PUBLIC AFFAIRS CENTRE

Committed to good governance

Tools for Improving Maternal Health Service Delivery

An Implementation Manual

Toolkit by

Public Affairs Centre (PAC) is a not for profit organization, established in 1994 that is dedicated to improving the quality of governance in India. The focus of PAC is primarily in areas where citizens and civil society organizations can play a proactive role in improving governance. In this regard, PAC undertakes and supports research, disseminates research findings, facilitates collective citizen action through awareness raising and capacity building activities, and provides advisory services to state and non-state agencies. To know more visit www.pacindia.org.

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ISBN: 978-81-88818-27-9

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Contents

Introduction

Public Affairs Centre undertook a unique Citizen Report Card study of Maternity Homes, India Population Project (IPP) Centres and Urban Family Welfare Centres (UFWC) in partnership with five city based NGOs in 2000. A total of 500 patients and 77 staff of these facilities were interviewed. The purpose of the survey was to get corroborative evidence on the poor quality of services provided, and the widespread corruption in the Maternity Homes to strengthen the advocacy work of Civil Society Organisations. The findings that came out from the study clearly showed –

- Poor service delivery in Maternity Homes;
- High levels of corruption in the delivery of services in Maternity Homes;

In 2010, PAC undertook another similar study to measure any changes that may have taken place over the last decade in the quality of service delivery in these Maternity Homes. This study highlighted some gaps in service delivery and availability of funds. An effective advocacy process was initiated by empowering communities (users) to make evidence based demands for better funds allocations and better services. This was done through the systematic use of social accountability tools.

The project has been successfully pilot tested in the Maternity Homes of Bangalore and we see a great potential in replicating it for wider impact.

This implementation manual provides details on designing and implementing these social accountability tools which will aid PAC's larger mission of building core competencies in designing and undertaking budget analysis and score cards and institutionalize the same in the civil society space in future.

This manual details the three social accountability tools that have been used by PAC in a systematic manner – Citizen Report Card; Budget Analysis; Community Score Card. The following sections of the manual give broad views of the intent of using the tool, the steps to be followed and the logistics required to implement the tool.

This manual is designed for community groups, NGOs and research institutions working in the health sector. This is specific to maternal health service delivery. The tool can be used to facilitate good governance through promotion of participation, transparency, accountability and informed decision-making.

Acknowledgement

The authors would like to thank our partners Society for People's Action for Development (SPAD), Centre for Advocacy and Research (CFAR), Association for Promoting Social Action (APSA) and Munnade for replicating the toolkit and providing valuable inputs. Our sincere thanks to International Budget Partnership (IBP) for providing technical assistance and funding the project. Our thanks to the officials of BBMP Health Department, Maternity Homes and Referral Hospitals for their co-operation throughout the project. We would like to express our heartfelt gratitude to the urban poor women in the catchment areas of the Maternity Homes who participated in all the activities of the project and continue to do so even after the project period. Their feedback and participation have been the foundation of this project and the toolkit.

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TOOL 1

Citizen Report Card

Citizen Report Card (CRC) is a simple but effective survey-based social accountability tool that solicits stake holder feedback on the performance of public services. CRCs originated in 1994 in Bangalore, India, through the work of Public Affairs Centre (PAC).

CRCs obtain user feedback on the following aspects of service delivery:

- Availability, access and usage
- Service quality and reliability
- Problem incidence, responsiveness and problem resolution
- Costs, including Corruption
- Satisfaction and suggestions for improvement.

Process of CRC

Deciding the scope of work

Decide the maternal health services to be covered - antenatal, delivery, post natal, immunization, family planning, schemes and benefits. Under each of these, issues/aspects of service delivery to be assessed - access, availability and usage, quality and reliability, corruption, staff and their behavior, grievance redress, and overall satisfaction have to be finalized. The geographical areas to be covered in the study are to be identified, i.e., the catchment areas of the hospitals/health units along with the population to be covered viz. the number of users and (or) staff to be interviewed. Most of these factors are dependent on the availability of funds and time.

Conduct Focus Group Discussions (FGDs) with the community to understand the aspects that need to be addressed in the data collection instruments.

Sampling design for users

Sampling of users of health units

- Sampling should be stratified random sample with representation from all localities in the catchment of the maternal health service delivery unit
- Respondents should have used all or some of the services of that unit in the past 1 or 2 years
- Respondents should be actual users of that unit.

Get the list of the localities/neighbourhoods in the catchment area of the maternal health service delivery unit along with the list of users through the units records. In case these lists are unavailable a scoping exercise can be carried out on the ground to manually identify the neighbourhoods and users. Select the sample as per the sample plan.

