

Knowledge and Research Programme on Improving Efficiency of Pro-poor Public Services



India Toolkit
November, 2005

Published by:



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Department for International
Development Knowledge and Research Programme
on
Improving Efficiency of
Pro-poor Public Services

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Overview

About the research:

Despite considerable investment, public services in most developing countries are widely perceived to be unsatisfactory and deteriorating. The poor and disadvantaged in developing countries suffer in relation to delivery of public services. Firstly, they lack access to those services due to physical, financial, informational, political and other barriers. Secondly, they lack effective mechanisms for feeding back their complaints, views and requests in relation to those services. As a result, public services to the poor lack transparency, accountability and quality. The poor and the disadvantaged are particularly vulnerable as they rely completely on the state for accessing critical services like drinking water, health and education.

To address this gap, OneWorld South Asia, representative office of OneWorld International (OWI) was entrusted by the Department for International Development (DFID) to conduct a KaR programme on improving quality, effectiveness and transparency of pro-poor public services through the use of ICTs

The study period was January 2004 – June 2005. Transparency International (TI) country chapters in Croatia, Pakistan and Nigeria and OneWorld South Asia in India were chosen as the four implementing agencies for this action research.

The project, focused largely on access to information and on identifying ways to improve the effectiveness of delivery of public services to the poor and vulnerable sections and the opportunities for ICTs to strengthen those mechanisms.

Research objectives:

The research objective was to design and implement an appropriate ICT led model to improve the transparency, quality and effectiveness of pro-poor services and to identify an effective niche for integrating ICTs in the traditional public services domain. It sought to use the appropriate ICT to disseminate information to service providers and users and provide an appropriate means by which the poor can provide feedback to governments on the service provided.

Research methodology:

The common core of this project was to combine ICT with participatory techniques.

These were used to gather views from the poor about various public services. This bottom up approach is in contrast to traditional ICT approaches (and indeed public service provision) which tend to be top down and are unresponsive to user needs.

The research method used to address the problem was 'participatory action research' that involved an in-depth study of the system to comprehend the existing problems, and then, strove to change it towards a desirable direction in close association with community members. The distinguishing feature of this research was the use of ICTs to bring about positive changes in access to pro-poor public services. Most of the participatory action research techniques, such as surveys, interviews, Focus Group Discussions (FGDs) were used in all stages of the project. These included the selection of the sector for research, the choice of the ICT tool/ intervention and monitoring and evaluation of the intervention.

The project was designed to facilitate peer to peer learning among the participating country teams. These teams met at various stages of the project to share their learning's.

Research outcomes:

The research has demonstrated that appropriate and relevant use of ICTs can help break the traditional wall of mistrust and apathy between the people and the service providers. The project has exhibited how ICTs can be neutral catalysts, acceptable to both sides as platforms for information exchange and communication.

Production of pro-poor services improvement packs are an important factor in this respect.

These information packs published by the three country teams and the international pack contain learning's from the project, would inform relevant interventions. These packs would provide specific guidance to government and civil society institutions on how to implement/improve ICT enabled-feedback/grievance redress systems for public services for the poor. Public sector organisations will benefit from this information with increased capacity in designing appropriate pro-poor programmes. This in turn, is hoped would contribute substantially to poverty alleviation and improved livelihoods.

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Executive Summary

It is imperative that people have a say in the decision process in areas that will have a direct bearing on their lives. Any policy or programme aimed at their empowerment and development should then be designed to be responsive to their needs. Such an approach will provide them the knowledge and the means to access their rights and entitlements. This is essential, not only to secure their commitment but also to make the programme, sustainable and successful.

The reality however, in most developing countries is contrary to this need. Public services in these countries face several operational challenges in the effective delivery. The poor and disadvantaged in particular, who don't have any voice mechanisms, suffer particularly due to ineffective delivery of these services that are, ironically, primarily designed for them.

Firstly, they lack access to those services due to physical, financial, informational, political and other barriers. Secondly, they lack effective mechanisms for feeding back their complaints, views and requests in relation to those services. The poor and the disadvantaged are thus particularly vulnerable as they rely completely on the state for accessing critical services like drinking water, health and education. (Gopakumar K et al 2002)

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The DFID project was not just intended to be action research, but also participatory research. Participatory research involves project workers and the groups who are affected working together as co-researchers. The research is, as far as possible, designed together, carried out together and the findings are shared. The idea is that the people involved will be able to feel

ownership of the research and its results. This should make resulting changes more likely to be effective. The DFID project was not just intended to be action research, but also participatory research. Participatory research involves project workers and the groups who are affected working together as co-researchers. The research is, as far as possible, designed together, carried out together and the findings are shared. The idea is that the people involved will be able to feel ownership of the research and its results. This should make resulting changes more likely to be effective.

An assessment survey in the project area, using participatory methods, had thrown up a complex set of data on the problems in the effective delivery of the health services. These problems, from the perspective of the service provider and the community, ranged from systemic and attitudinal problems to lack of education and awareness on health issues.

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Voice-based ICT mechanism for better access to health services:

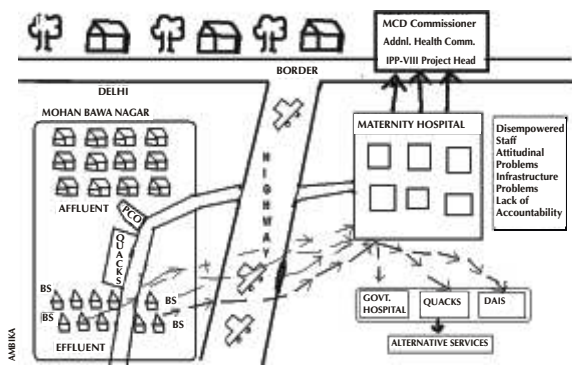
OneWorld South Asia, implementing the India chapter of the DFID KaR project, chose the health sector and within it, Maternal and Child Health as the area for this action research. The project site – a Maternity Hospital and a slum cluster near it – was located in a peri-urban area close to the Delhi border with neighbouring Haryana.

What made this project unique was that it involved active participation of the key stakeholders – the government service provider and the beneficiaries i.e. the people that these services are meant for. The civil society organisations OneWorld South Asia and Prerana, the partnering NGO, played the role of facilitators to bring these stakeholders on a common platform.

