

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



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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.

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

Governments the world over are coming under increasing pressure to provide basic services such as education, provision of water, electricity, health care to their people in an effective manner. Not just that, given the globalization and the consequent awareness among the citizens, there is pressure for implementing minimum standards of governance.

For any government that is keen to respond to the application of IT to government processes, e-governance in short, holds immense potential. This can have a profound impact on the efficiency, responsiveness and accountability of government as it helps in improving information and service delivery, encouraging citizen participation in the decision-making process and making government more accountable, transparent and effective.

However, the fact remains that e-Government solutions continue to be introduced and designed in public service processes with little or no participation by the recipients of services. Shadrach and Ekeanyanwu (2001) in their paper that introduced the topic of this research showed how often top down approach of governments in public service provision has failed the people or government, while at the same time increased opportunities for bureaucratic and political corruption. The public's respect for government has increasingly eroded and there is an emerging need for governments to interface with citizens through innovative ways and means. Information and communication technologies have proven to be useful in the recent past as an enabler.

A number of ICT enabled pilot projects initiated in the South suggest that these tools can harness development by enhancing people's access to information in an appropriate manner. The role for the civil society is slowly being recognized as imminent in this process. Citizens' groups have been able to achieve greater participation by people in developmental activities, quite often in the areas where governments failed.

0.1. The research problem:

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. First, they lack access to those services due to physical, financial, informational, political and other barriers. Second, they lack effective mechanisms for providing a feedback through 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. There is no 'exit' option available to these users to seek an alternative provider in case of dissatisfaction with the service provided (Gopakumar, *et al.* 2002).

This widespread trend has led to growing apathy among the people as target beneficiaries of public services. A survey carried out in Bangalore a decade ago revealed that the levels of public satisfaction with the performance of service providers in the city were uniformly low despite the marginally better ratings of some agencies (Paul, 1999). Corruption was widespread in most of the agencies and had contributed to the severity of public dissatisfaction. Corruption was a problem for the city's poor too, with a third among them having to pay a bribe to get a service or to solve a service related problem. Costs in terms of time and effort that people incur were quite heavy. It is significant that a majority of the respondents (54 per cent) were willing to officially pay more for the services provided they were of reliable quality rather than pay under the table with no assurance of quality. (Shadrach & Ekeanyanwu, 2001)

The result of such practices has been a gradual but steady erosion of trust in such services among the people. A survey data (Council for Excellence in Government, 2002) indicates that citizens often have more confidence in public servants than in politicians. Still, there is only modest comfort in this finding. Citizens tend to rate the ethical standards of both public servants and politicians less highly than other professions.

If this trust has to be rebuilt among citizens, it

is vital for governments to continue to perform in the present day. Government reform agenda have geared up the change process in various countries, albeit at a pace that needs acceleration. One such change would have to be designing and developing of inclusive public service programmes that are responsive to the needs of the poor and marginalised. Members of the targeted communities need to be involved in the designing of such initiatives if these are to be successful and sustainable. Effective public services, alongside policies, which promote vibrant and efficient markets, are essential in the battle against poverty and to enable citizens to secure their livelihoods. The need for consultative procedures becomes even more relevant as governments across the world embrace electronic governance and brace up to meet the emerging need for transition to knowledge based societies. National and local governments are turning to information and communication technologies (ICTs) for putting critical information on the Internet to promote public access.

These technologies have the potential of facilitating better delivery of government services to citizens, citizen empowerment through access to information and feedback mechanisms to the service providers.

However, the fact remains that public services in developing countries face several operational challenges in effective delivery. The poor and disadvantaged, who don't have any voice mechanisms, suffer particularly due to ineffective delivery of these services that ironically are primarily designed for them.

0.2. DFID- OneWorld KaR Study:

To address this gap, **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.** Under the guidance of OneWorld International, three national chapters of Transparency International (TI) in Croatia, Pakistan and Nigeria and OneWorld South Asia in India were chosen as the four implementing agencies for this action research, carried out from January 2004 until June 2005.

The poor and disadvantaged people in all the four case studies were clearly far removed from government processes. The largely positive

response of the authorities in the countries where this research was implemented has helped reduce the negativity and skepticism about the government's ability to provide effective services.

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.

0.3. Hypothesis:

An appropriate and proper use of ICTs can enable and empower the people to provide relevant feedback on public services meant to serve them. Such a feedback from the people can, in turn, inform the policy makers and service providers and lead to enhancement of transparency, efficiency and effectiveness of the delivery processes of these services.

0.4. Participatory approach:

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 find ways to change it towards a desirable direction in close association with community members. The distinguishing feature of this **bottom up** 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 interviews, Focus Group Discussions (FGDs) were used to select the sector, the project site and peoples' access to pro-poor services, and to evaluate the impact of ICT intervention on making the services more transparent.

This bottom up approach was in contrast to traditional ICT approaches (and indeed, public service provision), which tend to be top down and are unresponsive to user needs. Such an approach that provides people's perspectives to the governments and also publicizes these, is a powerful tool for empowerment of the poor and for improved quality of public services for the poor.

In all the countries where this participatory approach was applied, the process helped secure people's involvement and showed the pathway to not just letting them be mere end beneficiaries, but equal

stakeholders in the process. Involving the stakeholders in all stages of the project helped secure the participation of two key stakeholders that have been conventionally distrustful of each other. One were the poor who were totally averse to using the services because of past experiences where service providers were neither responsive nor sensitive to their needs. However, both of them, given their involvement agreed to be part of the intervention and interface with each other. This was seen as the beginning of a process where each could feedback to the other to strengthen the services being provided.

The participatory nature of the project also helped secure the relevant buy-in from the service providers who were otherwise skeptical of any intervention that sought to address their non-responsiveness and lack of transparency. The agreements with the hospital authorities in Zagreb, Croatia to make public, waiting lists for surgeries and with the local town authorities in Gulshan Town, Karachi, to provide a transparent e-complaint mechanism, are cases in point.

More importantly, it showed that people are willing to be involved in decisions that affect their lives, be it accessing timely and critical maternal and child health services, quality education for their children or basic services, such as water and sanitation.

0.5. Appropriate technology choice:

This project aimed to identify and use the appropriate ICT to create an interface between the people and the service provider and appropriate means by which the poor could provide feedback to governments on the service provided. The project used ICTs in a number of ways, for example, to solicit a broader range of views from civil society organisations, to disseminate these views to government departments and monitor their response. In all the countries, the term ICT was used in its broadest sense and encompassed a variety of different mediums including telephone, internet, television, film, radio, etc.

Given the participatory methodology of the project, the ICT intervention for each country was selected in close consultation with participants at the local level. This choice of the tool/intervention was preceded by a needs assessment exercise where each country, given

its socio-economic dynamics and challenges and perceptions of public services and people's priorities, chose a relevant sector. Primary and secondary research was a key aspect of this stage of the research for all countries.

This resulted in a choice of technology that the target populations could use, given their literacy and socio-economic profiles. Similarly, at the authorities' level, the choice of the tool with their involvement helped commit them to not just use the tool but to respond to the people. This consultation then helped bring both the sides to a common platform of interaction.

In all the four countries, socio-economic exclusion of the poor was manifested in the skewness in the distribution of incomes. Another manifestation was the high proportions of persons living below the nationally defined and/or universally defined poverty lines and lack of sustainable livelihood opportunities. Low literacy levels and lack of access to information and related technologies were common features in this research.

Given the ground level commonality in all the countries where the project was implemented, voice based tools emerged as the most appropriate tools for the project. India opted for a voice interaction tool, using a telephone line between a maternal and child care hospital and a slum community that it was meant to cater to; Croatia too chose a phone based system for grievance redressal of complaints related to waiting lists for surgeries that it published on the website. Pakistan chose web-based e-complaint centre to enable people to seek grievance on water supply and sewage problems but also provided the people a phone-based option to lodge complaints. In Nigeria, a combination of web, phone, and radio based information and grievance redressal mechanism was envisaged.

The project clearly showed that voice was a medium to enable people's access to basic and critical information regarding public services and to provide relevant feedback. The voice mechanism helped them overcome the traditional cultural barriers to face-to-face interaction, barriers of literacy and of web based technologies that have traditionally kept the poor out of the information mainstream.