Sampling of staff members

- Select one member each at least from all categories/levels of staff in the maternal health service delivery unit
- If there are male and female members at each level, it is advisable to have one male and one female respondent from each one of them.

Questionnaire design

- Cover all services as decided in the scope of work
- Cover all aspects of each of the services as defined in the scope of work
- Where available, include norms as specified by the service providers in the questions. During the interview, this will serve as a means of building awareness levels of the users by sharing information about their entitlements
- There should be no leading questions

"How bad is the doctor's behavior"?	✘
How is the doctor's behavior? Good 1 Bad 2	✓

There should be no double-barreled questions

"Are Iron and Folic acid tablets given at the Maternity Home or prescribed?"	✘
Are Iron and Folic Acid tablets prescribed at the Maternity Home? Yes 1 No 2 → Skip the next question Are they given at the Maternity Home? Yes 1 No 2	✓

- Prepare a checklist for the type of case studies to be collected. Case studies that cover best/worst experience of a user can add a personal touch to the final report.

CRC Survey

Pilot survey

Conduct a pilot or field test of the questionnaire(s) before printing the entire set for the field work. Fine-tune the draft questionnaire based on the experiences of the pilot survey.

Briefing of questionnaires

This is a very important aspect of the CRC methodology. The data collection instruments have to be walked through in detail explaining every question and every option for every question. Begin with an introductory briefing about the research and its objectives, followed by a walk through of the questionnaire and conclude it with mock calls/interviews.

Revise the questionnaires if necessary after the briefing. Make sure that the final questionnaire has the following:

- Unique code for each questionnaire for data entry
- Interviewee related information
- Proper introduction to the study
- Demographics
- Filters / skips at appropriate places
- Proper flow / sequencing of questions for each aspect
- Relevant options for closed-ended questions
- Adequate space to record the answer for open-ended questions.

Quality monitoring during CRC survey

A CRC will have three types of quality checks to ensure that the survey yields good quality data from the field.

- Spot checks - The supervisor has to accompany the team of interviewers, observe them and correct them if required while they are administering the questionnaires
- Back checks - Randomly select 10% of the filled-in questionnaires and conduct back checks by visiting the selected houses, talk to the respondents to cross check responses for some critical questions in the administered questionnaire
- Scrutiny - Randomly check 10-20% of the filled-in questionnaires for completeness of the information before sending all the questionnaires for data entry.

Data entry

- Prepare code lists for responses against "open ended" and "others specify" questions
- Prepare the data entry template
- Take measures to maintain the confidentiality aspect during data entry
- In case of questionnaires given to a data entry vendor, conduct surprise checks during data entry
- Check the number of the questionnaires through unique code after entry
- Check to see if skips have been followed, if any impossible answers have been entered
- Check if questions that have been answered later are consistent with responses in earlier questions, if entries have been repeated

- Export the data to SPSS or a similar statistical package. The data should be properly value labeled after exporting to the same
- Carry out data consistency checks.

Data analysis

Prepare a data analysis plan and undertake statistical tests to verify the results according to the plan. Generally frequency and percentage tables are generated as a preliminary analysis. Cross tabs and regressions are applied for further analysis based on the preliminary findings.

Report generation

Prepare a chapter format / broad outline of the report. According to the format, prepare the tables and charts to be inserted in the report. Insert the case studies recorded during fieldwork at relevant places in the report to enrich the report with qualitative information. The final draft report should essentially have the following:

- Executive summary
- Introduction providing CRC objectives and methodology
- Major findings (both positive and negative)
- Implications of the findings
- Factors that need to be explored for the budget analysis exercise
- Indicators for further investigation during the Community Score Card exercises.

Share the draft report with the service provider and incorporate their suggestions, if any, into the draft report and finalise the report for dissemination.

Takeaways from the exercise

- A diagnostic understanding of maternal health service delivery
- Identification of the main issues to be tackled
- Positive aspects of the service delivery that need to continue
- Factors for further exploration in Tool 2 - Budget Analysis
- Indicators for tool 3 - Community Score Card

TOOL 2

Analysis of Maternal Health Budgets

Budget analysis is a tool for understanding the intention and possible impact of the government's plans for raising and spending public resources. This helps build evidence for budget advocacy to bring in necessary reforms through informed policy debates and also helps in strengthening oversight mechanism. Public budgets can be analyzed from various perspectives:

- looking at budget trends over time
- comparing spending for one sector, like health, to its share in the overall budget or to proposed spending for another sector, like defence
- assessing how a budget addresses the needs of a particular group, such as women, children, those with disabilities, and the poor; or how it affects the overall economy[1].