However, given the timelines and resources of the DFID KaR project, it was not feasible to address all these issues. The following issues were taken up for implementing in this action research:

- Inadequate communication about the services of the hospital to the people in the slum cluster

- Lack of interface between people and the hospital staff leading to attitudinal problems.

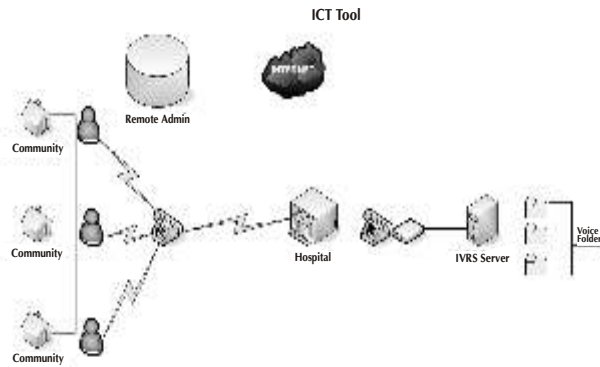


- Inadequate outreach from the hospital staff (besides Basti Sevikas) to the community.
- No proper MIS to check the availability of staff, in the hospital to provide better services
- Low coverage of target beneficiaries on delivery of health services.

Was therefore decided for the ICT tool. The tool, developed for this intervention was a dedicated, toll free telephone line, installed at both ends – the community and the hospital. In the community the phone line was in the house of a locally accepted community leader, where women and adolescent girls would have easy access.. The people could get information on the hospital services from this toll free line and also ask questions linked to these before going to the hospital.

The project led to more people becoming aware of their rights and entitlements and seeking health services from the hospital. The phone line gave them not just the information

but also the comfort levels to demand these services from the hospital authorities. The service providers too, changed their attitude towards the people and were more responsive, sensitive to them. The accountability and more importantly the willingness to share information with the people, facilitated a more effective delivery of the services to the community.



Tool kit:

This information pack contains learning’s from the action research project that we seek to share with NGOs and public service providers. We hope this would help them design and deliver ICT-enabled appropriate programmes for effective, efficient and transparent delivery of public services for the poor. The contents of this pack are not just about ICT as a means of improving the access of poor people to public services, they are about the process of researching this.

Listed here are some simple steps towards such an exercise:

I. Rationale for the Proposed Intervention

A clear understanding of the problem / challenge at hand and why there is a need for this intervention is an essential starter. Remember, what is unique about this project is the interaction and interface between the service providers and the users of this service, especially the poor.

The purpose of this project is to make the people aware of their rights and entitlements and empower them to access/demand these. The attempt also is to make the service providers more accountable and the service delivery more transparent and effective.

It is also necessary to carefully identify the 'problem area', whether you want to address concerns in the area of health, education, crime etc. This choice would largely depend on the immediate needs of the community and is critical to determine the success of the project.



This phone line was attached to a remote computer where the data of the transactions was stored to study the interactions and responses between the two sides.

Bare essentials:

There is no point in replicating what has been attempted already or in taking up a task whose validity has not been established. A combination of primary and secondary research will be necessary to assess various sectors based on certain parameters, before short-listing one sector for the research. This homework will be useful to ascertain:

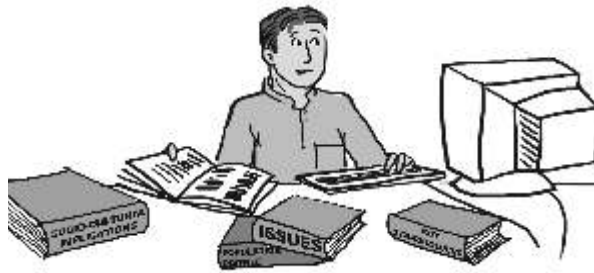
- What is the problem/challenge that you want to address: is it water scarcity, absence of schools, lack of health facilities or something else?
- What are the roadblocks in the effective delivery of this service to the poor?

- Who are the key stakeholders that you would need to engage? The community as a whole or a smaller section of people? A local government functionary or higher officials as well?
- Who are the target beneficiaries (there could be more than what you may have in mind for instance, the service provider too may need some assistance in delivering the services. So your project could be designed to support both the users and the service providers.)
- What is the location, geographical spread? Is the community easily accessible or remotely located? Is it a small cluster or a huge spread of population? Is your project doable given the manpower, resources available?
- The preparedness of the place/people/theme for such an intervention. Will a lot of ground work be required before the intervention can be made?
- The relevance and importance of the thematic area/problem to their daily lives. Are they casual or serious about it? Can they live without it or are they willing to participate in the problem solving process with you?
- The socio-cultural implications of the proposed intervention on a specific theme, in a specific locale are necessary to ascertain.
- The socio-economic levels, literacy profile and the gender demographics need to be taken into account. It is important to keep in mind the literacy, comprehension and capacity building needs. If the women are particularly marginalised, the project would need to respond to this situation.
- The gender structure of an area is particularly important for planning the project. If there is a glaring imbalance, then the tool can be designed to address this imbalance as well.

The need for direct interaction:

Pre-project assessment and surveys can help you make the best decision. These can be conducted through face to face meetings with people/officials, visits to various intervention

sites; one-to-one interviews with the potential stakeholders. Do not depend on secondary research or documentation alone to determine the parameters of your project. Remember it is an action research with live interaction, dialogue, action and response. So spend time with the key players – the government as a service provider, the community (poor,



underprivileged) and the civil society organisations (CSOs). For the India project, a combination of primary sources and secondary sources like the Internet and media sources was used as a part of the exercise to select a sector for this project.

Keep in mind the perceived challenges and methodological constraints.

- Reluctance of the stakeholders to work on the project.
- People's willingness to use an ICT / communication tool for information and feedback

- Presence of a strong NGO working with the community to help facilitate people's participation in the project
- Readiness of the local government functionaries to use the ICT tool and be open to the idea of receiving feedback from the people

Four sectors were surveyed for the Indian project: law and order (police services), education, power (electricity) and health. Initially, it seemed that law and order was the most pressing concern in the targeted community. However, the results thrown up by the sectoral assessment exercise were quite unexpected!

For instance, in our preliminary meetings we found the senior officers to be quite interested in our project, but the local police officials were reluctant to participate and were rarely available even for these meetings.

