

The Community Score Card – A Tool to Improve Service Delivery

BHAWANA MISHRA

Using a way of assessment and scoring that is inclusive, open and transparent, and jointly working out a possible solution with the community and the Service Provider, to make the running of government schemes more effective and accountable, and improving service delivery is what the correct use of the Community Score Card promises

Shakuntala Mahali of Jabor village, Jhalda 2 Block, Purulia, could not control her emotions as she jubilantly showed her receipt for the 2 kg of rice received for the first time from the Fair Price Shop (FPS).

“Earlier getting the full ration from the FPS was impossible; now our *didis* have made it possible. We used to fight with the dealer, who would give us 1.5 kg of rice or even less. There would always be shortage of kerosene and sugar, and the rations given to one card holder would be different from those given to another. Until now!”

Often, during Cluster meetings, SHG members would speak about the problems they faced due to the inefficient running of the government schemes and institutions. Some Clusters had also brought these issues to the delivery agencies, and requested for improvement, but had failed to make any impact on a long-term basis. The women were not really aware of the actual provisions under the various government schemes. They would fight with the Service Providers (SPs), put pressure on them to mend their ways, but to no avail.

In one case, 35 women from Simani village went to the teacher of the primary school complaining about the quality of the mid-day meal provided to the children. The women members were very angry and threatened the teacher, “You are not providing good meals to our children. There are no green vegetables, no egg and there is only soya bean *khichari*. You have to improve the quality otherwise you will face dire consequences.”

The women left in a rage and the school teacher seemed quite petrified by the threats of the women. The quality of the food improved for a few days but soon it was back to square one. No significant change took place in the delivery system of the government schemes. The approach by the women largely remained in the fault-finding mode and, consequently, they felt frustrated and hopeless that the situation would never change and their life would remain the same.

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In October 2013, under the Fight Hunger First Initiative (FHFI) programme, a training programme was organized by the Welt Hunger Hilfe (WHH) introducing the Community Score Card (CSC). The training was attended by Community Resource Persons (CRPs) and PRADAN professionals. It educated the participants on how to use CSC to improve the delivery of government services.

CSC, as the name suggests, is a tool with which the community and the service provider can assess various schemes, score these on different indicators, and then jointly work out the possible solution to make the scheme more effective. The basic assumption on which CSC works is that the community becomes aware of the various schemes and programmes, and works with the SP to improve service delivery.

The PRADAN team, along with CRPs, decided that the CSC exercise could be piloted in one *panchayat* of Jhalda 2 block. Manjhidi *panchayat* was selected because most of the CRPs who attended the training programme were from there. A discussion was initiated in the Simani Cluster of the *panchayat*, in which SHG members decided to use the tool in three services—that is, the Integrated Child Development Scheme (ICDS), the

primary school and the Public Distribution System (PDS).

Three trainers are required to conduct a CSC exercise, that is, a Moderator, who facilitates the CSC; a Scribe, who documents the proceedings; and a Coordinator. Trainers are chosen from the CRPs, who have been trained to perform the required roles and are selected at the Cluster level. Before conducting a CSC, a meeting with the community representatives is held, to explain the purpose and the benefits of the CSC exercise. Trainers collect the basic data (population, services being provided, poverty profile, social profile, service usage statistics, etc.) from the community and decide upon the inputs to be tracked.

Before having the CSC filled, trainers and members need to visit the centre and make a detailed list of the available services by asking the community members and the service provider.

This step is called the Input Tracking Scorecard. This process is very crucial. In Bagda village, trainers themselves were not aware about the progress of ICDS. And because the members had very little awareness about the scheme, many indicators were left out. So the final scores for ICDS in the village were good even when the condition of the *aanganwadi* was bad because the scores were given by *aanganwadi* workers as well as the community.

The next step is scoring by the community, in which the community gives scores to various indicators. Initially, it can be complicated to find indicators, especially with inexperienced beneficiary groups. This is often triggered by a lack of information about their rights and entitlements. So the role of the moderator is

also to make the beneficiaries aware of what they could actually demand from SPs. For each indicator, the group agrees on one number and determines the reason for that as well as the solution. At the end of the scoring process, they have to have a consensus on the scores. This enables the women to state their opinions in the interface meeting as well.

Similarly, a scoring is done separately with SPs, where they score themselves, based on the indicators that they have listed.

