Helpdesk Report: Nutrition data and accountability

Date: 13 July 2012

Query:
1) What is the evidence of impact of community score cards in general, and what are the key lessons for making them work? Are there published examples of where they have been used to improve access and quality of nutrition services.
2) What evidence is there for using SMS to report data on nutrition outcomes? Could you briefly summarise the literature (we only know of one case in Malawi), and also contact UNICEF for their experience. Are there "stand out" examples in other sectors of development for using SMS technology and linking this to instant mapping?
3) What strategies have been used in the health and agriculture sectors to empowering communities to use information / data to drive greater accountability?

Purpose: Feeding into parliamentary discussion event on nutrition.

Content

1. Overview

Many of the resources included in this report emphasise weakness in methodology for measuring impact. This should be taken into account when considering the following points.

Use of community scorecards (CSCs) to improve nutrition services:

- A World Bank pilot project in Maharashtra, India measured improvements in child malnutrition as a result of CSCs.
- An IDS paper concludes that it is unknown if social audits improve nutrition status, but can reasonably infer improvements from improvements in delivery and uptake.

Impact of CSCs in general:

- Use of CSCs in primary healthcare services in Andhra Pradesh resulted in increased user satisfaction levels and better understanding of the constraints providers face.
- A decrease in teacher absenteeism and increase in child enrolment.

- The use of a citizen scorecard survey in China has helped influence urban service provision design and implementation, helping policymakers to 'reveal weaknesses and monitor progress in public service delivery'.
- ODI report that in Malawi CSCs contributed to improving child labour problems, teacher salaries and access to farm inputs for youths.
- World Bank found evidence of significant improvement in the service of a health center in Malawi between two scorecard processes mostly attributed to the implementation of the CSC.
- ODI discuss impact in Malawi using a theory of change approach. The study highlights CSCs use in moving from localised to systematic change and from incremental to transformational change.
- Community based monitoring in Uganda has led to large increases in utilization and improved health outcomes such as reduced child mortality and increased child weight.

Key lessons for CSCs:

- Preparatory fieldwork should be extensive enough for information dissemination, time for discussion and inclusion of non-users.
- Facilitators should be non-biased.
- Civil society organisations with technical knowledge and the commitment to demystify sectors and transparency for increased public participation are key to the agenda.
- The media should be involved with all levels of the CSC process.
- Context maters eg. political economy factors, the nature and strength of civil society movements, the political strength of service providers, the ability of cross-cutting coalitions to push reforms, the legal context, and an active media all appear to have contributed in varying degrees to the successful cases.

Mobile technology

- Relatively new but increasingly pertinent method of addressing the burden of under-nutrition as well as other health related development work.
- Evidence from Malawi suggests mobile technology can:
    - Reduce data transmission time
    - Increase data quality
    - Reduce time spent on data entering
    - Create interaction and a two way flow of information
    - Increase monitoring capabilities
    - Eliminate costs associated with paper forms and data entry.
- Evidence from Kenya suggests mobile technology can:
    - Improve monitoring of individuals and a community's health
    - Make registration of children easier
    - Improve community based care
- Evidence exists that both support and refute that mobile technology assists healthcare in developing countries.
- As many people in low income countries share mobile phones, privacy and stigma may be a disadvantage.
- Evidence from India suggests voice messages were more accurate compared to SMS or electronic forms.

Strategies for empowering communities to use information to drive greater accountability:

- Social Audits, Community information and epidemiological technologies (CIET), Pakistan. involves local communities in information gathering and analysis, helping them participate in decisions that affect their lives.
- UN REACH strengthens the capacity of local decision makers and stakeholders with diagnostic and analytical tools, shared knowledge on how to implement nutrition actions and on effective choices for resource allocation.

