Regional Mapping of Local Governance

ACROSS HARYANA, RAJASTHAN AND BIHAR IN INDIA (USING COMMUNITY SCORE CARD METHODOLOGY)
FOREWORD/PREFACE

LIST OF ABBREVIATIONS

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1.0 INTRODUCTION

1.1 SEHGal FOUNDATION’S WORK ON GOOD RURAL GOVERNANCE

S M Sehgal Foundation (Sehgal Foundation/SF) is a public, charitable trust registered in India since 1999. The Foundation’s work on governance builds on the commitment that citizen participation leads to better delivery of public services. To this effect, our team runs two complementary initiatives for individual citizens and leaders of village level institutions.

Sushasan Abhi assists villagers in realizing their rights, learning how to access public services and solving local problems through seeking and applying relevant information. Strengthening Village Level Institutions aims to enhance responsiveness, accountability and transparency of village councils and committees. The aim is to facilitate effective delivery of government services through improved performance of programs and schemes (including sanitation, primary education, securing funds for development work and others).

SF’s governance initiative commenced in select villages of Nuh District (Haryana) in 2008. Ever since, our interventions pertaining to the governance have expanded in its scope of activities and geographical expanse and today includes multiple interventions in Rajasthan, Bihar. More recently, we are beginning to engage with communities in Andhra Pradesh and Telangana in our governance related project activities.

1.2 PROJECT OBJECTIVES

Given our decade long experience of working closely with rural communities on local governance, the need for the proposed study is felt so as to upgrade our contextual understanding\(^1\) of governance across different regions of the country in a comprehensive

\(^1\) Contextual in this regard refers to the diverse characteristics of governance in different regions, with respect to nature of governance actors, their socio-political background and the cultural setting in which it functions. Keeping this in mind,
fashion. A pilot of such a project to elicit contextual baseline of local governance in a region would assist us in documenting how local settings respond to our governance interventions, and help clarify developments in local governance against factors such as political shifts or focused government programmes on governance.

The study aims to fulfill the following specific objectives. First, is to **objectively map the status of local governance in the apropos context**. Such an assessment would serve as a benchmark for our future work in the region, and help identify governance gaps in order to better design our interventions. Second is to **generate empirical evidence on the nature of impact of our interventions might have to support social accountability**. The study design does not aim to evaluate its impact per say, but generate rich contextual information for us to learn about the nature of impact that our work in the region has brought about or could bring about. Third, and an equally important aim for the study, is to **build policy interface to support effective local governance**. This objective encourages us to include local policymakers in the development and conduct of research, so that the research outputs are deemed fruitful in improving local governance.

**1.3 ACCOUNTABILITY IN GOVERNANCE-VIA CITIZEN PARTICIPATION**

*Local in Local Governance*

Governance at local level is constituted via *local administrators* that act as the face of the government for the rural citizenry. They include ward representatives, a Panch
member or a Panchayat secretary and could either be appointed or elected through democratic means. In the elaborate and a nested structure of governance in India they perform essential administrative duties.

One of the key administrative duties of local administrators is to oversee and regulate effective delivery of public services. Fulfilment of this administrative objective partly if not wholly rests on the inherent democratic obligation vested onto them- to provide an essential space for democratic participation and civic dialogue and facilitating outcomes that enrich the quality of life of residents.

Extending their role from mere facilitators of providing public services, the democratic role that they perform includes enabling collective decision-making. Collective decision-making could take multiple mediums and forms and includes both citizen-citizen or citizen-state interaction in order to support delivery of public services and improve overall well being.

*Good Local Governance is the one that is Accountable*

Simply put, good governance is defined as the one in which the citizens participate, with the principles of equity and inclusiveness for a transparent and efficient local governance. The government on the other hand is sought to operate in an accountable and responsive fashion and adhere to the well defined rule of law\(^2\).

In lieu of the traditional political and bureaucratic forms of accountability that is subject to systemic limitations, a range of mechanisms and approaches have emerged in which the citizens hold states to account in ways other than- elections and bureaucratic procedures. Such efforts are often termed as ‘social’, ‘citizen-led’ or ‘demand side’ accountability initiatives.