Stages of budget cycle

There are usually four stages in a budget cycle -

- Budget formulation, when the budget plan is put together by the executive branch of the government;
- Enactment, when the budget plan may be debated, altered, and approved by the legislative branch;
- Execution, when the policies of the budget are carried out by the government; and
- Auditing and assessment, when the actual expenditures of the budget are accounted for and assessed for effectiveness.

Spending on health care in India remains low in comparison to many developing and developed countries. Government expenditure as a share of the total health expenditure in India is less than what Asian countries such as China and Indonesia spend on health care.

Globally, it is estimated that an annual rate of decline of 4.4% is needed to reduce deaths of children under 5 by two-thirds by 2015. In India, the annual rate of decline in child mortality between 1990 and 2008 is 2.25%. As per the 2015 target, required rate of decline from 2009 to 2015 per year must be 6.28% to meet the MDG goal.[2]

Bruhat Bengaluru Mahanagara Palike budget: An example

Every urban local body in India prepares its annual budget similar to the Central and State budgets of the country. The Bruhat Bengaluru Mahanagara Palike (BBMP) or the Greater Bangalore Municipal Corporation that oversees the administration of the city also prepares its annual budget based on receipts and payments from 28 departments. The health department comes under Sl. No 13 (Health General) and 14 (Health Medical). Maternal health budgets come under the health medical budgets.

1. http://internationalbudget.org/budget-analysis/
2. http://internationalbudget.org/budget-analysis/

Line heads under maternal health and child welfare

- Maintenance and repair for equipments
- Post Natal Care Kits for Delivery in BBMP hospitals
- Purchase of equipments – Maternity Homes
- Purchase of maternity equipments, medicines and linen
- Purchase of medicines and other accessories
- Purchase of Medicines (Hepatitis B)
- Purchase of Walk-in Cooler
- Supply of milk, bread, diet to health centres and Maternity Homes.

BBMP budgets are available on its official website www.bbmp.gov.in. BBMP also publishes its annual budget estimates and expenditures in the form of budget books that are available in its Head Office.

Budget analysis

There are several ways of reading and making sense of the numbers in the budget document. The following are some basic interpretations which help in generating evidences for policy dialogue. The possibilities of analysis are exhaustive and are not definitely limited to the ones listed below.

- Depending on the amount of budget information available in the public domain, one can analyse the levels of financial transparency within the organisation
- A trend analysis can be done using time series data to understand the changes in allocations and expenditures
- An expenditure tracking exercise can be carried out to understand the bottlenecks in fund and function flow mechanisms
- Efficiency of service delivery can be assessed based on certain indicators like per unit cost of service for users of maternal health services.

In this part of the manual, two specific lines of analysis have been presented.

Tracking expenditure on Madilu

An example of an expenditure tracking effort

Madilu scheme was started by the Government of Karnataka (GoK) to provide postnatal care for the mother and the child. The objective of this scheme is to promote institutional delivery by encouraging poor pregnant women to deliver in health centres and hospitals in order to considerably reduce maternal and infant mortality in the state.

Under this scheme, a kit which has 19 essential items for the newborn and the mother such as mosquito curtain, carpet, bed sheet, bathing soap, washing soap, sanitary pads, diaper are is given as an incentive to the mother.

Findings from the Citizen Report Card clearly showed that Madilu kits (mother and baby care kit) were not given to all users. Among two-thirds of the women who received the mother and child kits, only half of them received the full kit with all the 19 items in it.

Methodology details

Documents related to budget allocations and expenditures including details of procurement of kits by BBMP, their distribution to health units, issue of kits at the Maternity Homes and Referral Hospitals for the last three years were collected from the Maternity Homes, concerned Referral Hospitals and from the Chief Health Officer's office and analysed to find out the gaps. Data collection was mainly through applications under Right to Information (RTI) Act and official written requests to the concerned officials with meticulous follow up. Some of the related documents were also obtained from other concerned agencies outside of BBMP like the Karnataka Handloom Corporation, which supplied some of the items to the Madilu Kits, again through RTI applications.

Documents collected

- Purchase order by BBMP to Karnataka Handloom Development Corporation Limited
- Purchase order by BBMP to Karnataka Soaps and Detergents Limited
- Supply details by Karnataka Handloom Development Corporation Limited to BBMP drug store
- Supply details by Karnataka Soaps and Detergents Limited to drug store
- Unit cost of Kits
- Specifications of the kits (number of items, number of kits)
- Stock details at the Central Drug Store
- Distribution details from the Central Drug store to Referral Hospitals
- Distribution details from every Referral Hospital and Maternity Home.