2. Community Scorecards

Maharashtra, India: Improving Panchayat Service Delivery through Community Score Cards
Murty JVR, Agarwal S & Shah P, 2007, World Bank
http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2007/11/21/000020953_20071121135935/Rendered/PDF/415080IN0Case41August0200701PUBLIC1.pdf

This note summarizes the experiences from a pilot project undertaken by the Tata Institute of Social Sciences (TISS), Mumbai, in partnership with the World Bank-sponsored Jalswarajya Project. The current initiative was one of six pilot projects launched by the South Asia Sustainable Development Department (SASAR) of the World Bank aimed at the application of specific social accountability tools in different contexts of service delivery through the trust fund for Capacity Building and Piloting of Social Accountability Initiatives for Community Driven Development in South Asia.

The pilot project applied community score card (CSC) methodology to assess the performance of 14 Gram Panchayats in Satara District in four service sectors, namely Village Panchayat Services, water and sanitation, health, and education.

Outcomes found:

- Reduction in malnutrition
- Sensitization of Parents and Villagers
- Mobilization of Community Resources

Under the Integrated Child Development Scheme, children are classified into five grades according to their degree of malnourishment: normal, Grade 1, Grade 2, Grade 3, Grade 4, and Grade 5. Grade 5 children are the most malnourished. Evalustion found the percentage of normal grade children improved from 56 to 69 percent in Thosegar PHC and from 67 to 73 percent in Limb PHC in six months (October 2006 to February 2007), while the percentage of normal grade children in Satara District improved from 59 to 66 percent in 11 months (April 2006 to February 2007) as depicted in Figure 2.The number of Grade 3 and 4 children (severely malnourished) in both PHCs was reduced from 7 to 0 in six months (October 2006 to February 2007).The corresponding reduction in Grade 3 and 4 children in Satara District was from 399 to 58.

Methodological constraints of this study include:

- Preparatory field work was short and in some cases was not of expected quality due to factors such as inclusion of nonusers in focus groups, incomplete information dissemination, paucity of time for discussions.
- The facilitators used for the CSC were all local government employees from the sectors being assessed. Even though care was taken to rotate staff between sectors, their objectivity and neutrality are questionable. This could have affected community opinion and participation.
- The indicators used for assessing services were the same for users and service providers. While this helped simplify the process, some feel that service providers should have been permitted to choose their own indicators.

Bridging the Malnutrition Gap with Social Audits and Community Participation
Swain B & Sen PD, 2009, IDS 40 (4)
http://onlinelibrary.wiley.com/doi/10.1111/j.1759-5436.2009.00064.x/pdf

Improving the nutrition status of infants requires behaviour change at many levels. While the importance of partnerships between communities and local governments for social audits cannot be emphasised enough, the programmes themselves have to be technically sound.

There is no uncomplicated way of introducing social audits without the willingness of leadership. Considering the fact that social audits reflect shifts in the balance of power, their implementation requires a very high degree of political willingness and bureaucratic persistence. We still do not know if social audits improve nutrition status, but we can reasonably infer improvements from measurable improvements in delivery and uptake. And social audits do show promise in improving uptake and delivery in states that are ready for them such as AP. In states like Orissa, where the government-civil society partnership is not yet strong enough, they will likely deliver fewer improvements although they can still highlight the problems with ICDS. In states such as MP which are discussing social audits, it is important to be cognisant of the preconditions that have to exist to make success likely and the patience that it requires to put these in place.

Integrated Child Development Services (ICDS) IV has committed to mark a shift from inputs-based programme management information system (MIS) to behaviour change outcomes. That commitment, combined with a greater number of Aganwadi centres for children experimenting with social audits should allow estimation of whether social audits do in fact accelerate undernutrition reductions. Given the right conditions, the prospects seem good.