Accountability through citizen participation is an important feature of local governance. The approach of relying on civic engagement for improving accountability

\(^2\) Characteristics of good governance as outlined by UNESCAP [https://www.unescap.org/sites/default/files/good-governance.pdf](https://www.unescap.org/sites/default/files/good-governance.pdf)
has been demonstrated to be an effective instrument for social accountability. Emphasis on accountability through citizen’s voices and participation features in both global and national efforts to improve governance outcomes. The World Bank’s Global Index\(^3\) of Governance features voice and accountability as the foremost dimension and has been employed for data covering more than 200 countries.

However, multiple issues have been reported in the literature that hinder citizen participation in governance, that includes a) capture of structure and processes for participation by elites b) weak participatory skills of a common citizen c) inadequate (namesake) level of participation or d) lack of political will and resource crunch. The recommended strategies to overcome such barriers includes citizen education and awareness building, training and sensitizing local officials to promote accountability of elected officials to citizens.\(^4\)

World Development Report (2017)\(^5\) outlines the path from transparency to accountability in governance, through citizen engagement. Citizen engagement in governance along this way leads to increased responsiveness of governance institutions by increasing cost of inaction. Most often, multiple strategies to increase citizen engagement have been found to be more effective than single mode interventions.

**Social Accountability- the most sought after form for accountability**

Social Accountability can be best described as an approach towards building accountability that relies on civic engagement. The process of achieving improved

\(^3\) [http://info.worldbank.org/governance/wgi/#doc](http://info.worldbank.org/governance/wgi/#doc)


accountability through social or citizen-led initiatives has been reported to have multiple advantages. First, it improves the quality of governance, by moving citizen participation beyond elections by actively engaging them in the system. Second, it has been noted to improve delivery of essential public services and more transparent decision making. Third, by providing information on rights and entitlements it provides a means to *solicit feedback from poor people and aggregate the voice of the disadvantaged* thereby leading to empowerment. (Malena et. al, 2004 cited in Gaventa and McGee, 2013)

Few studies that have attempted to congregate impacts of such initiatives, provide encouraging evidence of this approach to enable Citizens and the State to engage collectively for the following five outcomes ⁵:

1. better budget utilisation
2. improved service delivery
3. greater state responsiveness to citizens’ needs
4. the creation of spaces for citizen engagement
5. empowerment of local voices.

### 2.0 METHODOLOGY

Community Score Card Process is a method of soliciting user feedback of government services, and engaging them for improved outcomes through monitoring. It is therefore a means to **measure and develop social accountability in a participatory manner**.

Community Score Card (CSC)⁶ process utilizes multiple techniques of social audit, community monitoring and citizen report cards. It is based on generating grassroots knowledge that has users’ perception on quality, efficiency and transparency of local governance. It is increasingly being seen as an instrument for empowerment, given its provision of interface meetings that allows for immediate feedback and learning engagements amongst the stakeholders.

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For the proposed study, we draw from the standard methodology of CSC process to meet the following specific objectives.

a) **Conduct Assessment of public services**: Assess the access, usage, quality and satisfaction of users of public services provided by Gram Panchayats in relevant districts for which Citizen Report Cards were developed across all study districts.

b) **Demonstrate problem solving through policy interface**: Proactively disseminate the findings and pointers from this study and use them to develop operational and policy reform measures in functioning of local governance in selected villages from the study districts where Community Score Cards were developed.

c) **Develop policy recommendations for governance team at SF**: Prepare and share a report on governance status across study areas, with clearly highlighted problem areas. Present this experience as learning point that can be used to replicate similar initiatives in other regions.

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**Step 1: Develop a Citizen Report Card**

*Purpose: To produce a baseline estimate of governance in the region and identify problem areas*

**Step 2: Developing a Community Score Card**

*Purpose: To identify governance-related solutions through participatory means*

**Step 3: Conduct Interface meeting**

*Purpose: To demonstrate problem solving through stakeholders interface*

*Figure 1 Stepwise Methodology adopted in the study*
3.0 RESULTS FROM CITIZEN REPORT CARD

Citizen Report Cards (CRC) are used in situations where demand side data, such as user perceptions on quality and satisfaction with public services, is absent or inadequate. Previously in India, CRCs have been utilized to draw cross-state comparisons on access, use, reliability and satisfaction with public services. CRCs have also been known to map conditions of a given public service, sector, industry or a government department in systematically. CRCs go beyond a simple data collection exercise as they list and rank users’ priorities, perceptions and challenges faced in utilizing a given service.