Also, the choice of technology provided the initial comfort levels to both the people and the

service providers to interact with each other and understand others' perspective. It also addressed the information needs related to relevant services in each country. It also helped the authorities to respond faster and become more accessible and accountable to the people and their needs. This aspect has helped address one of the major problems in many e-governance programmes that leave the poor out because of access and technology issues among others.

0.6. People-centered process monitoring

The deployment of appropriate technologies and their use by the people and the local authorities was monitored over a period of about nine months that saw a whole set of field social and cultural dynamics unfold.

The interventions of this nature showed that close handholding and support and, at times, mild persuasion were required initially to involve the two sides – citizens and the service provider – actively in the intervention. A rights-based approach that made the people aware of their rights and entitlements on one hand and sensitizing the authorities of accountability and transparency on the other was essential. This helped them both overcome their traditional barriers of responding to each other.

Some positive pressures by way of people's advocacy, peer pressure and public pressure, positive stories in the media helped create a platform for both sides to interact with each other. On the community front, the information about the government services made them aware of their entitlements and the tool gave them means to demand the services they were entitled to. On the authorities' front, the demands from the people generated by the intervention made them aware of their responsibilities of being open and transparent and more importantly of responding to the people's needs.

The processes and their monitoring also provided the project teams the indications to make timely changes in the interventions. In India, the limited relevance of information on the IVRS facility, led to the people demanding real time interaction with the hospital authorities. In Croatia, the need for not just information on waiting lists, but complaints related to these lists, led to the project team becoming complaint redressal intermediaries between the hospital and the people.

The evaluation exercise was guided by a bottom up approach that puts people at the centre stage in all its aspects. So, instead of opting for conventional techniques of project evaluation through external evaluators or project teams, efforts were made to include project stakeholders and beneficiaries in this exercise.

The evaluation exercise consisted of questionnaire framing, identifying the target group among the beneficiaries and organizing meetings/workshops with them to understand the impact of the project and the tool.

The project evaluation clearly showed that given the relevant information and appropriate tools, the people were willing to set aside their traditional mistrust of the public services. Not just that, they used the ICT tools to access information and were forthcoming in demanding the services or redressal. Interestingly, women who are traditionally left out of the public service and information loop, used these interventions to access the relevant information and then seek these services.

The research also showed that the service authorities need to ensure that proper systems are in place to respond to people's queries and grievances. If these were not done, the people would seek other options.

The evaluation also showed the need for more coordination between various government departments delivering the services to ensure that the department that interfaces with the public gets the required support from others. Unless this is done, any service provision that is accountable to the people would not be efficient or effective or be able to win people's trust.

0.7. Dynamic power structures:

The action research also sought to bring about some changes in the dynamic power structures among the players that were part of this initiative. These power structures relate to the prevalent but dynamic relations determined by who wields power in terms of access to resources and the means to voice concern or demand these resources.

Any intervention of such a nature then, that involves changing a traditional, cultural mindset where the people have become apathetic to the state and its services and reluctance of its agents to respond to people's

needs, is likely to be a difficult process. This action research was, then, bound to be dynamic given that it sought to change such traditional power structures. Among these was the traditional high-handed and non-communicative attitude of the service providers, stemming from low accountability levels. The project saw the service providers become more accountable and responsive to the people. More importantly, it made them wake up to the realization that the people were not mere silent recipients but had the right to voice their needs and concerns and demand services as well. The dynamics of the intervention also showed how the involvement of not just the top officials but ground level functionaries was also necessary to provide effective service delivery.

On the people's front, this project again involved a process of overcoming traditional apathy and mistrust towards the services and the service provider. It also meant people being able to assert their rights once informed about their entitlements. Within the communities, where the research was taken up, the local power structures, *via-a-vis* men and women, also saw a change. Women who were traditionally at the periphery of voicing their needs or demands, or using technology, defied convention to come out to make use of the appropriate tools to voice their needs.

0.8. Research outcomes:

The project outcomes have shown how appropriate processes can enable people to access the public services designed for them and also provide feedback to the government to improve these.

The fact that the people accessed information regarding their rights and were able to demand better services also showed the effect of increasing citizen participation. It demonstrated how both people and civil society organisations (CSOs) can be empowered to make the authorities more accountable and responsive. Improved feedback and transparency demonstrated in the project intervention sites, has shown the potential to increase the quality of public services to the poor.

The largely positive response of the authorities in the countries where it was implemented has helped reduce the negativity and skepticism about the government's ability to provide effective services.

The participatory approach of the research has put together, a strong case for turning the people, specially the poor from mere beneficiaries into stakeholders, who need to be consulted in the design and delivery of public services. This was amply demonstrated in Croatia and India where the people, when provided appropriate information through appropriate means were able to hold the authorities accountable for providing these services. An important outcome of this project in India was the empowerment of people to advocate for their own rights. This was demonstrated through a successful signature campaign by the people to ask for provision of water supply in the hospital.

More importantly, it 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 these two stakeholders as platforms for information exchange and an enabler of two-way communication.

The research has established an important role for CSOs in such programme design and interventions. One is in creating confidence among the people to access services, provide feedback and seek grievance redressal. At another level, they can help monitor the effectiveness and efficiency of authorities in providing these services. The CSOs can also provide feedback to the government about ways to design pro-poor policies and programmes and also become vehicles for advocating for these. They can even be the continuity and monitoring links to ensure that such interventions and programmes are not hampered by any sudden political changes.

The project and its learnings can help strengthen the government's capacity by providing specific guidance on how to implement grievances redress systems for public services for the poor. In the countries where the project was implemented, it has definitely stimulated awareness in government of the needs of the poor and to become more transparent and accountable. In India, for instance, the National e-governance Plan's (NeGP) Common Service Centers (CSC) being set up to deliver e-governance services to the people across the country, could benefit from the learnings of this research. Furthermore, the intervention has helped foster

a multi-alliance between the NGOs, government, the private sector and other actors, which could contribute to the development of strategies to tackle poverty in the target countries.

The learnings from this project contained in this report, and the country and international information packs are aimed to contribute towards designing appropriate programmes for delivery of public services to citizens, specially the poor. Such an integration of people's need with government plans will help them secure livelihoods and claim their rightful entitlements for a better life.

0.9. Further research:

While clearly establishing a role for ICTs in enabling participatory and people friendly processes in the delivery of public services, this action research also provides possibilities for further research. Such research would help impact on policies and also procedures and processes on

ground in effective public service delivery.

Some ideas for further research:

- Comparative studies of instances of how people have been consulted in developing public service delivery programmes and how such programmes have been more responsive to the needs of the citizens.
- Exploring the use of voice as the first facilitation/interface for e-governance programmes being designed in developing countries. Many of these programmes bank heavily on computer and Internet based applications. These are likely to leave out a major part of the population that is not literate or technology savvy. Voice, on the other hand, could provide an entry point for all, till they are able to use the ICT tools.
- Measuring impact and effectiveness of public grievance websites as effective means to provide redressal to the people.

1. Background

A major factor contributing to the poor impact of huge public investments in critical sectors like health, education, and power across South Asia, where the governments hold monopoly over these services, is the lack of effective monitoring systems. It is now a fairly established fact that corruption is severely undermining development objectives in South Asian countries by hindering economic growth, reducing efficiency, acting as a disincentive to potential investors and, above all, by diverting critical resources meant for poverty alleviation (Gopakumar, 2002).

A survey carried out by Transparency International in five South Asian countries last year showed that bribes were a heavy financial burden on South Asian households, both due to the high frequency of bribes and to the large sums paid (GopaKumar, 2002). More than half of the users of public hospitals in Bangladesh, for example, reported that they had paid a bribe to access a service, with bribes averaging BDT 1,847 (US\$33).

In Pakistan, 92% of households that had experience with public education reported having to pay bribes; the average amount paid was PKR 4,811 (US\$86). These figures were startling for a region where 45% of the total population of 1.4 billion live in poverty. When asked about the source of corruption, most respondents answered that bribes were extorted by public servants. Middle and lower level civil servants were identified as the key facilitators of corruption in all sectors probed.

There are several other instances that point to a similar trend in other developing countries. The result is diminishing respect and trust for public services in many countries. A survey (Council for Excellence in Government, 2002) data indicates that citizens often have more confidence in public servants than in politicians. Still, there is only modest comfort in this finding. Citizens tend to rate the ethical standards of both public servants and politicians less highly than other professions. They rate standards of NGO volunteers as high, compared to 65% for small business people.