Also, the people in the community were hesitant to talk about the problems they faced with the police. It was felt that bringing both local police officials and the people up to a level of basic readiness to participate in the project would take too long. Therefore, we decided to explore an alternate sector.

II. Making a Case for an ICT Tool

Reviewing the options (both conventional and ICT)

Once you have identified the problem and the key players, the next step is to ascertain what tools you want to put to use to resolve the issue.

Is there a role for ICTs or will the conventional tools of communication and information dissemination do? Whether you want to use a stand alone tool or combine it with a mix of traditional communication tools such as street plays, community meetings and fairs, group meetings are some of issues you need to think about.

It may help to check out the following about the information seeking behaviour of the people:

- What is the information seeking behaviour of the community
- What kind of tools, media they use to seek information?
- What are the preferred complaint/redressal mechanisms that people use?
- What are the traditional communication tools used by the people?



- Are they using traditional means of communication or the modern ICT tools as well?
- What is the literacy level of the community
- How do the marginalised, (poor, women, and children) get access to information, if at all?

Consult the people and the service providers:

The tool that you identify or develop has to be used by both the people and the service providers. It is therefore necessary to ensure

that they are involved in the choice of the tool and are prepared to use it.

They may need a lot of handholding and training in using the tool. Preferably, go for a tool that is simple to use and to understand. A complicated device can become a distraction and managing it might divert you from your goal.

It is also likely that the people do not feel comfortable with an ICT tool. If such is the case, do not insist on using it. Make the tool you want to introduce support these activities instead. For instance, if the people want door to door service or messaging, you may want to supplement this with a phone service that helps in the follow-up needs of the people.

Keep an eye on the budget and timelines:

You may want to undertake a grand exercise deploying the latest technologies at hand. However, it is advised that budget and time constraints are kept in mind. Begin by exploring the resources you have at your disposal and design your project accordingly.

Timelines is another important aspect to keep in mind. A short-term project might not be able to affect any perceivable changes in the targeted community.

Necessary permissions and infrastructure:

Make sure that the project location has the necessary wherewithal, and infrastructure. An ICT tool that needs regular supply of electricity would not be of much use in a remote village with erratic power supply. Similarly if the area does not have underground optic fiber connectivity, tools like internet and telephone may not be usable. Also, before designing the tool, make sure all the necessary legal permissions are in place. For instance, if you have chose to use a combination of a toll free phone line and message broadcast through radio or loudspeakers; ensure that you have the necessary legal permissions for phone/radio connections in the concerned area.

Software support:

You may need to take your wish list to a software provider or a vendor who could tailor-

make the ICT tool according to your needs. Some important points you may want to consider at this stage are:

- The range of technological inputs and degree of maintenance required.
- Options of the tools to be used, given the local needs. For instance, in comparison with a conventional computer, an alternative of using a touch-screen computer with pictorial representation can also be considered. Local language options may also be explored (if applicable) for the tool.
- Readily available guidance for the project staff, the service providers as well as the target community on the use of the tool.
- The options available for modifying an existing tool or creating a new one; the costs involved.
- Proposed location of the tool.
- The support facilities available in the vicinity.
- The degree of involvement of project volunteers and community members for daily maintenance of the tool.
- The cost implications, the time taken for installation, the nature and degree of maintenance required.

It is advisable to involve the community members in your discussions with the software vendor. This would not only provide them with a sense of ownership about the tool but it might also help the vendor in understanding what they need. Fine tuning the tool to the comfort levels of the community is a must. So, the time spent in these discussions is worthwhile to ensure their participation.



The focus should always remain on the utility of the tool, as opposed to technological sophistication. For instance, in the India case, the telephone was chosen over the use of computer related mechanisms, on grounds of instant acceptability by the community. In India, for instance, we were very keen to introduce a hand help computer for the health link worker (Basti Sevika) and community volunteers. This would be used for recording the health data and needs of the community and relay these to the hospital authorities and also to keep track of the feedback and the responses. However, neither health extension worker, the people nor the hospital authorities were ready for such a device as they felt it would add to their workload and involve a lot of training, maintenance and care. The people felt that since they were not literate, they would not have much control /use of the tool themselves. Based on this feedback, voice was identified for the interface in the form of a phone line that would enable people to communicate directly with the hospital authorities about their needs and requirements. This tool free phone line and needed minimal training

This phone was attached to a remote computer where the data of the transactions was stored to study the interactions and responses between the two sides.

III. How to Consult Stakeholders in the Community

The people and the community are key to such projects. Not only is the community the end beneficiary, but also a key player in the implementation of the project. It is essential therefore that the community be involved in every stage of the project.

How to consult the community?

Building rapport:

Spend time with the community to build that crucial confidence and mutual comfort levels. This will encourage the community in being more forthcoming with their inputs. You may need to spend time explaining the rationale of the intervention and more importantly, in listening to them as they offer their suggestions and ideas.

Treat them as partners not as beneficiaries:

You should not give the impression that you are there to benefit/ameliorate the lot of the people. Rather, the community should feel as partners in the project, or equal stakeholders. This will make the consultations free, frank and more result oriented. Incorporating their suggestions in the project, even if it means making changes, adjustments in the planned path may be well worthy, because ultimately the project has been initiated for their use.

Choose a project team that merges with the community and does not stand out

The role of the project team is critical in integrating the ICT tool in the lives of the community members. It would help for them to relate to the community. Communities which are not well-off economically tend to lay great emphasis on gender and age issues. Project staff should be formed so as to be able to relate to all possible age groups and to both men and women.

Let community members decide the venue and timings of consultations:

Remember, it's the community where the project is taking place. And it is the people who are main participants. So try to go by their time and availability and choice of venue. There may be days when different members of the community may be available on varying days and times. It is advised that the project

team tries to adjust their own schedules according to that of the community. For instance, meetings might be held on a Sunday, if that is the only day when the working members of the community are available for consultations.



Arrange for basic incentives at consultations:

If you are holding large group meetings, it may be good to arrange for some light snacks, and drinks. However, these should be served in a way that does not distract from the discussion but energizes it. For instance, snacks should not be served at a time when the discussion is at a crucial stage or during a hectic debate.

Ambience of equality:

The ambience of the consultation should convey a sense of equality. So remember to sit on the floor yourself if community members are also sitting on the floor. Also make sure to organize your meeting in a place that is equally and easily accessible to all community members.

