- **Be *visible*** – stand and face group
- **Be *loud and clear*** – use the local dialect and elaborate questions clearly
- **Control conversations** – let one person speak at a time, and sequence discussions
- **Ensure *participation*** – don’t let someone take over the discussion
- **Summarize points and statements**
- **Listen and understand different points of view**
- **Periodically *check* if they are understanding the process**
- **Avoid conflict and act as *neutral intermediary*** - avoid personal prejudice
- **Know when to *dig deeper* and when to *move on*** – have clear understanding of issues
- **Use and observe *body/ non-verbal language***

## Facilitation “Do’s and Don’ts”

<ul style="list-style-type: none"><li>• Listen and observe</li><li>• Know your audience</li><li>• Be patient</li><li>• Encourage participation</li><li>• Use simple language</li><li>• Be humble and respectful</li><li>• Respect opinions</li><li>• Be creative and flexible</li><li>• Be engaging/humorous</li></ul>	<ul style="list-style-type: none"><li>• Don’t talk too much</li><li>• Don’t be a FACIPULATOR (manipulator in disguise!)</li><li>• Don’t be condescending</li><li>• Don’t cut/preempt answers</li><li>• Don’t speak to one person (beware of the dominant spokesperson)</li><li>• Don’t lose sight of the objectives of the exercise</li></ul>
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## **Facilitation Notes for Different Stages of the Community Scorecard Process:**

### **I. Opening the Dialogue**

- Explanation of objectives is key
- How the discussion is started will set the tone of what follows
- Important to use good ‘lead-in’ questions
- Plan the sequence for the discussion beforehand to avoid repetition and respondent fatigue

### **II. Running the Discussion on Performance Criteria**

- Don’t give them criteria – let them generate
- Remember the discussion is about ‘performance’ not ‘problems’ or ‘demands’
- Ask groups (especially providers) to think beyond infrastructure
- If discussion is too negative, ask for positive counter examples
- Benchmarking is also useful – eg. What would you say is ‘reasonably good’?
- Need to get down to criteria fast so examples can come after scoring and are not repeated

### **III. Scoring**

- Don’t influence or change scores – let them score
- Useful to do a trial run
- Always ask for personal examples/ experiences
- Try to ask for counter-examples or counter scores in case others are not speaking
- Note points/examples of dissent

### **IV. The Interface Meeting**

- Usually two facilitators needed
- Be careful in case of volatile situations – act as neutral intermediary
- Have to be innovative – both to tame volatile spirits, but also to suggest ideas for reform
- Focus on the way forward, not on accusations
- Try and solicit points of agreements/ disagreements between the scorecards – no need to reconcile
- Develop an action planning matrix
- Ensure everyone leaves in good spirits

## ANNEX-6 : RESOURCES FOR FURTHER REFERENCE

- 1) Operational Manual for Community Based Performance Monitoring, Strategy for Poverty Alleviation Coordination Office (SPACO), The Gambia, January 2004
- 2) Operational Manual for Community Based Performance Monitoring by the Malawi Social Action Fund, World Bank, November 2002
- 3) Participation Website of the World Bank – [www.worldbank.org/participation](http://www.worldbank.org/participation)
- 4) Public Affairs Center Website – [www.pac-india.org](http://www.pac-india.org)
- 5) Shah, Meera K.: *Using Community Scorecards for Improving Transparency and Accountability in the Delivery of Public Health Services – Evidence from the Local Initiatives for Health (LIFH) Project*, CARE-Malawi, April 2003
- 6) Singh, J. and Shah, P.: “*The Community Scorecard Process: A General Note on the Methodology for Implementation*”, Draft, Participation & Civic Engagement Group, The World Bank, April 2003
- 7) Songco, D. (2000): “*Accountability to the Poor: Experiences in Civic Engagement in Public Expenditure Management*,” Draft prepared for Action Learning Program on Participatory Process for Poverty Reduction Strategies, Participation and Civic Engagement Group, Social Development Department, The World Bank, 2000.
- 8) Wagle, S. and Shah, P.: “*Participation in Public Expenditure Systems – An Issue Paper*,” Social Development Note No. 69, The World Bank, March 2003
- 9) Wagle, S., Singh, J. and Shah, P.: “*Citizen Report Card Surveys: A Note on the Concept and Methodology*,” Social Development Note No.82, The World Bank, February 2004
- 10) World Bank (2001): *Case studies on "Participatory Approaches to Budgeting and Public Expenditure Management,"*
  - Case Study 2: "Porto Alegre, Brazil"
  - Case Study 5: "Uganda",
  - Case Study 1: "Bangalore, India"
  - Case Study 3: "Gujarat, India"Action Learning Program on Participatory Processes for Poverty Reduction Strategies, The Participation Group, Social Development Department, 2001
- 11) World Development Report 2004: “*Making Services Work for Poor People*”