Specific interviews were conducted with all concerned officials starting from the Chief Health Officer, the Superintendent of the Referral Hospital, the Medical Officer of the Maternity Home to the central drug store (in-charge) to understand the fund flow and function carried out in the procurement and distribution of Madilu kits within BBMP. A dedicated section in the CRC data collection instruments captured essential information on the budget process, involvement of officials in budget preparation, reporting of expenses.

Some sample questions asked during the interview with officials at the Maternity Homes

Sl. No.	Question	Options	Code	Skip to
1	**How is the budget allocation made by the BBMP to the Maternity Homes?**	Based on the request raised by the Maternity Home Lump sum Based on patient load Others (specify)	1 2 3 4	→ **Q2**
2	**Is the fund allocation sufficient to maintain the Maternity Home?**	Yes No	1 2	

Sl. No.	Question	Options	Code	Skip to
3	**Are you consulted during the budget preparation and allocation by BBMP?**	Yes No	1 2	→5
4	**At what level of hierachy is the budget allocation decided?**	Commissioner DC (Health) CHO Office Refferrral Hospital Superintendent		
5	**Do you find this system of budgeting robust?**	Yes No	1 2	
6	**What are your suggestions towards improving the existing fund allocation system to Maternity?**	1. ..... 2. ..... 3.		
7	**Do you submit expenditure details to your higher authorities?**	Yes No	1 2 → **Next Section**	
8	**What do you submit these details to?**	Refferrral Hospital Superintendent CHO DC (Health) Board of visitors Others		
9	**How frequently do you submit these details?**	Annualy Quarterly Monthly Whenever asked Others	1 2 3 4	

Unit level receipt and expenditure analysis

Examples from selected BBMP Maternity Homes

BBMP Maternity Homes do not have cash transfers. All the necessities are met through central procurement. Cash transactions happen only on a small scale, through the User Fee that is collected, remitted and utilized at the Maternity Home.

BBMP has a stipulated User Fee system for specific services offered at the Maternity Homes and Referral Hospitals. The relevant fee is collected at the hospitals in cash and receipts are issued for the same. The Maternity Homes have to operate through a joint account in a nationalized bank by the MO and one of the members of Board of Visitors who is nominated by the board. All the money collected as User Fee should be remitted into this account on a daily basis.

Every Maternity Home has a provision to utilize this User Fee for purchase of emergency drugs, equipments and most essential electrical items, small electrical and civil repair works, photostat and stationary, laundry of linen and for any other purposes with the approval of the Board of Visitors.

Methodology details

Documents related to User Fee collected and spent, quotations for purchase of drugs from retail outlets, remittance of User Fee amount in the bank, were collected and analysed. Since the transaction happens on a daily basis, it would have been unviable to collect and analyse every day's data for a year. Hence it was decided to take day-wise details for one month of every quarter (April, July, October and January) of a calendar year. Data collection was mainly through official written requests to the concerned officials followed by applications under RTI to ensure that the documents were comprehensive.

Documents collected

- Remittance and withdrawals in the form of bank statement
- Expenditure details in the form of receipts
- Extracts of bill books, kirdi book and cash book for the selected months
- Extracts from out-patient registers, dog bites records, in-patient registers, lab registers for the months
- Internal audit reports for the year.

Specific interviews were conducted with concerned officials of the Maternity Homes and Superintendents of the Referral hospitals to understand the procedures followed in collection, remittance and utilization of User Fee. A similar exercise was carried out with the users to understand their experiences in paying User Fee and the quality of services that they were offered for having paid the fee.

A dedicated section in the CRC data collection instruments captured essential information on the same.

Some sample questions asked during the interview with users were

1	**Did you avail..... service from the Maternity Home?**	**Yes 1** **No 2** →	**Next Section**
2	**Did you pay for the service?**	**Yes 1** **No 2** →	**Next Section**
3	**How much did you pay?**	Rs.	
4	**Did you get receipts from the money paid?**	Yes, for full amount paid 1 Yes, for partial amount paid 2 No 3	

Some sample questions asked during the interview with officials were

1	**Is there a stipulated fee for availing the following services?**	**Yes**	**No (Go to 2.8.2)**	**Amount (Rs.)**
	Monthly Check up	1	2	
	Blood Test	1	2	
	Urine Test	1	2	
	Scanning	1	2	
	ECG	1	2	
	Tablets (iron and folic acid)	1	2	
	Vaccination (mother)	1	2	
	Normal Delivery	1	2	