Project team to relate to the community:

The project team should ideally mainstream with the community and not be an occasional visitor that lands there on inspection visits. They should be seen and heard in the community on a regular basis so that the people relate to them easily. As the project seeks to enable people in overcoming information and communication barriers, the project staff can help facilitate the process.

Record the proceedings with community consent and knowledge:

If you plan to record the proceedings in any manner, take due consent of the community. Ideally, involve one volunteer from the

community to help with the minuting/ reporting or recording of the meetings.

Ensure that voices of all are heard, specially the voiceless:

The project seeks to reach out to the most marginalised. So remember to ensure that the meetings are designed to give an access and voice to them. Groups of people who traditionally don't get to voice their concerns in any cluster, women tend to be taken for granted, youth who are brushed aside and children who are never spoken to, need to be encouraged to speak out.

Identify and categorise the community members into groups:

You need to make age-wise, gender-wise, user-wise groups for consultations in the community. Make sure you speak to these groups on separate occasions to elicit the best responses. For instance, in a mixed group of men and women, you would not find the women as forthcoming as in an all women's meeting.

Ensure to make the right groupings for these meetings according to the project theme. For instance if it is a project on reproductive health, senior citizens might not be the advised target grouping. It is best to have informal meetings for the focus groups discussions with the people. Instead of combining men and women in one group, there could be separate meetings with men, women, adolescent girls, community leaders etc.

Questionnaires/discussion points for consultations:

You may need to do some homework to garner a better understanding of the community profile and socio-cultural patterns. This will help you draw up a comprehensive questionnaire

that will get the desired information and results from the group being talked to. It is good to have a facilitator, ideally from the community to help you with the meetings. This will allow the consultation process to take a bottom-up and participative approach.

Types of consultations:

Focus group meetings, conducted informally are a good way to consult with the community. The informal nature of the meetings will make the community members relax and participate in a natural manner. It is good to have at least 15-20 people in each group.

One to one meetings: You may need to consult some people in smaller groups or individual meetings. So plan out the meeting and prepare the questionnaire/discussion points for the same. You can keep this questionnaire for reference and not necessarily place this before the people during the meetings. For instance, if you are dealing with a service provider, say a government hospital, it is best to speak to the staff or the hospital head in one to one's instead of in a group.

During the Focus Group discussions in the community which we had chosen for the intervention, there was a hesitation stemming from caste and class affiliations, among people to go to each others homes. We however, were clear that our project was aimed at benefiting the marginalised and underprivileged, irrespective of the strata they were from.

So instead of pandering to such division, and holding meetings in separate houses, or groups, we chose neutral venues, such as house of a community member where all had free access. We were thus able to engage all sections and also send out a clear message that our project seeks to include all.

IV. Forming Partnerships with Stakeholder Institutions

CSOs, public sector, service delivery institutions and possibly private sector companies

The USP of such an intervention is its multi-stakeholder partnership approach where the key parties: the poor/community, the government (service providers) the CSOs and NGOs working with the community and the private sector, come together for a common cause: to enable the poor get better access to public services.

Therefore identifying the institutions and building partnerships with them for the project is a crucial part of the entire exercise because as a project team you will just be a facilitator and not a doer.

Some important steps in building partnerships:

Identifying and building rapport

Identifying and building rapport with the right partner/stakeholder:

Community:

The interest and involvement of the community in the project is necessary. Speaking to a cross section of the people and influencers, such as community leaders, women, men, elderly and youth groups, would be a good idea to gauge the community's interest. Their willingness to work with other stakeholders, such as public service providers and CSOs also has to be measured. At times, the community would not be very forthcoming. Repeated meetings for rapport building may be required to make them understand the implication and possible benefits of the project and their role. It is best in most cases not to take lack of easy comprehension or interest as their unwillingness.

CSO:

The area you choose for the intervention may be new to you. The people therefore may not be ready to accept you or your intervention. You would need a local level NGO or CSO that has already been working in the area to help you gain acceptance and forge linkages with the community. It is advisable to identify

some NGOs/CSOs working in the area, share project details and investigate whether their working is in sync with your goals and if they are willing to invest time and resources towards the same. Remember you have to enter into partnership with them so their commitment towards collaborative work has to be established at the outset.

Public service provider:

One of the most important partnerships of the project, after the people is the service provider. You have to be prepared to work hard on this aspect. Since the project aims primarily at improving their performance and output, which may expose the inefficiencies in the service provider's operations, they might be reluctant to be a part of the project especially at the ground level. Here too, you may need to have several rounds of discussions to win their confidence and convince them how the project will improve their efficiency.



It is best to meet the department /service head and seek their approval before approaching the officials at the ground, as these personnel will always need permissions from their superiors.

While exploring the education sector for this intervention, we tried the bottom-up approach. The staff of a primary school was approached who asked us to first get the sanction from the zonal officer who in turn sent us to the district officer. We realised that in case of the government functionaries, the bottom-up approach would not work. So, we next choose to go to the top official, seek his approval and then approached the ground functionary).

V. Obtaining Formal Agreements with Stakeholders

For any project, some kind of formal agreement with the key partners involved is necessary to ensure smooth functioning. In this case, since it is an action research that may require daily involvement from the people, putting such a commitment down on paper would be well worth it.

How to secure a formal buy-in:

Community:

The best form of buy-in from the community is through their interest in the project. Also, buy-in from the community leaders, decisions makers and the key users of the service would be as good as a formal buy-in. So for instance, if the intervention is in the field of reproductive health, then the buy-in from the women and adolescent girls is a must, in addition to the community leaders.

CSOs:

Since you will be intervening in the project through an NGO, a formal commitment will help you partner with them and involve their staff members working the project location. Spell out the roles and responsibilities and the people to be involved in the support work that you expect from the NGO. For instance, if you want their field volunteers to help organize the FGDS in the community or conduct evaluation exercises or create awareness about the project, spell these out in the agreement. The timelines and financial commitments if any also need to be spelt out.

Such an agreement on paper will help smoothen the process and enable you to have their continued support and inroads into the community.

Service provider:

An agreement with the government service provider is very important to secure smooth and uninterrupted running of the project. Also, given the possibility of sudden changes, transfer of government officials, the formal agreement would provide a documentary evidence for continuation of the project commitments under any new dispensations.