The need in today's emerging scenario where governments are increasingly under pressure

the world over to implement minimum standards of governance is the need to rebuild trust in public services (Shadrach and Ekeanyanwu, 2001).

There is abundant anecdotal evidence that public's respect for government is eroded by political and bureaucratic corruption. Available evidence and common sense suggest that reducing official corruption can enhance respect for government.

Shadrach and Ekeanyanwu (2001) in their paper mentioned earlier, showed how often top down approach of governments in public service provision has failed the people, while at the same time, increased opportunities for bureaucratic and political corruption. The public's respect for government has increasingly eroded and there is an emerging appeal for governments to interface with citizens through innovative ways and means. Information and Communication technologies have proven to be useful in the recent past as an enabler.

In fact, as governments the world over are coming under increasing pressure to provide basic services, such as education, provision of water, electricity, health care to their people in an effective manner, the role of ICT led initiatives is becoming imminent.

A number of pilot projects initiated in the South suggest that ICTs can help meet this need and impact on development by enhancing people's access to information in an appropriate manner.

Rapid advances in computer processing and telecommunications have complimented the promise held by Information and Communication Technologies in alleviating poverty. These developments have sparked off telecenter initiatives across continents.

A case in point is the ICT-enabled knowledge centers established in Southern India by the M. S. Swaminathan Research Foundation (MSSRF) to give marginalized rural communities the chance of harnessing local knowledge in local language to become part of a global village. These information villages, powered by local, value added content, under the Open Knowledge Network initiative of OneWorld,

have clearly shown how the right mix of technology can bring out the desired results. One such village centre is Veerampattinam, a fishing village recently affected by the deadly Tsunami. A popular knowledge centre linked to the Villianur hub, it showed how the relevance of content to the needs of the people can empower the local villagers and contribute to the success of a tele-center (Sharma, 2004).

Weather reports and information on wave heights are important for this village where fishing is a major vocation. This information is sourced and delivered to the villagers, from the Villianur Hub using an innovative mix modern (internet sourced and email) and traditional (announcements through loudspeakers) means.

But it's not just the fishermen or men who are benefiting from the information loop at these knowledge centers. A participatory, bottom-up model that required sensitivity and patience by the project team, led the villagers to themselves assess, decide and even demand information that was of use to them. So, in all the village knowledge centers, daily dynamic information is gathered and disseminated. This includes information on government and fisheries schemes, employment opportunities, counseling. In other information knowledge centers, this extends to information on crops, farm practices, animal husbandry, market prices education, and health care. In addition, a Citizens Charter database provides information from government departments, such as current activities and procedures for accessing various schemes, application forms etc.

The villagers at these centers are not just keen to access relevant information, but also know how the suggestions they are making to different levels of authorities through the new network were being worked on.

An evaluation of these centers by MSSRF showed that most villagers used the government entitlements database that had become widely known and had led to transparency in governance. The experience of Pondicherry and other village knowledge centers had an important implication for social change and showed how bringing information in the public sphere increased the accountability of officials. This feature makes it a strong model for minimizing bureaucracy, waste and even corruption in delivery of public services. (Senthilkumaran and Arunachalam, 2002). While these information villages have used a

combination of computers, internet, telephone and radio, there have been examples where communities have used the democratic potential of radio to give the empowering voice to the people. In Nepal, community radio stations have successfully showcased the power of voice to inform, empower and give voice to the people. Radio Lumbini, for instance, provides a local communication channel /system to the local people and to mobilize their skills and knowledge, to recognize local language, literature and to recognize arts and folk culture. Another initiative, Radio Sagarmatha,¹ the first community run radio station in Nepal, has provided a platform for sharing of local knowledge, ideas and culture. They also focus on good governance, gender, environment, and other issues of public importance. The fact that the radio station came under fire and threat of closure from the current Monarchy, spoke of how its ability to voice people's concern was a threat to un-democratic systems.

In a more recent manifestation of the power of radio to empower citizens to fight for their rights 'Save Independent Radio Movement' (SIRM) an action team of independent radio stations around Nepal was awarded this year's press freedom award by Reporters without Borders (RSF) a Paris-based global press freedom monitoring group.

The RSF SIRM² under the 'Defender of Press Freedom' category for its role in uniting dozens of radio stations around the country to press for resumption of broadcasting of news over the F. M. radio stations.

Among successful government initiatives is the **Public Procurement Service (PPS)** introduced in South Korea in 2002 with the advent of new Korean Participatory Government. PPS is a central government procurement agency, which purchases and provides goods and services, which are needed for the operation of various government organizations. "Through the digitalized system, customer organizations and companies experience, a higher level of efficiency and transparency in the public procurement market."

This nationwide integrated Government e-Procurement System (GePS) enables all procurement from 'purchase request' to 'payment' to be processed online. Through the digitalized system, customer organizations and

companies have experienced a higher level of efficiency and transparency in the public procurement market.

Based on these accomplishments, PPS has become one of its kind among procurement organizations in the world.

In Europe, comprehensive assessment of the eAccessibility of government online services across the European Union (EU) broke new ground in testing how well the 25 Member States of the EU and the European Commission met this requirement in 2005.

According to Jim Murphy, MP and Parliamentary Secretary, UK Cabinet Office, if European governments have worked to improve their public services through the innovative use of ICT, it has to be ensured that all citizens, who wish to, can access and use what public administrations offer as far as is reasonably possible. "This means that the channels we use and the content we provide and the electronic services we offer have to be responsive to people's needs. This is not just beneficial for the individual, but equally so for society at large. When inclusion is built-in to public service design from the outset, individual opportunities in education, employment, health and social life are enhanced and this, in turn, has the potential to bring about a significant economic impact in Europe."⁴

The study made a strong case to Policy makers for developing feedback mechanisms for closing the information gap between policy planning and actual outcomes across the EU. Also, it recommended setting up of a clear target for making all public sector websites in the EU conform with set standards as part of the 'i2010' strategy to promote an inclusive European information society.

However, despite these examples that spell out the potential of ICTs to enable governments to be more responsive to the people, the fact remains that successful implementation of e-government remains a challenge. There is a need to adjust and refine the e-government agenda, and give priorities and concrete indications on specific actions for progressing to e-government, especially the programmes for the poor.

The role for the civil society, then, is imminent in this process. Citizens' groups have been able to achieve greater participation by people in

developmental activities, quite often in the areas where governments failed (Shadrach, 2002).

Their role in mediating people's access to information facilitated through the ICTs is increasingly becoming crucial in bridging the vast gap between the public service providers and their recipients. The main stakeholders in public service provision: the private sector, the government, the citizen's groups and the citizens need to come together to get the act right.

The biggest challenge in this endeavour is the fact that e-Government solutions continue to be introduced and designed in public service processes with little or no participation by the recipients of services.

Given this backdrop, DFID KaR programme on improving quality, effectiveness and transparency of pro-poor public services through the use of ICTs focused largely on access to information on identifying the ways to improve the effectiveness of delivery of public services to the poor and vulnerable sections and the opportunities for ICTs to strengthen those.

The project aim was to identify and use appropriate ICT to disseminate information to service providers and users, and provide an appropriate means by which the poor may provide feedback to governments on service delivery. The project used ICTs in a number of ways, for example, to solicit a broader range of views from civil society organisations, to disseminate these views to government departments and monitor their response. For the purposes of this project, the term ICT was used in its broadest sense and encompassed a variety of different mediums including telephone, internet, television, film, radio, etc. Importantly, as mentioned in the project methodology, the ICT solution for the selected sector in each country was chosen in consultation with the participants at the local level.

The project end-users were those poor women and men who do or could make use of services/e-services in those cases selected for the action research component of the project. The ultimate overall intended end-users of the project are those poor women and men who are, or require being, recipients of public services, including e-services.

The public service providers including all those institutions in the chain of delivery to the poor from central ministry to local office level comprised the target audience for the project.