	Caesarian Vaccination (baby) Tubectomy OCP Copper-T MTP Fitness Certificate Birth Certificate Others	1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2	
2	**Are receipts issued for all the fee collected**	**Yes No**	**1 2**	
3	**Do you submit utilization details to your higher authorities?**	Yes No	1 2 → **Q6**	
4	**What do you submit these details to?**	**Supdt. of Referral Hospital CHO DC (health) Board of visitors Others**	**1 2 3 4**	
5	**How frequently do you sbmit these details?**	Annually Quarterly Monthly Whenever asked Others	1 2 3 4	
6	**How is the user fee utilized?**	1. ..... 2. ..... 3.		
7	**What is the maximum amount from user fees permissible to be spent every month?**	Rs.		
8	**Is the amount sufficient?**	**Yes No**	**1 2**	
9	**What are your suggesstions for better utilization of user fee?**	1. ..... 2. ..... 3.		

Takeaways from the exercise

- General understanding of budget allocations for maternal health services
- Issues related to fund flow that affect service delivery
- Issues related to processes and systems within the institution that affect service delivery
- Indicators for tool 3 - Community Score Card

TOOL 3

Community Score Card

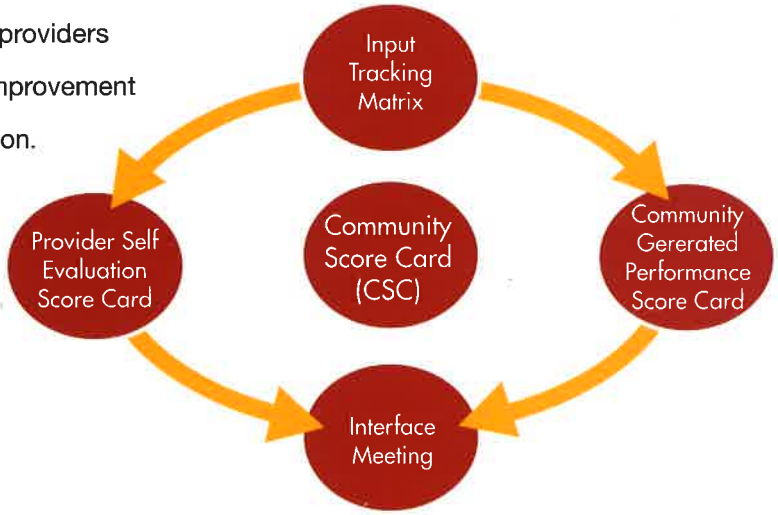
A Community Score Card (CSC) is applicable at the local level to assimilate local knowledge and arrive at local solutions. It provides

- a forum for direct and constructive engagement between the service user and the service provider;
- an opportunity for joint decision making;
- immediate feedback to the provider on areas for improvement; towards quality, efficiency and effectiveness of service delivery.
- a platform to promote good governance (accountability, transparency, participation) in the process of public service delivery.

Process of CSC

The implementation of CSC involves the following steps:

- Entitlements workshop for communities
- Input tracking
- Scoring by community and by service providers
- Interface meeting and action planfor improvement
- Monitoring of action plan implementation.



Entitlements workshop for communities

Urban poor women who have availed services from the health units providing maternal health services in the last 2 years are to be identified. This can be done from the health unit records, by outreach work in the community, through the child care (anganwadi) centres and through link workers. An extensive information sharing workshop has to be held with the identified users in a community meeting where they are briefed on their maternal health entitlements and the need for availing good maternal health care facilities.

This can be done in several ways - detailed charts can be prepared highlighting the entitlements of the users for each of the maternal services like ante natal, post natal, inpatient services, immunization, family planning, benefits and schemes. Separate pictorial charts can be prepared and presented in a Q&A (question and answer) model in the local language making sure most of the participants get involved in the process.

Another format can be through role plays by participants which are more participatory in nature. Street plays or skits can also be carried out to share entitlements. Audio –visual outputs can also be of help in sharing information with the users.

Irrespective of the modes used, one important factor that needs to be kept in mind while sharing information is that the details of the Government Orders (GOs) and circulars from the service provider that state these entitlements have to be shared and quoted along with the year. This is very important as schemes and entitlements are subject to change with time.

The motive of this exercise is to share relevant information with the audience of users and bring them all to the same level of understanding about maternal health services. Following this, inputs are sought from them on the existing quality of services at the health units through detailed discussion and documentation. The presumption is that informed users are able to assess the quality of service delivery more accurately and can identify gaps.