Lessons and preconditions from experience in Orissa and Andhra Pradesh include:

- Audit processes per principle should never be government led to maintain credibility and hence there needs to be a mature civil society organisation which can effectively work collaboratively on monitoring with the State.
- Government/Department's most important role is to provide information and only institutional ownership of the process at the highest level can make this possible.
- All the actors, i.e. government, NGOs, should also have a partnership of funding to maintain the independence of findings, hence the NGOs facilitating this work need to create some fund of their own to maintain the authenticity of the findings.
- Andhra Pradesh has had a consistent donor investment from the reforms programme, a lot of which has been directed at governance reforms and as part of the DFID support
- Civil society organisations with technical knowledge and the commitment to demystify sectors and transparency for increased public participation are key to the agenda.
- It is important that senior officials attend the public hearings at the culmination of the audit process and it is important that some redressal happens, and happens fast and visibly, for the faith and cooperation of the community to be retained.

The Sorry State of M&E in Agriculture: Can People-centred Approaches Help?
Haddad L, Lindstrom J & Pinto Y, 2010, IDS Bulletin 41 (6)
http://onlinelibrary.wiley.com/doi/10.1111/j.1759-5436.2010.00177.x/pdf

Conducting research on the report card experience in Bangalore and Jaipur, Deichmann and Lall (2003) question the very theory of change of citizen scorecards of service provision. Do perceptions of quality received bear any resemblance to actual quality received? They find that scores are indeed influenced by the quality of services provided, but scores are also influenced by a number of household characteristics, including the quality of services provision received by peers.

Brixi (2009: 2) assesses that the impact of the use of a citizen scorecard survey helps Chinese citizens influence urban service provision design and implementation, helping policymakers to 'reveal weaknesses and monitor progress in public service delivery'.

Many mechanisms for making government and private sector actors more accountable to citizens have been trialled over the last decade. These include citizen report cards (CRCs), budget tracking, community scorecards, citizen juries, project monitors, community expenditure tracking and social audits of commitments and realities on the ground (Arroyo and Sirker 2005). The studies of their impacts are not methodologically strong, at least in terms of accounting for causality.

The Community Scorecard Process: Methodology, Use, Successes, Challenges and Opportunities
Mwanza J & Ghambi N, 2011, IIED
http://pubs.iied.org/pdfs/G03207.pdf

This article covers the use and basic functions of the community scorecard process. It draws on lessons from the community based monitoring project implemented by Plan Malawi, ActionAid and the Council for Non Governmental Organisations of Malawi (CONGOMA). It covers the methodological approach, steps and decision-making levels at which it is used. It also examines the successes and challenges – and how innovation has been used to surmount them.

Community scorecards provide an excellent alternative to budget tracking methodologies. For example, public expenditure tracking studies (PETS) lack the popular appeal of scorecards, especially in areas with low literacy levels. The PETS methodology requires specialised training, thereby reducing critical input from service users with limited education. Moreover, 'following the money' is not as useful as looking at what the money has actually delivered. This is where the assessment of services at the point of access is arguably a more powerful approach. It involves both the supply and demand sides in analysing and challenging each other on critical issues affecting services. It also analyses the social interactions and physical factors that render the service available or unavailable to users. Picture symbols are used to facilitate recognition by illiterate people, symbolising their emotions and feelings about the service

The major success of this initiative is the district administrators' acceptance that the process is a useful tool in planning. They recognise that it provides evidence on how services are delivered as well as giving a chance for planners and service providers to improve the relevance of life-changing interventions in rural communities.

More specific successes are:

- Stopping child labour practices rampant in some schools. These were raised in children's focus groups and raised at the plenary feedback. Local decisions at interface meetings abolished such practices and committed specific actors to monitoring the abolition.
- A combination of scorecard reports and a participatory expenditure tracking study (PETS) looking at salary administration in primary schools. These have helped provide evidence and contributed to the eventual change in payment of salaries to teachers. The scorecards project is the only platform that produced a report from a systematic study on inefficiencies associated with the existence of two teachers salaries delivery systems and their effects on rural teaching services.
- Improved access of youths under the age of 17 to farm inputs under the farm input subsidy programme (FISP). Youth experienced problems registering and accessing inputs due to the requirement of voter cards as identification.
- Improved access to FISP inputs at markets where community-based monitoring activities took place. At these markets, congestion and scrambling for inputs has decreased, mainly due to increased collaboration between chiefs and their subjects – especially in organising procedures for access and beneficiary identification.