1.1 Project definitions:

This project was conceived as an action research that would use participatory approaches to build pro-poor public service feedback systems. This participatory approach was used to investigate how ICTs can play a role in improving the transparency, efficiency and effectiveness of pro-poor public services. A definition of these terms and understating of the approaches used are listed below:

Participatory approach: Where the key players and stakeholders are not just consulted in every stage of the project, from needs assessment to identifying the tool and introducing the intervention and in evaluating its effectiveness. Participation also means involvement of the key stakeholders in all processes of the project and changes being made in the course of the intervention, keeping in mind the needs and suggestions and dynamics emerging from their involvement.

Information and communication technology (ICT): In these projects, we used a very broad definition of ICTs. We did not confine it to computers and Internet applications, but included any electronic or optical, broadcast and narrowcast mediums, such as the telephone, radio, optical disk, and video.

Voice: This refers to the means by which the poor can provide their feedback and share their concerns and needs vis-a-vis the public services to the service provider and other stakeholders. This voice could include a range of measures, such as registration of complaints, lobbying, advocacy, signature campaigns, and participation in decision-making to put pressure on service providers to provide better service delivery.

Poor as recipients and citizens, / consumers, clients: Citizenship rights define what individuals can expect and demand from the state. The definition of citizenship will shape

the way in which citizens exercise voice and the range of services and freedom they will struggle to make the state to provide. Citizens benefit from certain public services by virtue of their social rights as against in a market situation, consumers do with their purchasing power. Clearly then, the extent to which the citizen voice will lead to improvement in service delivery will depend on how much accountability they can derive (Goetz and Gaventa, 2001.)

For the service users, the terminology can vary according to the situations and settings. As we are talking about pro-poor public services, the service users would become 'recipients' of service. These same 'recipients' in a developed country context would have been 'empowered consumers' or 'clients'. (Goetz and Gaventa, 2001).

Responsiveness: This relates to the extent to which a public service delivery agency demonstrates receptivity to the views, needs, concerns and suggestions of the service users. This responsiveness is reflected in changing their own structure, culture, behavioural attitude and service delivery patterns so as to improve their service delivery. (Goetz and Gaventa, 2001.)

Effectiveness: In the context of public service delivery to the poor, this would relate to how the services that the service provider is mandated to deliver to the poor are effective in improving the lives of the poor/recipients who are using that particular service. The effectiveness would stem from the service providers' responsiveness to the needs and demands of the recipients. (Goetz and Gaventa, 2001).

Transparency: This would relate to how the service provider is clear and willing to share information on the processes, the means and challenges in delivering a particular service to the poor. This would be reflected in the service provider sharing information in the public domain through websites, public lists, phone calls and other means. This transparency would also lend to explaining to the recipients/clients, the reasons for certain decisions that they may want clarity on.

2. Research Design

The research design was guided by processes involved in a participatory action research that combined a direct action component to build pro-poor public service feedback systems with a reflective, analytical, quality component to build knowledge about these systems. In addition to its value in delivering concrete project outputs, action research was also taken up for its value to knowledge building and to the mutual development of understanding between stakeholders through activity driven knowledge sharing.

The research integrated two aspects of research design:

Action research: According to the text book definition provided by the UK Department for Education and Skills (DFES), action research is a "systematic enquiry designed to yield practical results capable of improving a specific aspect of practice and made public to enable scrutiny and testing."¹

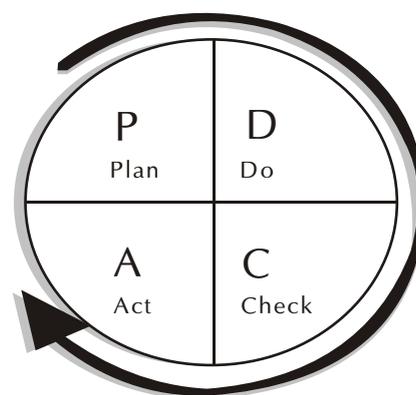
For the purpose of the project, the action research method meant exploring the potential of ICTS to improve delivery of public services to the poor through an action research focusing on a particular example of ICT applied to a particular practical problem of service delivery in each country. This was research, and not just action, because it surveyed, monitored and evaluated at every stage to obtain that knowledge that is to be shared and disseminated.

Participatory research: According to text book definition by DFES, participatory research means "social research in which the people affected are included as co-researchers in choosing, designing and carrying out the investigations, with the findings shared so as to give them confidence in consequent changes. Also, according to them, in participatory research, the emphasis is on a "bottom up" approach with a focus on locally defined priorities and local perspectives."²

For the current research, it meant making sure that there was thorough consultation with all the stakeholders at every stage. Using a bottom up, rather than top down process also meant that adjustments and changes to the project could be made not just by the project team

members, but could be driven by the stakeholders themselves.

Guided by these definitions and parameters, the research design used the following components to contribute to the outcomes: Plan Do Check Action (PDCA). The PDCA cycle, illustrated below, was originally developed by pioneering statistician Walter Shewhart and also known as the 'Shewhart Cycle



The PDCA cycle helps coordinate improvement efforts. "It demonstrates that improvement programmes must start with careful planning must result in effective action and must move on again to careful planning in a continuous cycle."¹

The first part of the design was to prepare the ground for the research.

Once the reason and justification for the research was established, the implementing partners in the four countries were identified and formal agreements were drawn up with them. The overall timelines and objectives of the research were set out as well.

The next part of the research design involved mainly secondary research by the country teams guided by the project management team on the possible sectors and stakeholders for the research.

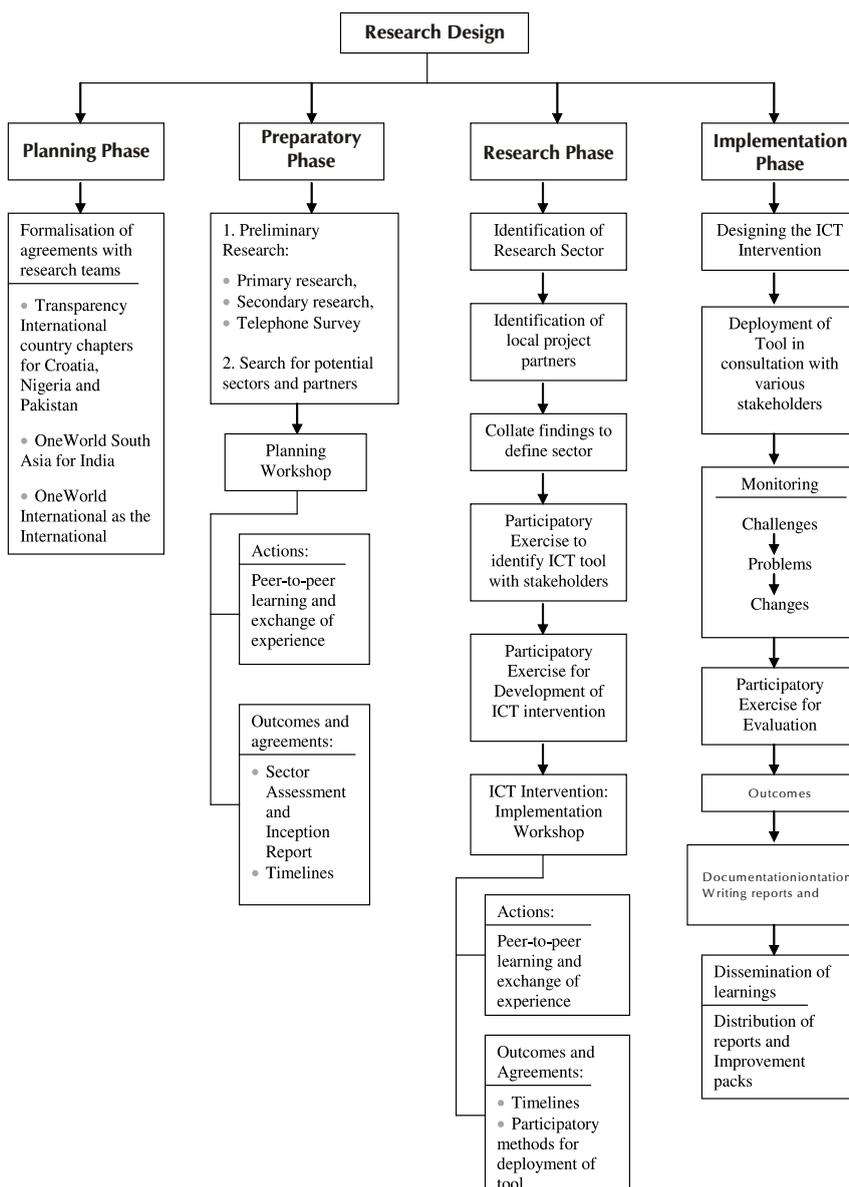
The planning workshop helped in peer to peer learnings and decisions by the advisors and project management and country teams on timelines and further work on studying the possible sectors for research combining primary and secondary research.