Input tracking

Key findings from the earlier exercises viz. Citizen Report Card and Budget Analysis should be discussed further with the community members to identify a set of indicators that should be used for the CSC scoring exercise. As an example, 12 indicators have been listed below that can be used for a Community Score Card on maternal health service delivery. These have been developed based on the CSC exercises carried out in a few Maternity Homes in Bangalore.

The following table presents the list of indicators and the aspects that were considered under each indicator for scoring by the community members and the staff members.

Example of list of indicators

No.	Indicators	No.	Indicators
1.	**Availability of Medical Facilities** Scanning Lab OT/operation theatre Medicine for mental health Medicine for minor ailments Injections Child immunization Stock of syringes/needles	6.	**Behaviour of Staff** Internally (among each oher) Users
2.	**Availability of General Infrastructure** Toilets and water in toilets Drinking water Hot water Linen Bed	7.	**Extending benefits from Schemes** Madilu (kit for mother/baby) JSY (safe motherhood scheme)
3.	**Display of information** Awareness Grievance Redress Availability of specificservices	8.	**Counselling and Advise** ANC PNC Delivery Child care Family Planning
4.	**Cleanliness of the premises** Toilets and water in toilets Other areas	9.	**User Fee** Collection Issue of reciept Maintenance of records utilisation
5.	**Staff Availability** During working hours After working hours	10.	**Food for inpatients** Milk Other food items
		11.	**Efficiency in budget preparation**
		12.	**Efficiency in recordkeeping**

Performance scoring by the user community and self evaluation by staff

The users who have been briefed on their entitlements and those who were a part of the input tracking exercise should be requested to score the services of the respective health unit against the indicators developed during the input tracking exercise on a scale of 1-5 (1 being low and 5 being high).

All scores are to be backed by reasons, which should be documented. This process provides an opportunity for community members to discuss amongst themselves the various aspects of that particular indicator and arrive at a common score. These discussions and debates promote critical thinking and reasoning, and usually ensure that some of the minor issues get clarified right at this stage. Further, it ensures that members of the community are all equally informed about critical issues. The beauty of the exercise is not in the numbers but in the richness of the discussion that takes place before the scoring. Hence facilitation is extremely important.

The service providers (health units' staff) are asked to self-evaluate their services on the same scale against the same set of indicators with reasons.

Example of the score card

Sl. No.	Indicators	Maternity Home - 1		Maternity Home - 2		Maternity Home - 3	
		Staffs Score	Community members Score	Staff Score	Community members Score	Staff Score	Community members Score
1	Availability of Medical Facilities	4	4	5	4	4	3
2	Availability of General Infrastructure	5	4	5	4	3	5
3	Delivery facility	5	3	5	5	0	1
4	Availability and distribution of medicines	4	0	5	5	5	5
5	Food for inpatient	5	2	4	4	NA	NA
6	Family Planning services	4	3	5	3	4	5
7	Madilu scheme	5	2	4.5	1	NA	NA
8	JSY scheme	5	0	5	1	NA	NA
9	Doctors behaviour with the Users	4	0	4	1	4	5
10	Other staffs behaviour with Users	5	4	5	1	5	0/5
11	Users Fee collection and issuing receipts	5	0	5	1	5	0

NA – Not Applicable

Remember

- Performance evaluation and self-evaluation should be conducted as two separate exercises.
- All scores are to be backed by reasons
- The beauty of the exercise is not in the numbers but in the richness of the discussion
- Facilitation is extremely important.

After scoring all the indicators, the facilitator should revisit the scores for every indicator citing the main reasons given by the community substantiating the score. The intention of this summary is to reiterate the issues and concerns that are reflected by the scores for an overall consensus by the community.

Interface meeting

The interface meeting facilitates an action platform that connects communities with the service providers. The scores and their reasons provided by both sides are presented by the facilitator at this interface meeting. This platform gives an opportunity for both parties to discuss issues and the suggestions that the communities have in addressing these issues and also the supply side constraints in accepting/ implementing those suggestions.

Remember

- Members of the community who have actually participated in the performance evaluation exercise should be physically present at the interface meeting
- All concerned officials of the health unit as well as higher officials in the health department have to be present at the interface meeting
- Moderation is very important. The facilitator has to present the scores and corresponding reasons in an unbiased manner.