The process is followed by an interface between the two parties, that is, the beneficiary and the SP, by which the parties come to a common scoring of the indicators and prioritize the indicators with low scores (less than 3 on a scale of 1–5). The process mostly triggers much discussion because the SP usually

Several implementation issues such as delays in wage payment, the complexity of the payment process and the lack of accountability of frontline functionaries have come to the fore, over the last nine years of the programme's existence

overestimates the quality of the service. Big differences appear even between two beneficiary groups because their perceptions of the indicators may vary. Often the SPs are shocked or become angry. In such a case, it is the moderator's task to reassure them.

Finally, each score below four requires an Action Plan, made jointly by the community and the SP.

There is then a follow-up in the Cluster. The representatives from the Cluster regularly meet with the SP and appraise her/him of the service delivery system for its effectiveness. The follow-up encompasses several actions and it is crucial to check whether the planned actions are being implemented or not and if not, to determine what the obstacles are in its implementation.

Table 1: Indicators Identified by the Community

Public Delivery System (PDS)	ICDS	Primary School
Days of opening of FPS	Infrastructure facilities at and cleanliness of the centre	Number of teachers appointed
Per capita allocation of food grains (quantity)	Quality of food for pregnant women and children	Attendance of teachers
Quality of food grains	Quantity of food for pregnant women and children	Attendance of students
Board display (rate and quantity) at the FPS	Quality of education	Distribution of school dress
Issue of receipts	Provision of drinking water	Provision of drinking water
The FPS owner's way of dealing with the card holders	Play-game options for kids	Sanitation facility for the students
Allocation of ration cards (exclusion-inclusion factor)	Time duration of the Centre	Quality of education
Role of the Vigilance Committee	Aanganwadi Worker's (AWW) way of caring for children	Provision of games for students

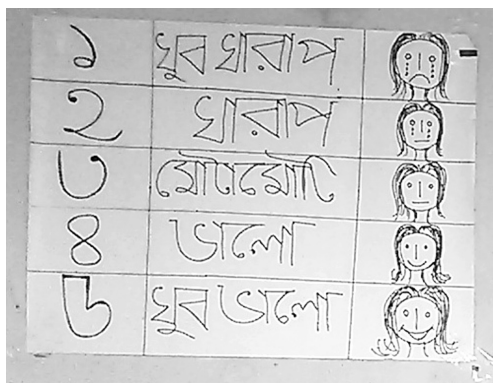
CONDUCTING CSC FOR ICDS IN SIMANI VILLAGE

Another CSC was conducted in Simani village. This time, the trainers were well prepared and the community was aware of the scheme. The participants were all beneficiaries; the SPs were not present in the exercise. The meeting began with the introduction of the objective of the meeting—how the scheme could be better implemented with the involvement of the SP. The beneficiaries were divided into sub-groups of 8–10, which discussed aspects of the programme.

The moderator began by asking about the purpose of ICDS. The beneficiaries believed that it was for giving children *khichari*. When asked what purpose the *khichari* served, the participants answered, "For giving *pushti* (nutrition) to the children." On being asked whether *pushti* alone is sufficient for children's good health, the women said that good food, physical activity, vaccination and hygiene were all required to have healthy children.

The discussion helped beneficiaries list the indicators on which to assess the service. Good infrastructure, water facility, providing nutritious food (including eggs), physical activity, opening of an *aanganwadi* centre, behaviour of the ICDS worker, maintenance of hygiene, a monthly weighing facility, medical provisions for pregnant women, etc., were all important indicators. Based on the discussions, the moderator listed all the issues mentioned and assisted the group in organizing these into measurable performance indicators. All these points were noted on a chart paper and each indicator prioritized with the help of the beneficiaries.

The moderator then helped the group to give a relative score for each indicator on a scale of 1–5, where five is 'very good' and one