The next phase comprised the research phase when the decisions of the planning stage were carried out and participatory research conducted to finalize the sectors, identify the project partners and collate and document the findings. Preliminary findings on the ICT tool/intervention to be used in each country were also done in this phase. The research design provided for peer to peer learning throughout the stages of research. The learnings of the research phase were shared at another workshop by the project teams. Here too, based on sharing of experiences and challenges, timelines and finalisation of ICT tools were discussed.

This was followed by the implementation phase when ICT interventions were finalized, the tool developed and deployed in three countries. The participatory methodology was to guide the development and deployment of the ICT tool. In particular, the development of

the ICT component was developed with the full participation of local actors/players including the poor to ensure that the solutions generated are applicable and appropriate to local circumstances and realities. The development of both existing and new information systems is part of this research and the project aimed to study the effectiveness of these systems. An inclusive approach was adopted and concrete efforts made to ensure that women were consulted, as they constitute a significant proportion of those living in poverty.

As part of the PDCA approach, the tool was monitored and changes, wherever necessary, given the field dynamics, were applied. The evaluation again was through a participatory approach, which involved the stakeholders themselves. The outcomes were documented and the learnings were then shared and disseminated among all stakeholders.



3. Research Methodology

The research was conceived as a participatory action research project as it combined a direct action component to build pro-poor public service feedback systems with a reflective analytical quality component to build knowledge about these systems. A detailed two-way chain of feedback between the authorities and the poor was attempted at an early stage of the project, and implemented throughout the study. In addition, the analysis of citizen's feedback on an ongoing basis also informed the research in various stages.

A participatory approach using focus groups and survey techniques was adopted. The project demonstrated how participatory approaches could provide an appropriate forum for the poor to voice their own demands for changes in public service provision by reflecting their own experiences in the area. An inclusive approach was kept in mind to ensure that women were consulted, as they constitute a significant proportion of those living in poverty.

The stakeholders were consulted and involved in all stages of the project. Such a need for consulting the poor in ensuring that development programmes are successful and sustainable was also highlighted in a 47-country study *Can Anyone Hear Us? Voices from 47 Countries*, by Narayan (1999). The study asserted that when development interventions and government performance are approached from the perspective and experience of poor people, the world of development assistance looks different. Poor people are able partners. "The challenge for outsiders is to look at the world through the eyes and spirit of the poor, to start with poor people's realities and then trace upwards and outwards to make the changes needed to impact poor people's lives," the study states.

The emergence of people's organizations that enhance the ability of poor men and women to share in economic growth, participate in democratic governance, ensure fair distribution of government resources, and protect themselves from exploitation are then key to any development programme or government delivered service.

For this action research, participatory tenets and processes were drawn from various models of such researches.

Key among these are participatory needs assessment; participatory tool development; participatory monitoring and evaluation and participatory research techniques.

3.1 Participatory needs assessment:

The common core of this project has been to combine the use of ICT with the report card methodology and with other participatory techniques. Recent action research has shown the effectiveness of report card techniques simple adaptations of market survey methods that 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. Results of such surveys are communicated to appropriate government authorities and also publicized, thus providing a powerful tool for empowerment of the poor and for improved services for the poor.

Such a report card technique was evolved and applied in the Indian city of Bangalore in 1993 by Samuel Paul. Civil society institutions used this both to create greater public awareness about the poor performance of public services and to challenge authorities to be more efficient and responsive to their customers. The report card consisted of a sample survey of the users of the city's services (both rich and poor) and a rating of the public agencies in terms of public satisfaction with different dimensions of their services. The end result was an assessment of public services from the perspective of the citizens.

The Bangalore exercise showed evidence that public awareness of these problems had increased as a result of the experiment. Civil society institutions seemed to be more active on this front and their interactions with the public agencies have become better organized, purposive and continuous. The experiment established that public feedback ("voice") in

the form of a report card has the potential to challenge the governments and their agencies to become more efficient and responsive to customers. (Paul,1999)

In addition to Report Card methodology, other participatory means such as Focus Group discussions and face-to-face interviews were also deployed extensively both within the project teams and with the stakeholders to ascertain the needs and participation of all people.

3.2 Participatory tool development:

The ICT solution for each country was selected in close consultation with participants at the local level. The tool identification, design and development were guided by a stakeholder participation approach.

Local applications need to be practical, easy-to-use and able to contribute to project goals to ensure sustainability. These must also be created and managed by the project teams involving local stakeholders at all stages in the process of developing locally relevant ICT applications for knowledge networking. Electronic Networking for Rural Asia Pacific (ENRAP) refers to this process of communicating and/or sharing information among a community of individuals for the purpose of achieving project objectives and, ultimately, alleviating rural poverty.

Towards this, ENRAP had developed a participatory approach to developing local application. It used a participatory approach that involves mapping exercises, SWOT (Strengths, Weaknesses, Opportunities and Threats) exercises and regional workshops.

It was envisioned that the project teams would be better able to communicate and share relevant information not only with their project co-workers, but with stakeholders, beneficiaries and project staff members domestically and internationally. (Richardson and McConnel)

The DFID KaR action research as well used various elements of this participatory tool development approach. Also, it used the term ICT in its broadest sense to encompass a variety of different mediums including telephone, internet, television, film and radio.

The project used ICT in a number of ways for example to solicit a broader range of views from civil society organisations, to disseminate

these views to government departments and monitor their response. Such an approach has also been used in other community development initiatives using ICTs as a tool.

3.3 Participatory monitoring and evaluation:

In this action research, a participatory methodology was used for evaluation of the project interventions, drawing up principles of putting the real stakeholders at the centre-stage. There is evidence to show how the past few decades have seen an increased recognition of the importance of participation by beneficiaries (and a wide range of other stakeholders) in decision-making. This has led to the development of tools and methods for promoting participation known as PRA (participatory rural appraisal) or PLA (participatory learning and action). Such techniques help the development organizations or project management teams to know how effective their efforts have been.

The big question is who should make the judgments about the efficacy of any intervention of project and on what basis? Usually, it is outside experts who take charge.

Participatory monitoring and evaluation (PM&E) is a different approach, which involves local people, development agencies, and policy makers deciding together how progress should be measured, and results acted upon. It can reveal valuable lessons and improve accountability. However, it is a challenging process for all concerned since it encourages people to examine their assumptions about what constitutes progress, and to face up to the contradictions and conflicts that can emerge. (Gaventa J, 1998)

Indeed, evaluations using participatory approaches can be more effective when the project has been designed in a participatory manner from the beginning. Such an approach was used for self-evaluation and analysis by stakeholders combined with field visits and workshops with project staff, NGOs and the private sector in El Salvador. The project, which involved the support of daycare centers for marginalized children, two to six years of age, began to undergo changes that would have been unlikely using more traditional approaches. This went on to show how sound development must involve the direct participation of those who are central to the development process. This calls for greater

transparency and decentralization of decision-making to the poor by Government and donors. While participatory approaches are more labour intensive, the outcome can lead to real change by project stakeholders. (Coupal, F.P, 1995)

So, instead of resorting to conventional techniques of project evaluation through external evaluators or project teams, efforts were made to include stakeholders and beneficiaries of the project in this exercise.

Just like the implementation of the project, its evaluation also involved a participatory approach with the beneficiaries playing a key role in it. The evaluation exercise consisted of questionnaire framing, identifying the target group among the beneficiaries and organizing meetings/workshops with them to understand the impact of the project and the tool.