The intention of such a moderated discussion is to bridge the knowledge gap between the providers and communities and start a process of constructive engagement. The discussion may in itself not end in actions but will initiate the process of taking relevant steps towards reducing the gap and improving governance in a phased manner. This is a conflict- resolution exercise that is intended to result in a mutually agreeable plan of action to address the issues of the communities and improve overall quality of maternal health service delivery.

Example of the action plan (from CSCs carried out in the BBMP Maternity Homes)

- Scanning facility to be introduced
- Streamlining of milk procurement for inpatients
- Display of list of beneficiaries of the JSY and stock of Madilu kits
- Display of User Fee charts and Grievance Redress Information charts
- Provision of safe drinking water and hot water for patients
- Formation of Maternity Home Monitoring Committees (MHMCs) to monitor service delivery and work for improving awareness in the neighbourhood.

Actors in a Community Score Card (CSC) exercise

Respondent group composition

The respondent group should consist of a group of 15 to 20 people who have availed the maternal health services from their health unit in the last 1-2 years and live in the catchment areas of these units. It is preferable to have people who have availed all maternal health services from antenatal care to immunisation and further family planning. If it is difficult to get respondents of this nature, it must be made sure that each respondent in the group has availed some of these services.

Facilitation team

The facilitation team should comprise 2–3 members who are good at interactions with the community and in moderation. Each member should have basic knowledge of maternal health services and should be well versed with the entitlements. He/she should be balanced in moderation and should not influence the discussion with his/her own opinions and ideas. One of them should be the facilitator and the others should perform as co-facilitators. The role of the facilitator is to engage the group in constructive discussions on the indicators and bring about a consensus on scoring. The co-facilitator(s) should manage the time and record scores on the score sheets.

Documentation team

The documentation team should comprise of 2-3 members who are aware and trained on the indicators. They should be aware of the schemes and entitlements. They should be well versed in documenting the discussions and be attentive to record every bit of the discussion that happens during the scoring exercise. Apart from written documentation, it will be useful to have photo/video/audio documentation for future reference.

Materials required for the exercise

- Entitlements charts with appropriate references from official records
- Scoring sheets with ample space for recording reasons
- Permanent markers/ sketch pens
- Note pads and pens for documentation
- Voice recorder/ video camera/ still camera for audio and video documentation.

Takeaways from the exercise

- Awareness regarding entitlements among users
- Information sharing among users and between service providers and users
- Dialogue between the user and the service provider
- Local solutions for addressing smaller issues
- Prioritization for fund allocation and expenditure
- Joint action plan for improving the quality of maternal health service delivery
- Community participation for effective service delivery

Follow up and Advocacy

With systematic application of these tools, the following will emerge very clearly

- Assessment of maternal mealth service delivery based on user experience
- Identification of service delivery gaps
- Supply side (provider) constraints and concerns
- Issues related to fund flow and related processes
- Joint action plan developed by the user and the provider for overall improvement of services by addressing the gaps.

The next step is to create a systematic process for follow-up on the implementation of the action plan by the communities.Through the maternal health exercise, a Maternity Home Monitoring Committee (MHMC) was constituted at the hospital level. These committees consist of 8-10 members who are selected from the catchment areas of these Maternity Homes who have availed services from the Maternity Home in the past and are availing services currently as well. The committee members have to

a. prepare a checklist for monitoring the implementation of each aspect of the joint action plan.

b. visit the Maternity Home on a regular basis (once in fifteen days) and monitor the implementation of the plan as per checklist.

c. meet on a fortnightly basis for sharing of/updation on observations on the implementation of the agreed action plan and also other changes related to quality of services at the Maternity Home.

d. meet the Maternity Home staff once in three months to discuss improvements and areas for improvement.

e. build awareness among users in the community on maternal health and entitlements from the Maternity Home, through smaller informal meetings between MHMC members and users in their own respective neighbourhoods, mobilize community members to participate and take advantage of the various awareness camps, health camps organized by BBMP in these areas.

Limitations

The primary risk of this approach lies in the non-cooperation or disinterest of government authorities towards the issues that surface as a result of these community exercises and engagements. Therefore identification of officials in key places who can support this programme and participate in constructive engagement is a challenge but necessary. This can be largely achieved by "keeping them in the loop always", by sharing findings of all exercises, sharing research reports with them, having one-to-one meetings with them. This will help send across a message to the service providers that the entire exercise is to jointly find solutions for overall improvement and is definitely not a "finger pointing exercise".

The next risk lies in the expectations that arise within the communities because of the variety of participatory exercises involved. When some of the expectations of change do not materialise within a reasonable period of time, there could be anger and resentment within communities directed at those who have facilitated these exercises. Therefore it is important that there is identification of officials supportive of regulatory change and policy reform to initiate the processes of change that will ultimately impact the quality of maternal health service delivery.