- Following the creation of market point vigilant committees, there has been a decrease in the use of fake coupons to access inputs. Also, no incidents of illicit sales were reported in mobilised areas.
- Daily newspapers and key radio stations have increased their reporting on issues raised by the project.
- Information provided by the scorecard process has also been used to allocate health and educational resources, mainly in the allocation of staff in Mulanje and Karonga Districts. In fact, Mulanje deployed medical assistants to all health facilities following project advocacy activities.

Human Rights and Social Accountability
Ackerman JM, 2005, World Bank
http://www-wds.worldbank.org/servlet/WDSContentServer/WDSP/IB/2005/07/20/000012009_20050720134205/Rendered/PDF/330110HR0and0SAc0paper0in0SDV0format.pdf

A score card project in Malawi found evidence that there was significant improvement in the service of the health center between the two scorecard processes and that most of this improvement can be attributed to the implementation of the community scorecard. Almost all of the indicators received higher scores in the second scorecard and there was quite significant improvement particularly in the areas of "respect for patients", "listening to patients' World Bank problems", "honest and transparent staff", "giving priority to serious cases", "no discrimination in providing supplementary nutrition", and "no preferential treatment".

From a human rights perspective the Community Scorecard methodology represents a significant improvement over the Citizen Report Card strategy. The community is involved from the beginning to the end of the process and is encouraged to directly participate in the design of solutions and the oversight of compliance. In addition, since the scorecards are designed and implemented by the service users themselves in an open community meeting there is much greater room for them to discuss issues beyond simply their "satisfaction" with a particular service. There is an opportunity for them to discuss the fundamental right itself, their health, and the reasons for why it is as it is and they are not limited exclusively to evaluating the performance of service providers. Indeed, CARE explicitly claims that the implementation of the community scorecard falls within a "rights based framework" which, for them, implies the principles of "access to information", "participation in decision making process", "accountability", "transparency", "equity", and "shared responsibility".

The Political Economy of Community Scorecards in Malawi
Wild L & Harris D, 2011, ODI
http://www.odi.org.uk/resources/docs/7543.pdf

This report develops a theory of change model to understand the impact of community scorecards in Malawi.

While a comprehensive evaluation of the impact of the CBMP was beyond the scope of this study, field visits along with the results of the key informant interviews and a review of the available programme documentation suggests that the programme has been influential in driving change in a number of areas. In particular, this study reveals two key dimensions of change which can result from this scorecard process, namely:

- From localised change that involves only a limited subset of actors or mechanisms (e.g. local level problem solving by communities themselves) to more systemic change (e.g. involving both local and national level actors or complex budgeting processes involving different levels of public administration);

- From incremental change that takes place within existing governance arrangements to more transformational change that requires fundamental shifts in the existing arrangements (such as a change in mindsets, power relations or accountability relationships).

Power to the People: Evidence from a Randomized Field Experiment on Community-Based Monitoring in Uganda
Bjorkman M & Svensson J, 2009, The Quarterly Journal of Economics 124 (2)
http://qje.oxfordjournals.org/content/124/2/735.full.pdf+html

This paper presents a randomised field experiment on community-based monitoring of public primary health care providers in Uganda. Through two rounds of village meetings, localised nongovernmental organisations encouraged communities to be more involved with the state of health service provision and strengthened their capacity to hold their local health providers to account for performance. A year after the intervention, treatment communities are more involved in monitoring the provider, and the health workers appear to exert higher effort to serve the community. The report documents large increases in utilisation and improved health outcomes—reduced child mortality and increased child weight—that compare favourably to some of the more successful community-based intervention trials reported in the medical literature.