ସୂଚକ	ମାର୍କ	କମ୍ୟୁନିଟିର ମତାମତ
୧ ଉତ୍ତମ ଗୃହସ୍ଥ	୨	ଶୁଣା ଉପର ଘର ନେଇ ଖାନ୍ଦାକୋଇଁ ହେଉଛି ।
୨ ଶ୍ରାବଣ ଗୃହସ୍ଥ	୩	କାମ ଅଭାବି ଯେତେବେଳେ ହେଉଛି ତାହା ଖୋଜିବା ପାଇଁ ଖୋଜି ଡାକି ।
୩ ଶିକ୍ଷାଦାନ	୨	ଶିକ୍ଷାଦାନ ପ୍ରତିଦିନ ହେଉଛି ନାହିଁ ।
୪ ଶିକ୍ଷକ ଗୃହସ୍ଥ	୨	କାନ୍ଦିବା ଯେତେବେଳେ କୋହାଣୀ ନାହିଁ ।
୫ ସେବାଗାର ଗୃହସ୍ଥ	୧	କାନ୍ଦିବା ଯେତେବେଳେ ହେଉଛି ନାହିଁ ।
୬ ନାସ୍ତା ଗୃହସ୍ଥ	୧	କାନ୍ଦିବା ଯେତେବେଳେ ହେଉଛି ନାହିଁ ।
୭ ଉତ୍ତମ ଗୃହସ୍ଥ	୧	କାନ୍ଦିବା ଯେତେବେଳେ ହେଉଛି ନାହିଁ ।

Score Card by the Community

means 'very bad'. A discussion was also held on how these scores could be improved. After the whole process was over, the group fixed a date for the interface meeting.

The team of trainers did a similar scoring with the SPs (in the case of ICDS, it was the *aanganwadi* worker and the cook). The SP was asked about the provisions under ICDS and what the responsibilities of the ICDS workers were. The SP also made some points such as good infrastructure, water facility, home visits, weighing the children, good food, etc. The indicators were prioritized, as was done with the beneficiaries, and the SP scored each category on a scale of 1–5. It was seen that there were some indicators which the community did not include and some others that the SP didn't consider.

କ୍ର. ନଂ	ସେବା ପ୍ରଦାନକାରୀ	ପିଲାମାନଙ୍କ	ସମୟ
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3	ସମସ୍ତ ପିଲାଙ୍କୁ ନିୟମିତ ଭାବେ କୁରା ନାହିଁ	ସମସ୍ତ ପିଲାଙ୍କୁ ନିୟମିତ ଭାବେ କୁରା ନାହିଁ	5
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7	ସମସ୍ତ ପିଲାଙ୍କୁ ନିୟମିତ ଭାବେ କୁରା ନାହିଁ	ସମସ୍ତ ପିଲାଙ୍କୁ ନିୟମିତ ଭାବେ କୁରା ନାହିଁ	5
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Scorecard by the Service Provider

Initially, the SP was unwilling to co-operate and we, therefore, approached the Child Development Project Officer (CDPO) for a written order to the SP to participate in the Community Scoring Process.

The interface meeting was held at an ICDS centre, in which the beneficiaries, the SP, the cook in the ICDS centre and the trainers participated. The two scorecards prepared with the help of the beneficiaries and the SPs were displayed on the wall. A separate space was provided where, after consensus, a final score would be given for the various indicators. There was some confrontation between the two parties but eventually a CSC was made, and after that an Action Plan was prepared for indicators scored at 3 or below.

INTERFACE OF THE COMMUNITY AND THE SP AT MANJHIDI PANCHAYAT

The Manjhidi *panchayat* has 10 ICDS centres. After the scoring of each centre, it was evident that there was no uniformity in the services provided at these centres. In some Action

Plans, it was decided that three eggs would be given to the children in one week whereas in some centres the decision was to give four or five eggs. Similarly, there were many other indicators such as the timings of the ICDS centre, the home visits by ICDS workers, the pre-schooling timings, etc., in which there was no uniformity.

Clearly, there are many variations even within one *panchayat*. A *panchayat*-level interface was conducted wherein all the ICDS SPs, the beneficiaries, the Asha worker, the Cluster representative, the CDPO and the village *pradhan* participated.

The CDPO spoke about the various provisions under the ICDS programme. There were many confrontations between the beneficiaries and the ICDS workers as well as between the ICDS workers and the CDPO. Again, the members pointed out the differences in the number of eggs given to the children in the different ICDS centres. Discussions revealed that this was so because of the price of eggs. Only Rs 3.25 was allotted for the purchase of eggs whereas the actual cost of an egg was Rs 5.

The process also allowed ICDS workers to share their problems with the community and the CDPO. Finally, they came up with a common plan for weighing children, the provision of eggs, the timings of the centres, the home visits and pre-schooling.

The preparation of the Action Plan after the interface meeting is quite crucial for translating plans into actions and, thereby, into results. The delegation of responsibilities for Cluster leaders, the beneficiaries and SPs is also important for improving the efficiency of the service delivery mechanism. In Simani, Marlong and Karumama, the Cluster was assigned the task of improvement of infrastructure; the beneficiaries were asked to

send their children on time; and the AWW was asked to improve the quality of food.