Figure 2 Brief Overview of Citizen Report Cards

3.0.1 SURVEY METHODOLOGY

A household survey schedule in the Citizen Report Card format was designed and administered to residents in each of the three study districts. The choice of study districts is based on the presence of Sehgal Foundation’s (SF) rural development programmes, and included villages where projects are either ongoing or are in the process of being initiated. Implementing the tool at household level helped us to obtain an overall perspective of the availability and access of common services across different demographics on indicators of our interest.

The structured interview questionnaire included information on demographics and basic socio economic indicators of the respondents. The following public services were covered in the questionnaire: Drinking water, Sanitation, Streetlights, Roads, Health (PHC), Anganwadis, Mid Day Meals, PDS, and other specific development schemes either implemented or overseen by the Gram Panchayats in the study areas.

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7 The choice of public services being considered in the study is based on the domains of governance institutions that SF works on. These include a) Education- quality of primary/secondary school in the village b) Health and Sanitation- quality of PHC and Anganwadi Centres c) public distribution services
Within the relevant blocks, listing for two sets of village/Gram Panchayat was done: Set A where SF’s Good Rural Governance (GRG) initiative is active\(^8\)-called \textit{SF village Gram Panchayat} and Set B where GRG in any form is not presently active- called \textit{non SF village Gram Panchayat}.

\textbf{Kindly note the following}

1. For the sake of clarity: in later parts of this report this distinction is maintained in presenting the findings : where a in the superscript denotes Set A /SF village Gram Panchayat ; and likewise b in the superscript denotes Set B/ Non- SF Gram Panchayat .

2. The deductions about the village Gram Panchayat on the list of amenities available is based on the reported answers by the majority of the sampled respondents.

3. An overall satisfaction score (OSS) for relevant aspects of public services at local level has been computed. For a respondents who reported to be completely satisfied +1 is added to OSS value, for partial satisfaction +0.5, and 0 for unsatisfactory performance reported. The reported values for each block is against average values of OSS scores across the whole dataset.

\section*{3.1 PROFILE: SAMASTIPUR DISTRICT IN BIHAR}

\subsection*{3.1.1 RESPONDENTS PROFILE}

The sampled population of 402 respondents are residents of eight Gram Panchayats (GPs) located in Samastipur block of Samastipur District. A majority of respondents (77\%) are males following Hindu religion (94\%) with an average age of 44 years. 54\% of the respondents were reported literate with an average of 9 schooling years.

\footnote{For Nagina Block located in Nuh district, all villages had been covered under GRG programme at some point during our 10 year presence. So, the villages where we have been most active were chosen to be called SF village Gram Panchayats and where we are least active were categorized as non-SF village Gram Panchayats}
Majority of the respondents belong to either Other Backward Category (55%) or Scheduled Caste category (33%); and the remaining (12%) belong to general caste group. Of the 346 respondents who reported to own a ration card, 76% reportedly belonged to low economic profile (Below Poverty Line). A close to 90% of the respondents are engaged in informal employment, including 34% of respondents dependent on agriculture related business activity as the primary income generation source.

### 3.1.2 FINDINGS

<table>
<thead>
<tr>
<th>Set A villages</th>
<th>Set B Villages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Punas</td>
<td>Dudhpuri</td>
</tr>
<tr>
<td>Bajitpur</td>
<td>Musapur</td>
</tr>
<tr>
<td>Ratanpura</td>
<td>Rahimpur</td>
</tr>
<tr>
<td>Chakhaji</td>
<td>Moreda</td>
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</tbody>
</table>

**Basic Amenities at village level**

- One of the eight villages located in Samastipur block namely Musapur is completely metalled. The remaining villages have an average percentage range of metalled roads from 71% (b) - 77% (a).
- Average number of uninterrupted electricity hours during summer and winter is in the percentage range of 2.8(a)– 3.2(b) & 5.4(a) - 9.6(b) respectively.
- None of the eight villages is completely open defecation free. 50%(a) (b) of the respondents reported to have a functional toilet in their household.
- Chakhaji(a) reported the most percentage streetlight access in the village (upto 30%) followed by 5% in Punas(a). The other villages have nil to minimal coverage.
- A bank branch or RRB is available in Chakhaji(a) and Dudhpuri(b); and a post office branch is not available in 3 villages namely Ratanpura(a), Musapur(b) and Rahimpur(b)
- All villages reportedly have ration depot/shop under TPDS.
- A multipurpose service center is available in Punas\(^{(a)}\), Bajitpur\(^{(a)}\) and Chakhaji\(^{(a)}\) villages.