Government procedures can be quite time consuming and full of bottlenecks. You need to be patient and persistent to ensure that you get the commitment on paper. At times, meetings with the functionaries may take a long time to materialise. Traditionally, they view NGO interventions with skepticism. Your project should therefore not sound threatening to the government department. Also, good interpersonal skills are necessary here, so that you are able to convince them of the potential the project holds for their department and its efficient working. Properly structured presentations are also helpful.



For our project on maternal and child health services, we tried our best to get an agreement with the head of the local municipality. However, his office, kept us waiting and delaying the meetings. We persevered and in the meantime secured an informal approval from the department head of the particular programme area and began the intervention. After six months of follow-up, we finally got a meeting slot with the municipal head. Our presentation managed to convince him of the potential of the project but a formal agreement was still elusive. We nevertheless took his tacit approval as a buy-in and went ahead with the project on a low key. If we had got his formal approval, the project could have been scaled up to link with other departments as well. However the project timelines did not permit us to do so.

VI. Facilitating the ICT Tool

With the tool designed and ready, you are now set to launch it in the community. Some essentials at this stage would include:

Location & management of tool

Location of the tool and management by community and service providers:

You need to ensure that the tool is in the right hands for care and management both in the community and at the service provider's end.

The location of the tool and its care and management should be decided in consultation with the people. Ensure that it is accessible to all, specially the marginalised and to the segment that you are trying to reach through your intervention be it women, children or adolescent girls.

Consult the community and service provider:

Before deciding where to deploy the tool, consult the entire community, not just the leaders or influencers. The tool will be used only if all are comfortable with its location and placement.

The same goes for the service provider. Their willingness and compliance are essential to establish the comfort levels that will prod them to use/respond to the tool and maintain it as well.

Ownership = Management & Care:

Any such intervention, especially when it involves technology tools, is likely to be associated with power or visibility in the community. So you should also ensure that the installation of the tool is accompanied by a sense of ownership by the person/people with whom it has been entrusted. They need to ensure it is used and maintained appropriately.

Pre-launch test and dry runs:

The location, ownership and maintenance aspects should be taken care of. The people and service providers need to be familiarised with the use of the tool. A short familiarisation period, when dry tests are done from both ends to learn how to

use the tool, to establish initial comfort levels and to sort out initial technical and human hiccups are necessary before a formal launch.

Training and familiarising sessions

Remember the tool is not just a new tool but also a new cultural concept for both the community and the providers, as they learn to interact with each other through a regular, direct interface. So you would need to hold capacity building sessions by volunteers who are known to the community. Ideally, try to train a large group of people as they can become your master trainers. It is good to insist on this pre-launch training so that all are geared and committed to the use of the tool.

Showcase relative benefits of the tool to the people:

The communities would need to be shown/demonstrated some benefits of using the tool, before they can be prodded to use it. For instance, a phone call from the community seeking the availability of a doctor, should be met by an adequate response. Also, if the people don't use the tool or avail their services in at the outset, they should not be blamed for that. Give people incentive to work for the project; show them the immediate visible benefits of the tool and the project.

Launch event:

A formal, informal launch event helps give meaning to the entire exercise while galvanizing those involved in it directly or indirectly. A launch event can be organized on a small scale keeping the end beneficiaries at the helm. Remember to give a role to the direct stakeholders in the launch event instead of a VIP or a local bigwig walking away with all the attention. And yes, it is good if the event is held in the community and not at any grand location. If the event brings the two stakeholders together, all the more better. Local media can also be invited, but should not be allowed to take the attention away from the purpose of the event.

In our project in India, the location of the tool was a big issue both at the community and in the hospital. In the community, since there was no community centre or common space, it was difficult to find a place that would meet all the access criteria for placing the tool – the toll free phone line. After extensive consultations, the tool was deployed in the grocery shop of an elderly community leader who ran the shop with his wife. Most people, including women, the target beneficiaries, visited the shop and found

it easy to use the phone as well when necessary.

At the hospital end, there was an issue of ownership of the phone. The OPD, day staff was not willing to either take responsibility of the phone or respond to the phone calls. They said, saying they closed in the evening and therefore could not ensure safety of the gadget at night. Finally, the nursing staff of the maternity wing of the hospital, agreed to keep the phone, and respond to the calls as well.

VII. Publicising Tool & Handholding Community

Installing the phone in the community is the easy part. Ensuring that it is used adequately, requires information, education and communication (IEC) efforts. This is necessary as reinforcement to help the people in the community shed their cultural mindset of limited or no interactions with the service providers. The purpose of the IEC is to drive home the message, both to the service providers that it is their duty to provide information and proper services to the people, in a transparent and efficient way. For the people, it means knowing what the public services that they are entitled to are and how they can access these rightfully.

Multimedia tools:

Publicising the tool can be done through door to door messaging and canvassing, engaging of volunteers from the community itself to promote the use of the tool, group and community meetings, street plays and printing of leaflets and fliers in the local language. Also, the efficacy and effectiveness of the tool through relevant responses to their feedback, queries or grievances, has to be ensured for a better coordinated support of their activities with the people.

Involve community members in mainstreaming the tool:

Involve at least two to three community members with whom the community people can identify themselves properly, as part of the volunteer team that you would build to promote awareness of the tool. These people can be shown as part of project team. As a project team, try as much to be in the background, in the facilitator's role and not as the primary doers. This is essential to make the community feel a sense of ownership towards this initiative.

Use relatable content and language

In each of these IEC initiatives, the content, language and message should be such that the people are familiar with and can relate to. The tenor should be such that it talks to them and not AT them. The theme of the street plays, for instance, should be something that the people can relate to either through names, locales and the story told which has to be their story.

Interactions between service providers & community:

You can encourage interaction between the

service providers and community members to reinforce the presence of the tool and publicise it. Such interactions facilitated by the project team can help break the ice and the cultural barrier to communication between the two. Remember there is a problem that you are trying to address: of lack of proper delivery of services to the people, and apathy among the people to the extent of not demanding their rights. These interactions can be by way of health camps, special guest series or face to face meetings.



Newspaper/TV/ cable networks:

A word about the intervention in the local newspapers, cable networks or radio stations can make people aware of this initiative in their locality. This will also make them aware of the novelty of the initiative that they are a part of and encourage them to be involved in the project. However, a word of caution here. The mass media should not be allowed to make a showpiece of the project and bring it undue attention. The people should not feel they are on performance or the project a means to get them to the national TV. The media coverage should therefore be planned and managed carefully so as not to become an end in itself.