Anne Marie Goetz and Rob Jenkins in their paper *Accountability and Citizen's Engagement* point out how citizen activism represents a shift towards augmenting the limited effectiveness of civil society's watchdog function by breaking the state's monopoly over responsibility for official executive oversight. They sight two case studies to offer insights into how citizens can prompt more satisfactory responses from authorities or even see sanctions enforced for manifestly poor decision making or outright corrupt behaviour. (Goetz and Jenkins, 2001) In another paper, they argue that citizens must enjoy rights to a more meaningful form of participation. This includes more formal recognition for citizen's groups; their right to information about government decision making and spending patterns, and rights to seek redress for poor-quality service delivery. Public service providers on their part, need assurances, regarding the mandate and internal accountability of such groups. (Goetz and Gaventa, 2001)

3.4 Participatory research techniques:

Based on the overall participatory approach that guided the research methodology, a variety of tools and methodologies were used by the country teams as per their local conditions.

User surveys:

Survey research is a method of collecting data in which a specifically defined group of individuals are asked to answer a number of identical questions. These answers form the dataset of the study.

For the research, these surveys were used for needs assessment exercises to establish the problem statement and to ascertain the need for intervention. These surveys were used in Pakistan, for instance, to ascertain the challenges in the effective service delivery and also to see which sector was considered the most crucial by the stakeholders for the research.

Focus group discussions:

The focus group discussion has been defined as a "carefully planned series of discussions designed to obtain perceptions on a defined area of interest in a permissive, non-threatening environment." (Krueger and Casey, 2000). The focus group was designed originally as a marketing research tool and has been adapted for research in many fields, including community development.

For the purpose of our current research as well, the FGDs were used in all the four countries to involve the stakeholders, specially the poor communities, in various stages of the project. FGDs were organized among different age and gender groups to ascertain the community's views on the possible sector for research, the choice of ICT intervention and the usage and evaluation. In India, where this technique was used throughout the project, the community volunteers were involved in organizing the meetings and drafting the shadow questionnaires.

Face-to-face interviews:

The type of survey in which the interviewer personally meets the respondent to ask questions is called face-to-face interviews. It is more personal in nature and the interviewer is considered a part of the measurement instrument.

During the action research, these interviews were held mainly with service providers in the country chapters. These were helpful in not just convincing the authorities of being part of the intervention but also to ascertain their views and ensure their participation in the intervention. Such interviews, held with different levels of officials from the department head to the local level ground functionary, helped elicit a broad range of views. The face-to-face interviews also helped secure the buy ins or informal agreements from the authorities, which were important for such an action research. At times, one stakeholder had to be interviewed over a period of months. These were held either in groups or in one to ones, wherever necessary.

Stakeholder analysis:

It is a tool used to identify and enlist support from stakeholders. It provides a visual means of identifying stakeholder support so that the researcher can develop an action plan for the project.

In the research, this exercise was held to find out the willingness and preparedness of the stakeholders in being part of the intervention that this research sought to bring about. The participatory approach in such an analysis ensured that the people or the service providers themselves were part of such an exercise. For instance, in India, when the ICT Tool was to be installed in the community, the people themselves were involved in the stakeholder analysis whereby they themselves analyzed the options where the ICT tool had to be located.

Telephone surveys:

The type of survey in which questions are asked over telephone is called the telephone survey. It is more impersonal in nature and interviewer's communication abilities have a direct impact on the output of the interviews.

Telephone surveys again, were used for needs

assessment exercise to establish the sector in which the research was required the most in a particular country. This technique, where trained volunteers or project team staff spoke to the stakeholders, specially the communities, also helped in the evaluation and monitoring of the ICT intervention and make the necessary changes, where required. This approach was widely used in Croatia where the relatively good telephone penetration levels allowed for use of such a method.

Observation techniques

Field research and observational studies refer not to a specific method but to a context in which research occurs-the field. The methods used to gather information in the field vary, but they generally centre around the direct observations of the researcher, being a member of or closely involved with a group being studied. Main four observation techniques that are followed are full participant, full observer, participant-as-observer and observer-as-participant. For the purpose of this action research, the observer as participant technique was followed largely.

4. Methodological Constraints

Local ground realities, cultural behaviour patterns, socio-economic dimensions and responses to technology were sure to lead to changes in various stages of the project. As an action research that would respond to these dynamics, there were several changes and adjustments made during the 18 month project period.

4.1 Focus group discussions over report card:

All the implementing country chapters preferred to use participatory techniques, such as focus group meetings, face-to-face interviews and, at times, surveys at various stages of the project. This option was guided by practical needs, in terms of human and financial resources and project timelines. The project teams in the implementing country chapters were lean and since the research sites and sectors were not their known domains, implementing the report card strategy was found difficult. The teams themselves wanted to be involved in the participatory methods and use external resources, minimally (e.g. hiring volunteers for Focus Group Meetings or IEC) and hence opted for FGDs.

4.2 Database of government services in local languages:

A key project deliverable was to provide the people, in their local language, a database of government services and entitlements in their area. The purpose was to enable the people to be informed and armed with this knowledge, so that they could access these services and where that was not the case, seek appropriate grievance redress for the same.

This information was provided in all the project sites by the implementing country chapters on the specific sector of the intervention. A more generic database of government services could not be provided mainly due to lack of availability of such an already existing set of information.

Where some of this information was available, there were problems in making it available in the local language as most of it was in English, as in the case of India. Also, the time, resources, and more critically the ownership, constant updating of the information and maintenance of the tool by the stakeholders were issues that hampered such a provision. In India, for

instance, the project team developed a database and alongside looked for a viable option to place the computer containing the information in the community, for use by the people. It was decided to defer the development of the database till the issue of community owned space for installing such a database was ready. It was felt that the community had to be ready for provision of such a space and information. The people were given the option of providing alternate solutions.

4.3 Scope for legal interventions:

The project did not merely seek to raise people demands and expectations but also to provide for redressal, including the legal route, in case there was no proper response from the authorities. Such legal advice to the poor was given to help them voice grievances in an appropriate manner. However, it was up to the country teams to determine the need, scope and extent of such interventions.

It emerged from the sector assessment reports of some country teams that the nature of their respective project interventions does not warrant any legal services in the project.

This is important in the light of the fact that in case of Pakistan, complete buy-ins from the local administration of the project site in Gulshan town had been obtained and the city administration of Karachi city had also given its green signal to support the use of ICTs in improving service delivery of water and sewerage in Gulshan town.

On the other hand, in case of India, the country team had struggled to make the senior government authorities recognise the utility of the present project intervention. The India country team perceived their role as a walk along a razor's edge. It raised the expectations of the community for potential benefits from the use of an agreed ICT tool. However, the senior functionaries were still not willing to even give a patient hearing to possible benefits of project intervention, leave alone signing a formal agreement with OWSA.

In case of Croatia, the team had in-house legal experts. Also, TI Croatia, is known to have

taken recourse to active legal interventions in their earlier projects. The sector assessment findings done as part of the present project also indicated the possibility of taking recourse to legal routes to help increase transparency in the waiting list for major surgeries in public hospitals.

As regards Nigeria, the sector assessment surveys indicated that the ICT tool would be utilised in complaints registration and analysis thereof. However, even after having made aware of the complaints, if the concerned authorities had failed to respond, TI Nigeria would have, likely, pushed it to higher levels

for adopting legal routes.

Given this factual scenario, the extent of compliance of each country to the critical issue of a legal and regulatory review of the project as well as the changes arising due to introduction of ICT tools was analysed. However, in order to assess the feasibility and scope of legal interventions across countries, a framework was developed on alternative approaches. These were mainly advocacy based approaches, where either the people or the partnering NGOs or project teams took the lead in lobbying for the desired changes or services.

5. Macro View of Public Service Delivery Scenarios

Public services per se, especially in the context of developing countries, particularly those aimed at the poor are available either free of cost or at negligible prices. This is largely due to general economic conditions and people's inability to afford to pay for these services. However, the fact remains that given the current development scenario in most countries, it is emerging that governments should step in to provide services where people are clearly unable to pay or where the private sector would be unwilling to invest.

Looking at the current public services scene, many sectors have low quality of service and a total lack of accountability on the part of the service providers given their monopoly over the provision of such services or low presence of alternative providers. The people, on the other hand, are confined by the limited choice of such service providers and other exit options.

Combined with this, a host of conditions, such as poor physical access of the poor to the public services or to mechanisms, in case of problems, to lodge complaints and grievances, adds to the continued deprivation of the disadvantaged.