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for the same indicators. Also, the community discussed other issues of pre-school hygiene, home visits, meeting of mothers, unlike earlier where the main issue was food and the provision of eggs. The Community was now more aware about ICDS and the villages were taking an active part in streamlining the

systems along with the ICDS workers.

Changes after the CSC interface:

- ♦ Regularity in taking the weight of children
- ♦ Rice was cooked well and served. This tool not only helped in revealing the actual quality of the service delivery to the community but the SP also got a fair glimpse of the community's expectations from the scheme. During the Cluster exercise in Marlong, the leaders vehemently opposed the under-cooked meals being served to children at the *aanganwadi* centre.
- ♦ Inclusion of eggs (almost all the ICDS centres)
- ♦ Mothers also became aware that the ICDS had a learning programme as part of its agenda for children and that the ICDS workers needed to teach the children using games. The mothers also discussed these agendas in the Cluster meetings, as well as with ICDS workers.
- ♦ The community also felt the need to have a well-maintained ICDS centre (renovation work started in six ICDS centres).

The first interface was held in February 2014 and the second in January 2015. In the second interface, the whole process was initiated and conducted by the community. In the second round, the community gave higher scores

Like Manjhidi *panchayat*, SHGs from Begunkodar *panchayat* have also worked with the 19 ICDS centres in their *panchayat* to bring about positive change.

CONDUCTING THE CSC FOR THE PDS

In January 2014, PRADAN organized two orientation trainings on Targeted Public Delivery System (TPDS) for 82 SHG representatives, covering 16 villages of Manjhidi *panchayat*. The main focus of this programme was to develop awareness on the rights of households under PDS. Following the training, these representatives ranked the quality of this service delivery at their village level (0–5 scale). The Cluster leaders visited the local leaders and FPS dealers to understand their perspective on PDS, and recorded their responses.

Following this, an interface meeting of the community leaders and local FPS dealers was organized by the Cluster leaders for finalizing constructive measures towards the improvement of this service delivery. The interface was planned directly at the *panchayat* level because one dealer caters to around 5,000 cards (households). A meeting was called at the *panchayat* level, wherein one member of each SHG in the *panchayat*, the four dealers, the *gram sabha pradhan*, the Block Food Inspector (BFI) and the District Food

Controller (DFC) were invited. Male members were also called to participate because, usually, they fetch the ration from the PDS shop.

On 16 February, almost 250–300 people assembled near the *panchayat* bhawan. The Cluster representatives arranged a *pandal*, a microphone and mats for the people. However, none of the dealers turned up for the meeting. The women, then, with the help of the *gram pradhan*, went to each dealer and again requested them to attend the meeting. After much cajoling, the dealers agreed to participate.

The SHG members shared the objective of the meeting and assured the dealers that the meeting was not to find fault with their work but to share with each other what the issues were and how these issues could be resolved to make the programme more effective. After the introduction, the moderator displayed the chart papers scored by the dealers as well as the SHGs.

Whereas the SHGs had given a scoring of one or two for most of the indicators, the dealers had given a scoring of four or five. As the discussion proceeded, the dealers began to leave the venue saying that they were not answerable to the community and that they would not sit in the meeting until the officials from the block or district were present. The situation became chaotic because the officers who were meant to attend the meeting were in another meeting. However, after an hour or so, both the BFI as well as the DFC arrived at the venue. The dealers then quietened down.

There were eight indicators on which the FPS had been scored and these were—the fixed day and time of opening of the FPS, the per capita allocation of rations (quantity), the quality of the food grains, the board display of the rate and the quantity of rations at the FPS,

receipt slips, the FPS owner's behaviour with the beneficiaries, the allocation of ration cards (the exclusion-inclusion factor) and the role of the Vigilance Committee.

The SHG members complained that they did not get the allocated 2 kg of rice or the allocated rations, to which the dealers responded that they get 1.6–1.8 kg of rice per card. The DFC admitted that he also received less rations from the government. An Action Plan was then made that at least a receipt be given to the ration card holders for the amount of ration being given to them so that they have proof of the same. Discussions were held on other issues too, and likewise Action Plans for those indicators were also made during the meeting.

After the meeting, SHG members were very happy when they, for the first time, got pink colour receipts from the dealer. They also shared that the amount of rations had increased from 1.2 to 1.6 kg.