**Education**

Information on the number of functional public schools that provide quality education for different student age groups was gathered in the survey. Total number of primary schools in the sampled villages is 7, followed by 6 Middle School, two secondary and one higher secondary. 81% of the respondents did not know about the constitution of SMC in their village; 13% knew about its constitution and reported it to be not operating. **2% of the respondents were reported aware of an operating SMC** in their respective villages. There was no difference observed in this indicator for Set A or Set B villages.

**Health**

The provision of government health facilities was mapped using the survey tool in each of the sampled villages. An Anganwadi Center has been set up in all of the 8 villages. A dedicated health center was not reported to be available in any of the 8 villages. A veterinary clinic with staff was reported to be available in Moreda\(^{(b)}\) village. Ambulance service has been reported to be available in all villages.

The closest referral clinic/hospital was reported to be:
a) less than or upto five kilometres for 2 villages
b) more than five and upto ten kilometres for 3 villages
c) more than ten kilometres for 3 villages.

**Almost 87% of the respondents did not know of an operating VSHNC committee in their villages,** and 13% reported to know of the committee not being set up in their village. **Only two respondents reported to be aware of an operational VSHNC committee.**

**Drinking Water & Sanitation**

Private hand pumps is a water that is common for almost 69% of the respondents, followed by government water supply (14%). Almost 8% of the respondents or one in every eleven respondent pays a fee for obtaining drinking water.
Majority (57%) of respondents reported to be facing issues in obtaining adequate quantity of drinking water from their dominant source year long; and 47% of the respondents reported to be at risk of getting sick from their drinking water source. In 7 out of 8 villages, GP provides drinking water through piped supply, however, majority of the respondents reported its coverage to be less than 25%.

35% of respondents reported to be using some kind of improved waste water disposal system, dominant type of which is pit system.

3.2 PROFILE: NUH DISTRICT IN HARYANA

3.2.2 RESPONDENTS PROFILE

The sampled population of 402 respondents are residents of eight Gram Panchayats (GPs) located in Nagina block of Nuh District. A majority of respondents (63%) are males and 37% female with an average age of 40 years. The dominant religion is Islam amongst 79% of the respondents. Roughly 50% of the respondents were reported literate with an average schooling of 8 years.

Majority of the respondents belong either Other Backward Category (86%), followed by 8% Scheduled Caste category and 4% general caste group. Of the 373 respondents who reported to own a ration card, 48% reportedly belonged to low economic profile (Below Poverty Line 28% and 20% Antodya category). A close to 88% of the respondents are engaged in informal employment, including 36% of respondents dependent on agriculture related business activity as the primary income generation source.

3.2.3 FINDINGS

<table>
<thead>
<tr>
<th>Set A villages</th>
<th>Set B Villages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Karhera</td>
<td>Ganduri</td>
</tr>
<tr>
<td>Warishpur</td>
<td>Gohana</td>
</tr>
<tr>
<td>Rajaka</td>
<td>Hebitaka</td>
</tr>
<tr>
<td>Mandikhera</td>
<td>Mohd Nagar</td>
</tr>
</tbody>
</table>
Basic Amenities at village level

- Mohd Nagar village has completely metalled roads. The remaining villages have an average percentage range of metalled roads from $61^{(b)} - 62^{(a)}$.
- Average number of uninterrupted electricity hours during summer and winter is in the percentage range of $1.6^{(b)} - 4^{(a)}$ and $1.8^{(b)} - 4.4^{(a)}$ respectively.
- None of the eight villages is completely open defecation free. The availability of functional household toilets is in the range of $68.5\%^{(a)}$ to $69\%^{(b)}$.
- Karhera$^{(a)}$ and Hebitaka$^{(b)}$ reported the most percentage of respondents with streetlight access up to 5% each in their villages. The other villages have nil to minimal coverage.
- A bank branch or RRB and a post office branch is available only in Mandikhera$^{(a)}$.
- The four set A villages reportedly have ration depot/shop under TPDS. Ganduri$^{(b)}$, Gohana$^{(b)}$, Hebitaka$^{(b)}$ and Mohd Nagar$^{(b)}$ do not reportedly have a dedicated ration depot in their village.
- A multipurpose service center is available. Mohd Nagar$^{(b)}$ and Mandikhera$^{(a)}$.