3. SMS

Using Mobile Phones to Improve Child Nutrition Surveillance in Malawi
UNICEF Malawi and UNICEF Innovations 2009
http://www.mobileactive.org/files/file_uploads/unicef_Malawi_CNS.pdf

A 2009 study by Columbia University's School of International and Public Affairs, UNICEF Malawi, UNICEF's Division of Communications Innovations Team, and Mobile Development Solutions (MDS) focused on the effectiveness of mobile communication devices to facilitate the surveillance of child nutrition in Malawi.

As part of the pilot study, health workers at three district growth monitoring clinics were trained to submit child nutrition data via mobile phone SMS (text messages). Using an open-source software platform (RapidSMS), this data was received by a central server and automatically analyzed for indicators of child malnutrition. Health workers received instant feedback messages confirming the information sent and provided additional directions if malnutrition was indicated by the data received. Lastly, a website was created to provide the Malawian government and other stakeholders real-time access to this data and its analysis.

The results of the study indicated:

- Significant reduction in data transmission delay compared to paper-based system.
- Increase in data quality.
- Elimination of the need for time-consuming manual data-entry.
- Potential for Increased two-way flow of information between stakeholders at the national government level and health workers in the field.
- Increased system and personnel monitoring capabilities.
- Elimination of costs related to transporting paper forms and manually entering data.

The true value of mobile technology will be dependent on several factors, including the system integration into the larger context of health activities and policy making, the willingness of the Government to take ownership of the initiative, the ability to build and

develop local technical capacity, and the maintenance of training and monitoring at all levels of participation.

Every child counts – the use of sms in kenya to support the community based management of acute malnutrition and malaria in children under five
Berg M, Wariero J, and Modi, V. 2009
http://www.childcount.org/reports/ChildCount_Kenya_InitialReport.pdf

This study focuses on Sauri, a village in Kenya that is supported by the Millennium Villages Project (MVP). A platform where Community Health Workers (CHWs) were equipped with mobile phones to use SMS text messages to register patients and send in their data was piloted. The ultimate goal was to improve child health and empower community health workers. The report details the methods used, illustrate early results and initial findings of the ChildCount mHealth platform that CHWs have been using since 2009.

Evidence from the pilot indicated that an SMS based approach, using a system like ChildCount, can lead to improved maintenance of child-specific anthropometric records which in effect is helping to monitor a community's health. ChildCount also makes it easier to develop and maintain a comprehensive child registry that facilitates the ability to implement targeted interventions. The system has also already shown that it can be used to increase the level of accountability of CHWs while enabling the health team to better manage community-based care

Can the ubiquitous power of mobile phones be used to improve health outcomes in developing countries?
Kaplan, W. Globalization and Health 2006: 2 (9)
http://www.globalizationandhealth.com/content/2/1/9

This paper looks at evidence to support or refute the idea that fixed and mobile telephones is, or could be, an effective healthcare intervention in developing countries. It addresses the ongoing policy debate about the value of communications technology in promoting development objectives.
Results

Evidence can be found to both support and refute the proposition that fixed and mobile telephones are an effective healthcare intervention in developing countries. It is difficult to generalize because of the different outcome measurements and the small number of controlled studies. Convincing evidence regarding the overall cost-effectiveness of mobile phone " telemedicine" is still limited and good-quality studies are rare. Evidence of the cost effectiveness of such interventions to improve adherence to medicines is also quite weak.

Evidence suggests the developed world model of personal ownership of a phone may not be appropriate to the developing world in which shared mobile telephone use is important. Sharing may be a serious drawback to use of mobile telephones as a healthcare intervention in terms of stigma and privacy, but its magnitude is unknown. One advantage, however, of telephones with respect to adherence to medicine in chronic care models is its ability to create a multi-way interaction between patient and provider(s) and thus facilitate the dynamic nature of this relationship. Regulatory reforms required for proper operation of basic and value-added telecommunications services are a priority if mobile telecommunications are to be used for healthcare initiatives.