Be prepared for potential threats such as lack of motivation among people to actively participate in the intervention or resistance from people to the intervention. As a project team you need to understand the local dynamics and use a combination of persuasive and consultative means to seek their participation. We found for instance, that the health link workers in the community were very reluctant to participate and viewed the intervention as a threat to their work. We let them be for a while and gradually tried to involve them in the intervention. Towards the end they realized the relevance of the initiative and how it had enabled more people to seek hospital services.

VIII. Monitoring the Tool in Operation

This is an important exercise to ensure that the purpose of the project and of installing the tool is fulfilled. This monitoring needs to be done, from several aspects: the community, the service provider and from the maintenance of the tool itself.

Community:

The project team needs to be present in the community, to observe whether or not the tool is being used, given the cultural barriers to communication with the service provider. The project team should not just go there as mere visitor.

If there is a hesitation or shyness about using the tool, the people can be helped to overcome this shyness by community volunteers. But do not be overzealous in influencing people's behaviour because the project team has to confine itself to the role of a facilitator.

To create a sense of ownership among the people about the tool, one or more people of the community itself may be hired and given responsibility to monitor the tool in the community. They can be designated as volunteers. Ultimately, they can prove to be a crucial link between the project team and the community members. The range of reactions and feedback would be rich and varied if the people from the community themselves are involved in this exercise.

The point where the tool has been installed has to be monitored to see that it is properly accessible to the people. Problems if any need to be addressed again in consultation with the community. Free and easy access to the tool is a very important aspect and any hindrance would need to be addressed immediately. The care and maintenance needs of the tool also need to be taken in account. Do people have any problems in dealing with the tool? Do they need any capacity building support?

Another aspect that needs to be monitored is the behaviour, reactions and views of the people. Is it leading to raised expectations or disillusionment or excitement? What is the enthusiasm level of the people and what needs to be done to keep these levels high?

On the Service Provider's side:

Readiness to respond to the needs, demands for services and to grievances from the community is a must. The government provider needs to ensure at this stage that the backend processes of providing the services to the people are geared up. If this doesn't happen then relevant interventions need to be carried out to sensitise them to the use of the tool. For instance, if there are complaints pouring in about any damaged roads or lack of water supply or power failure or even absence of official staff on duty time, then the department concerned has to ensure that these complaints are addressed or else people would lose faith in the effectiveness of the initiative.

The government staff has to be available to answer people's queries and respond to their specific needs regarding the services sought. If this response time is delayed or is missing, it may make the project a non-starter as the people would lose faith in the beginning. So contact monitoring to see that this responsiveness is maintained, needs to be devised. The project team needs to interact regularly with the government staff for the same.

Water story: A woman tried to use the phone line to access the hospital doctors and took her daughter-in-law there for delivery. The hospital failed to admit the expecting mother, as there was no water available in the hospital required for the delivery. She ultimately had to go to a private doctor. The lady was disappointed that the project had failed to ensure this service. Her angst had begun to spread in the community.

Water scarcity, for the past three years, has in fact been a main reason why the Operation Theatre was not operational and doctors were not available round the clock. Believe it or not, families of patients going to the hospital for delivery were required to carry with them, two buckets of water!

Options for action...

At this juncture, we considered various options to handle the situation. One was to get some reporters to get them to pressurize hospital authorities to provide better services.

The other was to galvanise the community to take affirmative action and facilitate a change in the hospital infrastructure.

We opted for the second and launched a signature campaign in the community to demand the provision of water supply in the hospital, as a basic infrastructure need. Volunteers from the community and our partnering organisation, Prerana, were trained and deployed. Signatures of 500 community members (most of these were thumb impressions as the majority are not literate) were collected.

A petition together with the signatures was then handed over by the community leaders to the project head. This was the first experience of interfacing with a senior government functionary, to demand for basic services, for many of these community leaders. The Project head welcomed the petition and promised to take the necessary action.

And finally the success...

The signature campaign and the water petition, helped cap years of attempts by the hospital head to secure water in the premises. A new water pump was installed in the hospital and water now flows from the taps! We all are hopeful that with this basic facility

taken care of, the services at the hospital would improve.

What is important for us is that as per the project objectives, we were just the facilitators of the process and ultimately it was the community itself which was able to come together and demand for its right, rightfully, interface directly with the government authorities and achieve success!



The back end processes among the government departments concerned also need to be ensured and if found to be lacking, the project team should look for a remedy. Meetings with the department heads and higher officials to sensitise them to this need and building of ownership among the government departments themselves are necessary. For instance, if a hospital needs water and electricity supply to deliver its services to the people then coordination and support from these departments has to be ensured by the hospital authorities.

IX. Fine-tuning the Tool

The monitoring exercise will throw up some problems, challenges and need for changes in the intervention. It is best to use this feedback to fine tune the project approach as well as the ICT tool at the earliest.

Changes in the tool:

The tool you have chosen may be too complicated for the people to use or be installed in a place where people are not happy to use it. There could also be some technical problems and processes that would require changes. Involve the vendor who helped prepare the tool, the community and the service provider if necessary in designing the changes. This participative nature of the changes would help instill a sense of ownership among the stakeholders and through this better responsiveness to the tool.



Community

If you feel there is too much of handholding required for the community or there is a level of apathy among the people, sit and talk to them about their problems and let them come up with suggestions that they would have to implement to address these

issues. Don't take on the role of the doer yourself. Remember it is a project that involves the people and the service provider as the primary actors. So confine yourself to the facilitator's role.

Service provider:

You may have to do some advocacy with the service provider to ensure that they address the problems identified in their delivery chain. Here too, the service provider may need some changes or backend support from other departments that it is dependent on for its effective performance. As a project team, you may need to prod them to get this support from the superiors and other departments and not get into doing this for them.

IVRS to Real time: In our action research we had provided information regarding maternal and child health-care services of a government hospital through an IVRS facility in a government hospital. The people could check out the relevant information, including the availability of doctors, before going to the hospital. However a month after the intervention, the people no longer needed to seek this information from the IVRS. They wanted direct/real time interaction with the hospital authorities, which till now was confined to just a fixed one hour slot. So real time interaction for people to ask general service related queries was introduced. The community demanded an all day facility of this real-time access to the hospital. This, full day real time was finally initiated by the hospital itself, despite initial resistance and doubts from the staff! This led to better understanding, tolerance and patience towards the other among the community people and the hospital.