Education

Total number of primary schools in the sampled villages is 5, followed by 7 Middle School and one secondary school. 52% of respondents were unaware about SMC in their village. 14% reported non-operating SMC and 21% reported it to be operating in their respective villages. The awareness on an operating SMC was ten percentage point higher within set A villages when compared to set B villages.

Health

An Anganwadi Center has been set up in all of the 8 villages. A primary health center was reported to be available in Mandikhera$^{(a)}$. A veterinary clinic with staff was also reported reported to be available in Mandikhera$^{(a)}$ village. Ambulance service has been reported to be available in two (Mandikhera$^{(a)}$ and Mohd Nagar$^{(b)}$) of eight villages.
The closest referral clinic/hospital was reported to be: a) less than or upto five kilometres for 3 villages b) more than five and upto ten kilometres for 2 villages c) more than ten kilometres for 3 villages.

Almost 36.5% of the respondents did not know of an operating VSHNC committee in their villages. **60% of the respondents reported to know that VSHNC committee has not been set up in their village, and 2.4% were aware of an operational committee (majority of them belonging to set A villages)**

**Drinking Water & Sanitation**

71% of the respondents obtain their drinking water on payment from water tankers in Nagina block, followed by government water supply (22%).

Majority (76%) of respondents reported to be facing issues in obtaining adequate quantity of drinking water from their dominant source year long; and 13% of the respondents reported to be at risk of getting sick from their drinking water source.

Gram Panchayat provides drinking water through water tankers, however, majority of the respondents reported its coverage to be less than 25%.

16% of respondents reported to be using some kind of improved waste water disposal system, with open drain as the dominant type.

**3.3 PROFILE: ALWAR DISTRICT IN RAJASTHAN**

**3.3.2 RESPONDENTS PROFILE**

The sampled population of 402 respondents are residents of eight Gram Panchayats (GPs) located in Ramgarh block of Alwar District. A majority of respondents (67%) are males and 33% female with an average age of 41 years. The sampled villages are dominated by Muslim population (49%), followed by Hindu (36) and Sikh religion (15%). Roughly 50% of the respondents were reported literate with an average schooling of 8 years.
Majority of the respondents belong either Other Backward Category (73%), followed by 23% Scheduled Caste category and 2% general caste and Scheduled tribe each. Of the 387 respondents who reported to own a ration card, 43% reportedly belonged to low economic profile (Below Poverty Line 39% and 4% Antodaya category). A close to 94% of the respondents are engaged in informal employment, including 28% of respondents dependent on agriculture related business activity as the primary income generation source.

3.3.3 FINDINGS

![Table]

<table>
<thead>
<tr>
<th>Set A villages</th>
<th>Set B Villages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milakpur</td>
<td>Piproli</td>
</tr>
<tr>
<td>Khodakarmali</td>
<td>Baramda</td>
</tr>
<tr>
<td>Raisikhabas</td>
<td>Bahripur</td>
</tr>
<tr>
<td>Basai Khanjada</td>
<td>Beejwa</td>
</tr>
</tbody>
</table>

**Basic Amenities at village level**

- Village Khodakarmali is completely metalled. The remaining villages have an average percentage range of metalled roads from 63<sup>a</sup> - 65<sup>b</sup>
- Average number of uninterrupted electricity hours during summer and winter is in the percentage range of 5.9<sup>a</sup> – 6.4<sup>b</sup> & 6.5<sup>a</sup> – 7.1<sup>b</sup> respectively.
- None of the eight villages is completely open defecation free. The availability of functional household toilets is in the range of 52.5% <sup>b</sup> to 60.7% <sup>a</sup>
- All the 8 villages have nil to minimal coverage of streetlights.
- A bank branch or RRB is not available in any of the 8 villages; and a post office branch is available in Beejwa<sup>b</sup> and Milakpur<sup>a</sup> villages
- Milakpur<sup>a</sup> and Basai Khanjada<sup>a</sup> reportedly have ration depot/shop under TPDS. Under set B villages it is available in three villages except Bahripur<sup>b</sup>
- A multipurpose service center is available in Piproli<sup>b</sup> village
**Education**

Total number of primary schools in the sampled villages is 3, followed by 2 Middle School, one secondary and four higher secondary. 44% of respondents were unaware about SMC in their village; **34% reported an operating SMC** whereas 7% reported that SMC was non-operating in their respective villages. **The awareness on an operating SMC was almost fifteen percentage point higher within set A villages when compared to set B villages.**

**Health**

An Anganwadi Center has been set up in all of the 8 villages. A primary health center was reported to be available in Beejwa(b). A veterinary clinic with staff was also reported to be available in Piproli(b) village. Ambulance service has not been reported to be available in any of the eight villages.