Evaluating the accuracy of data collection on mobile phones: A study of forms, SMS, and voice
Patnaik, S., E. Brunskill, and W. Thies. Information and Communication Technologies and Development (ICTD), 2009
http://dspace.mit.edu/handle/1721.1/60077

This paper provides a quantitative evaluation of data entry accuracy on mobile phones in a resource-poor setting. Via a study of 13 users in Gujarat, India, we evaluated three user interfaces: 1) electronic forms, containing numeric fields and multiple-choice menus, 2) SMS, where users enter delimited text messages according to printed cue cards, and 3) voice, where users call an operator and dictate the data in real-time.

The results indicate error rates of 4.2% for electronic forms, 4.8% for SMS, and 0.45% for voice. These results suggest using voice instead of electronic forms may avoid errors on critical health data. This study is limited by the varied backgrounds and training of participants, but the results suggest that some care is needed in deploying electronic interfaces in resource-poor settings. Further, it raises the possibility of using voice as a low-tech, high-accuracy, and cost-effective interface for mobile data collection.

Text Messaging as a Tool for Behaviour Change in Disease Prevention & Management
Cole-Lewis H and Kershaw T. Epidemiologic Reviews. Vol. 32, 2010
http://epirev.oxfordjournals.org/content/32/1/56.full.pdf+html
This systematic review provides an overview of behaviour change interventions for disease management and prevention delivered through text messaging. Evidence on behaviour change and clinical outcomes was compiled from randomized or quasi-experimental controlled trials of text message interventions published in peer-reviewed journals by June 2009. Only those interventions using text message as the primary mode of communication were included. Study quality was assessed by using a standardized measure. Seventeen articles representing 12 studies (five disease prevention and 7 disease management) were included. Intervention length ranged from three months to 12 months, none had long-term follow-up, and message frequency varied.

Of nine sufficiently powered studies, eight found evidence to support text messaging as a tool for behaviour change. Effects exist across age, minority status, and nationality. Nine countries were represented in this review, but only one is a developing country. Given the potential benefits of such a widely accessible, instant and relatively inexpensive tool more research is needed on text messaging as a tool for health behaviour change in a lower income setting.

4. Strategies for Empowering Communities to Use Information to Drive Greater Accountability

Empowering the Marginalized: Case Studies of Social Accountability Initiatives in Asia
Public Affairs Foundation Bangalore, India and Karen Sirker and Sladjana Cosic
http://siteresources.worldbank.org/EXTSOCACCDEMSIDEGOV/Resources/EmpoweringTheMarginalizedFinalVersion.pdf?resourceurlname=EmpoweringTheMarginalizedFinalVersion.pdf

Some case studies in this report include using information for empowerment.

There is one case study that is particularly relevant to the health sector: Social Audits, Community information and epidemiological technologies (CIET), Pakistan.

The CIET is an international group of professionals from a variety of disciplines, including epidemiology, medicine, planning, communication, and the social sciences, who bring scientific research methods to communities. By involving local communities in information gathering and analysis, the CIET helps them participate in decisions that affect their lives. Through both formal and on-the-job training over a series of reiterative survey cycles, the

CIET shares its collective skills and methods with national, regional, and local planners to help develop information systems for local stakeholders and build indigenous capacities for evidence-based planning and action. The evidence that the CIET helps gather is of a kind that shows where changes can be made and the likely impact of such changes.

The concept of the social audit is simple: collect information about public services from the intended beneficiaries and from service providers, and use this as a basis for involving the public and service providers in making changes to improve the services.

Although it is too early to see extensive improvements in the delivery of public services that can be attributed to the results of social audits, local governments do seem to have changed how they approach development planning in terms of assessing priorities and matching them with individual requests, and the CIET has begun to document the correlations between improved governance and the impact of social audits.