5.1 Need for ICT interventions:

Given such a situation, access to information has emerged as a critical variable in determining the social and economic development of any society, regardless of its cultural settings. The current development paradigm emphasizes on improving access to information as a major step towards the empowerment of people.

Unless this crucial access is provided, societal change would lead to new risks of poverty and social exclusion for particularly vulnerable groups. These groups include women who continue to be marginalized, not only in the context of access to services, but also in access to new information technologies and the opportunities these offer. Globalisation and the rapid growth of knowledge-based society and information and communication technologies have now made the transition to information based knowledge revolution more imminent and achievable.

Some countries such as Brazil and South Africa, evidencing rapid movement in the development of participant management, demonstrate low-income use of information communications technology. In India as well, the information villages of MSSRF have demonstrated how not just the ultra marginalized but even women can make use of the ICTs to benefit themselves and their communities. Such initiatives have clearly established the fact that ICTs have a potential to deliver where all other avenues of empowering the poor have so far failed.

At a Needs Assessment and Planning workshop, held in Zagreb, Croatia in February 2004, the four country teams shared their initial perspectives and preliminary findings based on secondary research combined with telephone surveys and face-to-face interviews regarding possible sectors for research. The teams were joined by a group of international advisors to work on the methodology and approach for the action research for selecting the sector for research, in addition to the timelines.

5.1.1 Methodology:

Secondary research:

The country research teams decided at the workshop that sector assessment in each country should be based on a combination of both secondary and primary research.

As regards the secondary sources for the identified sector, it was suggested that the country teams examine the availability of both published and unpublished comments. Efforts should be made to obtain and analyse the sector specific policy guidelines, and information on ongoing pro-poor schemes and services of the concerned government department/s.

In addition, it was agreed that the country teams would also seek to analyze any other independent research papers/reports carried out for monitoring and evaluation of the performance of the pro-poor schemes and services for the identified sector. Recent media reports were also to be considered for the comparative and contrasting viewpoints on the impact of these schemes.

The above-mentioned broad categories of reference material would throw up significant pointers for designing the primary research in the next stage. Thus the secondary research would help the country teams to identify working hypotheses, researchable questions and data gaps that would have to be further explored in the next stage of primary research.

Primary research:

The project clearly aimed to support the efforts towards improving government services for the poor by a process of empowerment of people through ICT led interventions. The exact model of ICT in each of the project sites, it was agreed, would be preceded by a detailed assessment of a sector/location/area in each of the participating countries.

The primary research was to be taken up using the participatory tools mentioned earlier to determine the sector for research, the issues within the sector, geographical area and location, the issues and the project partners. At a planning workshop in Zagreb, Croatia, the project teams shared their initial work and decisions on the sectors to be chosen for this research (Annexure 1).

Emerging decisions:

Some of the emerging decisions at this planning stage were on the degree of clarity within each country relating to the identification of the sector, specific service, geographical areas and the locale for detailed assessment exercise. Croatia and Pakistan had a high degree of clarity on the sectors – Health and water and sewage, respectively. In India, security, more specifically police, looked like the probable sector. However, the subsequent research and ratings on basic requirements for such a project, led the project team decide on Health and within it, Maternal and Child Health Care. Nigeria which could not attend the workshop, had decided on primary education as the sector for research.

The parameters that ultimately went into finalisation of the sectors and locales included ability to collaborate with other actors such as people, authorities, other partner NGOs, key informants and private sector. The ability to work directly with the stakeholders, access to information, appropriate ICTs and sustainability factors, were other parameters considered for the decisions.

The detailed assessment was to attempt a comprehensive mapping of the social and economic background of the area on some of the following aspects (the list below is merely illustrative):

- Type of pro-poor /public services available in the area/sector
- Target/intended beneficiaries, process of selection of actual beneficiaries- how transparent is this process
- Level of interaction/interface between the beneficiaries and the service providers frequency, whether arranged and mediated (through local NGO or community leader or any other entity), nature of such interaction (whether provision of information- a sort of publicity gimmick by the service provider or a forum of grievance redress or both)
- Demographic aspects, including literacy rates across age cohorts and gender dimensions.
- Information on some of the broad level economic parameters such as poverty scenario, employment, livelihood patterns across age and gender dimensions, availability and access to public services, such as health, education, subsidised food distribution, etc.
- Identification of factors that would facilitate access to and adoption of alternative ICT models
- Identifications mechanisms of securing funds and resources for continuing with the ICT led initiatives.

It was reiterated that denial of access to information excludes the marginalised from social relations, further leading to deprivations and, consequently, limiting the living opportunities. Country teams agreed that efforts would be made to bring out how social exclusion in the identified sector/areas is contributing to diverse capability failures. Examples/anecdotes obtained on these aspects during the assessment may throw significant pointers towards possible solutions to social exclusion and the scope of ICTs therein.

Moreover, given the growing global concern to reduce the gender divide and efforts to identify and uplift the more disadvantaged among the poor (such as women and children), it was also suggested that gender dimensions on all

parameters would be examined.

The country teams also agreed on timelines for the next phases of the research. (Annexure 2)

The research team considered a host of options for the participatory needs assessment.

These included user-friendly techniques shared with all the country project teams. It contained dos and don'ts while conducting the detailed assessment through participatory methodology. The above tool kit touched on aspects, such as:

- Definition and uses of Focus Group Discussion (FGD) Participant selection
- Determining the size of the group for the FGDs
- Questioning route and Types of questions/ Beginning the discussion
- Attributes of the survey team
- Collecting data
 - Tape recorder
 - Note taking
- Analysing focus group data
- Some Problems and Dangers/Practical Tips for conducting an FGD to eliciting community perceptions and experiences.

The sharing at the planning workshop clearly established that there was a lack of transparency, efficiency and effectiveness in delivery of public services in the participating countries. Also, it clearly laid out the potential of ICT-facilitated interventions to address this malaise. Such an intervention would help take ICTs to a further level from one of being information facilitators to that of being an empowering tool in the hands of the people. This would hold the potential for the people to directly impact on policy and social action.

Some of the assessment and implementation models agreed at the workshop were:

Variable	India	Croatia	Pakistan
Availability of existing quantitative/Qualitative data (Sector Assessment)	Media reports of international agencies such as Amnesty, Human Rights watch, etc.; Government	Study on the quality of health services available in hospitals; media resources	Reports for introducing identity cards; census data used in 2002 elections; Property data; data on collection

	reports from Various departments; Reports of other CSOs		made from W&S board; OPP data; reports from CSOs; media reports.
Collecting quantitative and qualitative information/data contextualized (contested information)	Stakeholders focus group discussion; report card study;	first a questionnaire survey, followed by a focus group discussions with affected groups; qualitative data available through the above sources; UDP, WHO data; International standards to benchmark practices, misuse	Questionnaire survey carried out by University students, Information from Gulshan Town; Opinion from religious leaders; Representatives of professional associations, especially teachers;
Appropriate ICT tool	Phone, PDA Cable TV	Hotline,web site;	Video

The workshop then clearly established that there was need for access to information and inadequate grievance redress and feedback mechanisms on services to poor women and men and the opportunities for ICT to strengthen those mechanisms.

5.2 Research problem:

Public services, especially for the poor, continue to be introduced and designed with little or no participation by the recipients of services. This top down approach of governments in public service provision has failed them, while at the same time increased opportunities for bureaucratic and political corruption. The public's respect for government is increasingly eroded and there is an emerging appeal for governments to interface with citizens through innovative ways and means. Information and communication technologies have proven to be useful in recent past as an enabler.

The learnings by the country research teams strengthened the need to identify and use 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.

The participatory research tools were implemented by the country chapters in the Research Phase, to identify the sector, the partners and the ICT tool for implementation. Each country chapter chose a sector based on a host of factors that combined the economic conditions with the socio-political dynamics. The relative readiness of the potential partners and stakeholders in the project was also key in selecting the sector.

At the time of project implementation, war affected Croatia was undergoing wide ranging political, economic, and cultural transitions. Higher mortality rates, especially male mortality; unfavourable sex ratio; significantly higher percentage of poor, unemployed, disabled, sick and aged population; higher rate of rural to urban migration, etc. were the distinguishing demographic features of this country. It led to overcrowding of the cities, especially the Croatian capital, Zagreb that also accommodates the highest percentage of the poor in the country, who live in very deplorable conditions.