X. Crisis Management

Be prepared for any surprises that you may not have anticipated at the outset. These are bound to come up in an intervention of this nature. The best way forward is to take quick action that would not deflect attention from the main objective of the project.

A crisis is not a failure but an opportunity to improve:

It may well happen that the implementation may yield totally different results from what you may have expected. The people, for instance, could feel antagonised by not getting the necessary response or the service providers may back out of the project, faced with mounting demands; or the tool could be damaged, lost or stolen. Each of these crises should be seen as opportunities to bring the stakeholders together and closer to resolve the crises.

Take all the stakeholders in confidence:

This is a community project where all participants are equal stakeholders. So take them all into confidence and about the crises at hand. This is a good way to instill a sense of ownership towards the initiative among all stakeholders. You may be surprised that the best and doable solutions would come from them. They may even assume more responsibility and tasks to ensure that the initiative is managed effectively. The crisis could in fact help you bring the two sides together on a common platform.

Budget and timelines and personnel changes:

The crises could also affect your budget and timelines. Take an objective view of the situation and keeping the project goals, consult the donor or the management where necessary to make changes and adjustments. The goal of the project should be kept in mind, if necessary more than the individuals running/managing the project.

In the community, the tool was entrusted in the hands of an elderly community leader who offered to host it in his house-cum-grocery shop. The fact that his wife also ran the grocery shop, made it an ideal place for women to come to make the calls to the hospital. However, over a period of time, the community leader started assuming ownership over the phone and began demanding money/fees in return for taking care of the tool. He also started bad mouthing the project, the tool and the initiative to the people. Gradually the project staff and volunteers found it extremely difficult to communicate with him. The community was also consulted for their suggestions and solutions. Many women, then came out with their individual feedback of how the phone was taken away during their lunch hour breaks and that their children, who accompanied them when they came to make calls, were rudely reprimanded for touching anything in the shop as they spoke on the phone. We consulted the community and took a decision to shift the phone in the next phase to another location that the people would themselves decide and select.

XI. Evaluation of the Tool

The success of the tool is indicated through people's taking ownership of the entire process. The project clearly underlines the need for a participatory, bottom up approach that puts people centre stage in every aspect of the project. Hence, here too we need to ensure that the evaluation is done in a participative manner that keeps people at the helm. We chose the focus groups meetings and face to face interviews and observation techniques that were mentioned in the project proposal.

Drawing up a questionnaire and shadow questionnaire:

The first task is to draw up a questionnaire or an interview script for the focus group discussions. It is important that we see the people not only as subjects in the research but also as evaluators and contributors to the evaluation process. So as a preliminary exercise, hold meetings with a cross section of the community people, representing the women, adolescent girls, community leaders and men. This exercise will help get a view or perspective of the project from a dimension that you as project staff, could not have understood or perceived as well as the community itself.

To ensure that the information related to the project objectives and deliverables is also included in the project evaluation, pad up the questionnaire prepared by the community members with your own shadow questions.

Identifying the target groups:

Next, based on the project specific intervention (For instance, in India it was maternal and child health care), identify various age groups and sections of the community with which the FGDs would be held. These can be classified in terms of gender, age and user group

classifications. Also to capture the perceptions of the community in general, include those who are not direct users of the public hospital services (such as community leaders and men). It is good to have a target of at least 15-20 people per group for each of the focus group meetings.

Planning the meeting:

Here again, the participatory methodology can be used. So instead of the project staff leading or holding the FGD's, let the volunteers chosen from within the community lead the FGDs. Like in the case of the shadow questionnaire which ensured that we covered the project goals and purpose, here too, you can chip in to attend the discussions when necessary.

Conducting the focus group meetings:

Most of the meetings should be held in the community and in the offices of the service provider. You need to spend time in the community to ensure that there is a good turnout of the people and here too, the community representatives should lead the way in organising the meetings. Their houses can serve as good venues for these meetings. It is likely that some of the meetings may get postponed or delayed due to slow response of the community or some crises there. Do allow the community some time to tide over these but ensure their participation.

Drawing up the findings:

Once the meetings are done, it is good to sit down with the people to share the findings and discuss the next steps. Exchanging notes in a consultative framework will help the process where the presence of both, the community members and the service providers is necessary as they are the main players. They should be encouraged to come up with the suggestions and the way forward on the project.

XII. Preparing for Handover & Sustainability

Once the evaluation of the tool is done, it is the time for handing over of the tool to the people. This approach is important for several reasons. Any project that seeks to empower people with information of their rights and entitlements and also the tools to demand these rights has to be ownership driven. Similarly, the public service provider needs to be receptive and responsive to this demand for quality service.



Gauge the preparedness:

By now, your project intervention should have created necessary awareness among the people. But it is necessary to gauge if it has empowered them to demand their rights and entitlements and if they are willing to take ownership of the initiative. Before thinking of handing over, you should gauge if the community would still need some handholding, facilitation support or are ready to take charge of the tool?

The same goes for the service provider. Given the change in the cultural mindset, the provider may need some more time before showing full responsiveness to the people. They should be ready to provide services in a transparent, effective and efficient manner.

Ownership of the tool:

Besides the mindset, it is the tool itself which needs to be taken ownership of at both ends. Are the people and the service providers ready to maintain the tool, use it and be ready to bear the maintenance costs? If yes, it is necessary to determine with community consent, where should the tool be placed and who should take ownership?

Selecting key players:

General ownership may ultimately mean no ownership. So it is good to identify a core group that would take the onus. Make sure that this process is transparent and done with full community participation. At the service provider's end, the department/s concerned need to be consulted and ownership pattern need to be clearly and fully established. A few active people of the community, like housewives, girls in their late teens or unemployed youth, need to be identified. While selecting people, one thing should be kept in mind. If the project site is a slum of a big city or a town surrounded by small villages, it is likely that the area consists of floating population. It is always better to select people who have their own houses in the area or more likely to stay for a longer time.

Capacity building:

If there is a readiness, you need to think of proper training and capacity building to ensure that the people are able to handle the tool and more importantly use it on their own. If there is any problem in using the tool, they should be able to have it rectified. This capacity building should be done for a cross section and not just a few to ensure

community participation. The people/service provider need to have a high comfort level in dealing with the technical and other aspects of the tool before it is handed over.