Additional reading

Citizen Report Card

1. Improving local governance and pro-poor service delivery: Citizen Report Card e-learning toolkit (www.citizenreportcard.com)
2. Citizen Report Card surveys: A note on the concept and methodology (Swarnim Waglé, Janmejay Singh and Parmesh Shah), 2004 (http://siteresources.worldbank.org INTPCENG/1143380-1116506267488/20511066/reportcardnote.pdf)
3. Who benefits from India's public services?: A People's audit of five basic services (Samuel Paul, Suresh Balakrishnan, K. Gopakumar, Sita Sekhar, M. Vivekananda), Academic Foundation, 2006
4. Holding the State to Account: Lessons of Bangalore's Citizen Report Cards (Samuel Paul), 2006
5. Improving Governance the Participatory Way- A pilot study of maternal health services for urban poor in Bangalore (Meena Nair, K. Prabhakar, Prarthana Rao, Poornima G. R), 2012 (http://www.pacindia.org/reports/improving-governance-the-participatory-way)
6. How-to notes: Citizen Report Cards - monitoring citizen perspectives to improve service delivery (Sanjay Agarwal, David Post, Varsha Venugopal), 2013 (http://documents.worldbank.org/curated/en/2013/01/18114593/dealing-governance-corruption-risks-project-lending-citizen-report-cards-monitoring-citizen-perspectives-improve-service-delivery)

Community Score Card

1. Operational manual for Community based performance monitoring, Strategy for Poverty Alleviation Co-ordination office (spaco), Department of state for finance and Economic Affairs (dosfea), Banjul, The Gambia (http://siteresources.worldbank.org/INTPCENG/1143333-1116505690049/20509292/CSCmanual.pdf)
2. Community Score Card Process - A Short Note on the General Methodology for Implementation, Janmejay Singh, Parmesh Shah, Social Development Department, The World Bank (http://siteresources.worldbank.org/INTPCENG/1143333-1116505690049/20509286/comscorecardsnote.pdf)
3. The Community Score Card Process in Gambia, The World Bank, (http://siteresources.worldbank.org/INTPCENG/Resources/CSC+Gambia.pdf)
4. More than just 'demand': Malawi's public-service community scorecard, Leni Wild, Daniel Harris, Overseas Development Institute, January 2012 (http://www.odi.org.uk/sites/odi.org.uk/files/odi-assets/publications-opinion-files/7533.pdf)
5. The Scorecard Toolkit, CARE, Malawi, (http://www.care.org.au/document.doc?id=599)

Public Expenditure Tracking and Budget Analysis

1. Public Expenditure Tracking and Facility Surveys: A General Note on Methodology, Swarnim Waglé, Parmesh Shah, Social Development Department, The World Bank (http://siteresources.worldbank.org/INTPCENG/1143380-1116506243290/20511062/exptrack.pdf)
2. Following the Money: do Public Expenditure Tracking Surveys matter?, Geir Sundet, Anti Corruption Resource Centre, (http://issuu.com/cmi-norway/docs/3195-following-the-money/5?e=0)
3. Raising The Stakes: The Impact of HakiElimu's Advocacy Work on Education Policy and Budget in Tanzania, (http://internationalbudget.org/publications/raising-the-stakes-the-impact-of-hakielimus-advocacy-work-on-education-policy-and-budget-in-tanzania/)
4. Samarthan's Campaign to Improve Access to the National Rural Employment Guarantee Scheme in India, (http://internationalbudget.org/publications/samarthan%E2%80%99s-campaign-to-improve-access-to-the-national-rural-employment-guarantee-scheme-in-india/)
5. The missing link (http://internationalbudget.org/wp-content/uploads/The-Missing-Link-Applied-Budget-Work-as-a-Tool-to-Hold-Governments-Accountable-for-Maternal-Mortality-Reduction-Commitments.pdf)
6. The Super Duper Impact Planning guide (http://internationalbudget.org/wp-content/uploads/Super-Duper-Impact-Planning-Guide.pdf)

This manual was developed by Public Affairs Centre (PAC) based on the experiences of a pilot project in Bruhat Bangalore Mahanagara Palike Maternity Homes. It is a combination of three well-known social accountability tools used in a particular manner to achieve specific objectives for the improvement of maternal health service delivery. This manual can be used by community groups, NGOs and research institutions working in the health sector and is very specific to maternal health service delivery.

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