The closest referral clinic/hospital was reported to be: a) less than or upto five kilometres for 2 villages b) more than five and upto ten kilometres for 5 villages c) more than ten kilometres for 1 village.

Almost 35% of the respondents did not know of an operating VSHNC committee in their villages. **65% of the respondents reported to know that VSHNC committee has not been set up in their village, and one respondent aware of an operational committee.**

**Drinking Water & Sanitation**

47% of the respondents in Ramgarh block obtain their drinking water from borewell/tubewell, followed by private handpump (27%).

35% of these respondents pay a fee for drinking water, yet a clear majority (60%) of respondents reported to be facing issues in obtaining adequate quantity of drinking water from their dominant source year long. 15% of the respondents reported to be at risk of getting sick from their drinking water source.
Gram Panchayat provides drinking water provisioning hand pumps, however, majority of the respondents reported its coverage to be less than 25%.

17% of respondents reported to be using some kind of improved waste water disposal system, with open drain as the dominant type.

3.4 SATISFACTION SCORES ACROSS THEMES

In this section we present a comparison of responses received across three blocks on the satisfaction drawn from provision, quality and performance of key public services. Such a comparison would enable us to understand the relative standing of each block on each of the governance theme taken into account in the study.

**Respondent Satisfaction with Public Infrastructure**

Overall Satisfaction Scores on the theme of Public Infrastructure draws from a combination of two set of variables. The first pertains to access to roads and provision of transportation facilities. The second variables includes satisfaction from number of hours of uninterrupted electricity received and bill generation arrangement of the same.

The figure below shows the percentage of respondents and the allotted score (above, below or average) on satisfaction with public infrastructure.
Respondent Satisfaction with Education

Overall Satisfaction Score on the theme of Education is a combination of a) the infrastructure availability and quality of primary education in the village and b) quality of education imparted in middle and high schools located in the village.

![Bar Chart for Respondent Satisfaction with Education](image)

Respondent Satisfaction with Health

Overall Satisfaction Score on the theme of Health consists of a) infrastructure availability and quality of government health facilities in the village and b) out of pocket expenditure incurred on obtaining healthcare from these sources.

![Bar Chart for Respondent Satisfaction with Health](image)
Respondent Satisfaction with Drinking water facilities

Overall Satisfaction Score on the theme of drinking water is made up of the assessment of respondents on the infrastructure and quality of drinking water system in their villages.

![Bar chart showing overall satisfaction scores among percentage of respondents - Drinking Water Facilities](chart.png)
The Administrative Reforms Commission, commissioned by the Government of India has identified characteristics of good governance in the Indian context. An institutional set-up that ensures good governance usually has the following features:

1. Participation: All men and women should have a voice in decision-making, either directly or through legitimate intermediate institutions that represent their interests. Such broad participation is built on freedom of association and speech, as well as capacities to participate constructively.

2. Rule of Law Legal frameworks should be fair and enforced impartially, particularly laws on human rights.

3. Transparency Transparency is built on the free flow of information. Processes, institutions and information are directly accessible to those concerned with them, and enough information is provided to understand and monitor them.

4. Responsiveness Institutions and processes try to serve all stakeholders.

5. Consensus Orientation Good governance mediates differing interests to reach a broad consensus on what is in the best interests of the group and where possible, on policies and procedures.

6. Equity All men and women have opportunities to improve or maintain their well-being.

7. Effectiveness and Efficiency Processes and institutions produce results that make the best use of resources.

8. Accountability Decision-makers in government, the private sector and civil society organisations are accountable to the public, as well as to the institutional stakeholders. This accountability differs depending on the organisation and whether the decision is internal or external to an organisation.

9. Strategic Vision Leaders and the public have a broad and long-term perspective on good governance and human development, along with a sense of what is needed for such development. There is also an understanding of the historical, cultural and social complexities in which that perspective is grounded.

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