Bearing the costs:

It is necessary to ascertain whether and how the community and the service provider would be able to pay for the maintenance, sustenance of the tool. Should people pay for using the tool, how much should be charged, who should charge? Similarly for the service provider, the department should be willing to allocate staff and a budget to handle and maintain the tool.

Gestation period:

It is unlikely that the handover can happen as soon as your project intervention is over. Both

sides may need some time for preparing for the ownership keeping in mind all aspects of the project. So a gestation period where the community and the service providers are allowed time to acclimatize themselves with the tool needs to be provided.

Options available:

It is likely that neither the community nor the service provider is ready to take charge of the tool or the process. The stakeholder may need some more time before they are ready to own the process and the tool. In such a case, you may need to seek alternative solutions to sustain the project through local NGOs who may want to step in to play the role of catalysts. Some intervening time would need to also be given under your facilitating support for the stakeholders to take charge of the processes on their own.

Also, you may find that for sustaining the project, you may need to fine tune the intervention to include some other areas e.g. water supply instead of primary education, depending upon the needs of the community being served. In case you feel there is no scope for ownership or handing over, it is best not to prolong the project. Instead the lessons learned from this project may be employed elsewhere.

In India project, we found that neither the community nor the service provider was ready to take over the ownership of the project. Both needed some more time to explore the value of the intervention in their daily life. Financial sustainability was another challenging aspect for them. So we decided not to push for its sustainability and give them time to think it over and if they were ready, help them with the facilitation when they asked.

Importantly, the project and its learnings provided the inspiration for another project that also used the voice mechanism as the key to provide the rural communities and the marginalised in India, access to a phone based question answer service linked to their livelihood needs. This project, called BT Lifelines or Ek Duniya Sawal Jawab is an initiative that uses the power of voice as the primary means of information dissemination. Ek Duniya Sawal Jawab facilitates exchange of information among the marginalised communities such that it helps in improving their quality of life. It aims to provide connectivity, content and capability via a phone-based service.

The pilot phase of Ek Duniya Sawal Jawab is concentrating on the agribusiness sector by providing information related to agriculture to the farming community.

XIII. Sharing & Dissemination of Lessons

Initiatives that aim to relieve the burden of the poor, through ICT should be shared as widely as possible. Something that is truthfully said about community development projects is that they are generally not widely reported and the lessons learned are very often not shared. The result is mistakes are often repeated and useful ideas have to be rediscovered time and time again. We suggest four possible types of sharing/dissemination, each with their most suitable media.

Sharing with project players and local stakeholders

Whether the project is described as participatory or not, it is essential to share results and lessons with the community that has been affected. Primarily, this is in the interests of fairness and honesty. Secondly it makes a realistic evaluation possible if an account of the project is shared with the community. More than this, it encourages the community to take ownership of the project and increases the possibilities for long-term continuation and sustainability. A good way to disseminate is to include the learnings and successes from the project into training /capacity building programmes for empowering the grassroots communities



Media:

- Word of mouth communication through meetings with groups and individuals;
- Popular media such as street theatre, puppets and songs.

Dissemination to civil society organisations

Because their funding comes mainly attached to specific projects and has to be obtained in competition with other agencies, NGOs often

do not have the time and funds to disseminate the result of their projects. The best way to encourage others to make the special effort needed to disseminate information is for you yourselves to be open and informative to the sector. This is likely to be more effective if it does not take the form of heavy, detailed reports. Short presentations and stories identifying the chief lessons from the experience are not only quicker and easier to prepare, but also are more effective.

Media:

- Workshop and conference presentations;
- Websites and Internet discussion lists.

Dissemination to public service providers

Much of what we have said about dissemination to civil society organisations applies to relaying messages about your projects to public service providers. The main difference is that the institutional memory of public sector bodies is long and they are not in a position to forget old projects and move on to new ones. This means that messages have to be created with much more awareness of possible sensitivities and be written in a very persuasive manner.

Media:

- Meetings with responsible officers and assemblies;
- Stories in the local press and on local radio.

Regional, national and global dissemination

Just because your project was community specific and dealt with their narrowed needs doesn't mean that it won't be of enormous interest to specialists and even the general public elsewhere in the world. Academic researchers tell us that it is often enormously difficult to track down accounts of actual projects that they can use in their articles, textbooks and lectures to the students who might include the next generation of project workers. Accounts of projects in the national and world press may reach the desks of legislators and potential funders and may even raise general public awareness of your work

Media:

- Conference presentations (including

international conferences);

- Stories and press releases for major newspapers, magazines, press agencies, television and radio channels;
- Short articles in newsletters and specialist magazines;
- Longer academic articles co-authored with professional researchers;
- Intensive use of Internet communication resources.

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OneWorld South Asia

OneWorld South Asia – the South Asian Centre of OneWorld Network with independent and autonomous governance structure – works towards use of Information, Communication and Technology (ICT) for promoting sustainable development and human rights, in India and in all the five south Asian countries and a few other countries in the West and East Asian regions such as Myanmar, Maldives, Afghanistan, Vietnam and Cambodia. Core focus of OWSA activities is to strategically position ICT tools – ranging from the Internet, mobile telephones to community radio enabling the poor to communicate on developmental issues and work towards realisation of Millennium Development Goals (MDG).

With a strong network of more than 700+ civil society organisations as partners, OneWorld South Asia (OWSA) works symbiotically to achieve these goals through four major programme areas: "voice the voiceless" through grassroots communication; channelise knowledge for development efforts; advocate for inclusive and pro-poor ICT policy; and enhance partners' capacity to communicate and advocate for affirmative policy change and public action.

These programme areas function as focused operational units with organic inter-linkages within a larger conceptual level strategic framework. Two anchoring divisions – Partnerships and Programme Co-ordination (PPC) and Capacity Building and Technical Services (CBTS) actively support and feed into the outcome of these programme areas.

For more details on the project, please visit

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A development organisation working with poor and marginalised communities and facilitating processes for achieving the Millennium Development Goals

- Advocating for inclusive and pro-poor ICT policy
- Enhancing partners' capacity to campaign for affirmative policy change and public action
- Giving a voice to the voiceless through grassroots communication
- Promoting communication for development



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