UN REACH Progress report
Accelerating the Scale-up of Food and Nutrition Actions
UN, 2011
http://www.reachpartnership.org/c/document_library/get_file?uuid=390393a1-000a-4475-863a-062b67db82b7&groupId=94591

Based on a country-led methodology, UN REACH strengthens the capacity of local decision makers and stakeholders with diagnostic and analytical tools, shared knowledge on how to implement nutrition actions and on effective choices for resource allocation. Working with governments, non-governmental stakeholders, UN agencies, implementing partners and others, the UN leverages its unique mandate to link food and nutrition security policies to programming concrete actions on the ground. Decisions are made in-country so the UN REACH approach is tailored to meet local needs and builds upon existing initiatives and experience in each country.

Landscape analysis on countries' readiness to accelerate action in nutrition
Country assessment tools
World Health Organisation
http://www.who.int/nutrition/publications/landscape_analysis_assessment_tools/en/index.html

This in-depth country assessment provides a way to scope gaps, constraints and opportunities for integrating new and existing effective actions in nutrition, using a participatory approach. The assessment is undertaken by an interagency team of national, regional and international partners. It includes an analysis of a country's capacities and resources, and identifies promising actions that could be scaled up to improve nutrition.

The *Landscape Analysis Country Assessment Tool* consists of tools for:

- *Planning and preparing for a country assessment*. The Country Assessment Tools provides a description of steps to take throughout the preparation and implementation of the country assessment.
- *Desk review and stakeholder mapping tool*. The desk review and stakeholder mapping will serve as an important point of reference for the country team regarding national nutrition situation and existing policies, actions, partners and coordination.
- *Data collection*. Six main questionnaires exist to conduct interviews at national, provincial or regional, district, facility and field levels to assess commitment and capacity to accelerate nutrition actions.
- *Data analysis*. The analytical framework provides indicators for commitment and capacity to accelerate nutrition actions

This tools package has been adapted throughout the various country assessments based on feedback from the country teams. As part of the preparations for the Landscape Analysis Country Assessment, the country team needs to review the tools, select which ones to use and adapt them to the national situation. The Word document questionnaires can be obtained from WHO Department of Nutrition for Health and Development, by contacting NPUinfo@who.int.

Technologies for Transparency and Accountability: Implications for ICT Policy and Recommendations
Kuriyan R, 2011, (DRAFT) Open Development Technology Alliance, The World Bank
http://www.scribd.com/doc/75642405/Technologies-for-Transparency-and-Accountability-Implications-for-ICT-Policy-and-Recommendations

This report is not specific to health or agriculture but still maybe of interest.

It focuses on analysing the conditions under which new technologies can enhance delivery of public services to the poor through improved accountability and transparency. It examines the linkages between the use of innovations in technology, increased accountability and the effects on the delivery of public services to poor communities. Specifically, the paper investigates the role that the combination of social media, geo-mapping and various technology platforms can play in this process.

Helpdesk Research Report: Evaluations of Voice and Accountability Instruments
GSDRC, 2010
http://www.gsdrc.org/docs/open/HD675.pdf

Not specific to health or agriculture but maybe of interest.

Description of the World Bank programme.
MySociety
http://www.mysociety.org/

MySociety work to improve MP accountability, amongst other things, in UK. They have made their tools open source and available in developing countries – now launched in Kenya.

Ushahidi
http://ushahidi.com/
This is a non-profit tech company that specialises in developing free and open source software for information collection, visualization and interactive mapping. It has mainly focussed on human rights issues in Kenya.

iVission
http://www.ivission.net/index.htm
iVission are an NGO in Cameroon working on a range of ICT projects aimed at empowering people to stimulate social change.

Enhanced Social Accountability through Open Access to Data: Geomapping World Bank Projects
Gigler B-S et al, 2011, World Bank

http://wbi.worldbank.org/wbi/devoutreach/article/1306/enhanced-social-accountability-through-open-access-data

5. Additional information

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