PUBLIC HEARING FOR THE PDS

As the days passed by, some of the dealers again began creating problems and did not abide by the Action Plans they had earlier agreed to. The matter came up at the Cluster meeting and the members discussed the issue. The dealers had apparently said that if anyone wanted a receipt, half a kilogramme of rice would be deducted from their rations. The SHG members had tried to resolve the issue with the dealers but the situation only worsened.

At the same time, in the FFHI project, PRADAN was to conduct a public hearing. We decided to bring up the issue of PDS at that hearing. On the one hand, this would showcase the changes that had taken place with the CSC in some of the FPSs and, on the other hand, it

would highlight the issues being faced by the people in the other FPS.

With the support of WHH, a village-level hearing was organized in April 2014 in five villages of Manjhidi and Begunkodar *gram panchayat*, which was quite effective; the community participated in the programme and shared their concerns. After that, a district-level workshop was to be organized to share the findings of the public hearing with the media and the concerned government officials. Unfortunately, permission could not be granted because of the election process.

Instead a block-level public hearing was planned, which was to be attended by the Block Development Officer (BDO), the Civil Society Organization (CSO) and the community. Also, there was a plan to have an interface with the SPs during the hearing. However, this was a big task. From April to December, we, along with the community, went from block to district to get a date from the BDO and the other officials but our request fell on deaf ears. Their excuse was, "We are busy. Come after 15–20 days." It was quite obvious that they did not want to be in the public hearing where the people from the media and the community could question them.

Finally, after several months, the BDO gave us a date and the public hearing was scheduled for January 2015. The event was planned and the invitations sent to all the concerned people—the media, NGOs, Federation board members from the Barabazaar and Jhalda1 Block, PDS dealers, SHG members, etc. Resource persons were also called in from Kolkata to conduct the public hearing.

The effect of CSC and the public hearing are so visible that the women from other panchayats are also showing interest in learning and conducting CSC in their areas

As planned, the public hearing started in the presence of the BDO. Many issues were discussed during the meeting, in which both parties, that is, PDS dealers and members from the community were present. The meeting was well appreciated by all and resolutions were made to

better the PDS in the block, and to check the loopholes. The hearing had a great impact, not only on the functioning of the PDS but also on ICDS and primary schools, where CSC has been conducted.

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Changes observed in PDS after CSC:

- ◆ SHG members became aware and informed about their entitlements, (covering quality, quantity and the transparency component)
- ◆ Greater accountability was enforced on dealers, both by the community and the Regional Food Control Officer.
- ◆ Three dealers started putting up information boards (after the interface meeting).
- ◆ Beneficiaries began to receive purchase/receiving slip from FPS owners.
- ◆ The per capita allocation of rice and wheat flour increased.
- ◆ FPS started opening on four days a week.

IMPACT OF CSC

- ◆ Has encouraged women's participation in demanding their entitlements and

improving service quality. This exercise has helped immensely to enhance the awareness of the community, especially women, about various social security schemes.

- ♦ Has been possible to have a holistic assessment of schemes because it prompts the community to select a number of indicators for evaluation of the service.
- ♦ Has provided a space for interface between the SP and the beneficiaries on several indicators. Although, this exercise causes confrontation between the SP and the beneficiaries, both get ample space to share or justify their positions. The role of the moderator becomes immensely important here to move forward with togetherness.
- ♦ Has helped in building awareness about people's rights and entitlements about various schemes

In conclusion, the CSC is an effective tool, wherein the community and the SPs interact directly with each other and jointly make an Action Plan for smooth functioning of the service. The scorecard helps them look out for various aspects of the scheme and helps

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them think of all the indicators of the scheme. The tool helps in generating larger awareness about the programme and also helps the community to understand its responsibility in improving the system. For example, for the smooth functioning of ICDS, it was imperative that the parents send their children regularly and also that the parents bring their children to the centres for timely vaccines.

During the CSC process, the community has also realized that their demands have always been on tangible things such as whether eggs are being provided or whether children are provided meals; they did not pay attention to the qualitative aspects such as having regular parent-teacher interaction or ensuring home visits by the ICDS worker.

Of course, conducting a CSC is not without challenges. Before conducting the CSC, trainers as well as community representatives need to be aware about various indicators of the service and also aware of the needs of the community so that the Action Plan is made after considering all the indicators of the programme, rather than only the visible indicators.