Against this background, TI Croatia, the project implementers and facilitators, selected health and social services as the sector that needed improvement in terms of quality, transparency and effectiveness through the intervention of an appropriate ICT tool. The main problem afflicting this sector was lack of transparency in waiting lists for surgery and diagnostics and allocation of rooms in nursing homes. This adversely affected the poor and the aged people. The rich and the influential made the problem even more acute by trying to jump the waiting lists through bribery and corruption. The other stakeholders associated with this project were Clinical Hospital (CH) Dubrava, the citizens of Zagreb city, . CH Dubrava being the largest and most sophisticated hospital in terms of medical equipments, and internet and intranet connectivity, it was selected as the service provider and the poor citizens of Zagreb city were the main beneficiaries of this initiative.

In India, on the other hand, the major challenges on the national scale continued to be population growth. This, coupled with large scale rural to urban migration in search of gainful livelihood and employment opportunities have led to mushrooming growth of urban slums in the metropolitan cities. Devoid of any kind of state supported provision of basic civic amenities, such as sewage disposal, drinking water and health facilities,

the slum dwellers are more susceptible to contracting diseases, which, consequently, leads to higher morbidity rate among them, thereby making health the most sought after pro-poor public service in the Indian context.

OneWorld South Asia, project facilitators and implementers of the Indian country chapter, selected the health sector and within it, maternal and child health care, that needed intervention through ICT tools to improve quality, transparency and effectiveness of its services for this research.

The willingness to participate in the action research programme by the stakeholders was viewed as an important factor in selecting the sector. The selection process was an intensive two-month study of the sectors and sequential elimination till one health- was chosen. The other sectors under consideration were education, electricity and law and order (Police).

The health care delivery scenario was such that slum dwellers were reluctant to avail of pro-poor health facilities provided by the government hospitals because of indifferent attitude of the doctors and the staff. Instead, they preferred to go to quacks and private doctors, which compounded their problems. At the same time, the hospital authorities also did not make any effort to reach out to them. As a result, almost 70 per cent of the hospital services were utilized by relatively affluent sections and only 30 per cent of the slum people accessed these services..

Besides OWSA, other players in this project included IPPVIII (MCD), Badarpur MCH Hospital, Prerana (an NGO), the Mohanbaba Nagar slum community, Badarpur and the community health workers. All these stakeholders cooperated and collaborated due to mutual understanding and commitments to project objectives. The partnership between OWSA and Prerana was formalised through a written agreement, but no such agreement could be arrived at with IPPVIII and the MCH hospital, despite concerted attempts by the project authorities. In this project, the Badarpur MCH Hospital was the service provider and the slum dwellers, especially women in the reproductive age group and adolescent girls, of Mohanbaba Nagar were the beneficiaries.

Nigeria presented another challenging scenario where overwhelming percentage of poor and illiterate people in Enugu state reflected the national level Nigerian demographic scenario.

The people of Enugu state, to some extent, consider their illiteracy responsible for their poverty as well; consequently, stressing more on the availability of education as a means to achieve socio-economic upward mobility. At the same time, they are not able to voice their concerns regarding transparency and accountability in the management of funds meant for primary education. Therefore, they required some kind of intervention to improve this situation..

Against this background, TI Nigeria selected the education sector that needed intervention through ICT tools to enhance its quality, transparency and effectiveness. One of the main problems infesting this sector was unofficial fees charged by primary schools from the parents and guardians of the students. Other problems were lack of infrastructural facilities in the primary schools and lack of transparency in the management of the funds allocated for primary schools under the Universal Basic Education Programme. It led to increased financial burden on poor parents and guardians.

The key players participating in the implementation of the project were TI Nigeria, poor parents and guardians PTA, State Primary and Secondary School Boards, State Commissioner for Education, local government council, Secondary School Principals' Association, media, etc. The State Primary Education Board (SPEB) was the main service provider and the students of primary schools and their parents and guardians were the main project beneficiaries.

Although no MoU was signed between TI Nigeria (TIN) and the Local Self Government (LSG), Enugu State, all the stakeholders agreed in principle to implement the project. In this case, TI Nigeria found that they cannot adopt an anti-corruption approach in order to seek cooperation from the Local Self Government. Just like other country chapters selected for this study, the characteristic demographic features of Pakistan are high population density, relatively large family size, preponderance of low income groups and high unemployment rates. Consequently, shanty towns are a common feature in the Pakistani metropolitan cities like Karachi. Most of these shanty towns are devoid of any state supported basic civic amenities, such as water, sewage disposal, etc.; and even if they are available, poor people lack access to them because of the ineffectiveness and indifference of state administration to check its misuse.

In Pakistan, usually the higher income areas are not only well planned, but they also possess the basic infrastructure related to Water Supply Distribution or sewage disposal. On the other hand, the shanty towns and other low income areas face the problem of shortage as well as intermittent supply of water and no facilities for garbage or sewage collection and disposal. These problems become even more acute due to illegal water connections, water contamination due to leakages, tampering of valves, etc. The poor people are the worst affected by these problems, as they don't have any appropriate mechanisms to voice their concerns or complain about this situation to higher authorities.

The key players involved in the implementation of the project are TI Pakistan, present elected Union and Town Council members, women residing in Gulshan Town, professionals and technocrats; and representatives from Civil Society, Welfare Associations and the Union Council. Although mutual understanding and commitment to the project objectives were the main driving forces for project partnership, TI Croatia and Gulshan Town administration formalized their partnership by signing an agreement. According to this agreement, TI Pakistan deputed two full time staff at the complaint center to help maintain the software, data and the website. Among the stakeholders, the Karachi Water & Sewerage Board was the service provider and the poor and middle class citizens, especially women, were the main beneficiaries of this project.

Country	Sector	Problem area identified	Location
Croatia	Health	Opacity in the waiting list of patients for surgery in government hospitals	Zagreb city and its suburban locations
India	Health	Poor performance of Reproductive and Child health facilities rendered by the	Mohanbaba Nagar (a slum in Badarpur area of Delhi)

Country	Sector	Problem area identified	Location
		Municipal Corporation of Delhi (through its health centres run under the aegis of India Population Project VIII) to poor women living in urban slums	
Nigeria	Education	Unofficial fees charged by primary schools	Oji-River (sub-urban locality of Enugu state (coverage being entire 65 primary schools in the Oji river area)
Pakistan	Water & Sewerage	Illegal water connections and unauthorised diversion/manipulation of the distribution network	Two Urban councils (Delhi Mercantile and Nagar) in Gulshan Town, Karachi

5.3. Participatory tool development:

The next step in the research was the participatory tool development exercise, wherein the country teams consulted the key stakeholders to identify an appropriate ICT for the intervention and then developed it based on user needs.

As mentioned earlier, the research incorporated several aspects of the approach developed by Don Richardson for ENRAP, on developing local applications. This participatory approach involved mapping exercises, SWOT (Strengths, Weaknesses, Opportunities and Threat) exercises and regional workshops. It was envisioned that the project teams would be better able to communicate and share relevant information not only with their project co-workers, but with stakeholders, beneficiaries and project staff members domestically and internationally.

In the action research, too, the country teams held focus group meetings with the communities and local government authorities to determine the appropriate ICT tool.

This was a departure from normal project interventions where the experts would design and devise the tools for deployment in the intervention areas where the people were supposed to use these. The participation and advice of the local people and communities, who were to use these and also the authorities who were to respond to the needs generated by the exercise, were instrumental to the identification of the ICT tools in each country.

The ground dynamics, the socio-economic profiles of the population, the geographical location and the literacy levels were taken into account for an informal SWOT analysis on the choice of each tool.

In the Croatian context, based on the responses from FGDs, and telephone surveys, the research team decided to use the term ICTs in a broad sense to include both conventional and modern ICTs, such as audio, video, print media as well as online waiting lists to bring about transparency in waiting lists for surgery and diagnostics. So, they used the existing advisory phone line in TI Croatia office and connected it with CH Dubrava website and the databases of all nursing homes in Zagreb city. Furthermore, they also created a system through which the complaint lodging mechanism could be connected to the waiting lists, so that the project team could provide both advisory and advocacy services. In order to protect the identity of the patient, they used the patient's health insurance code number. TI Croatia's administrator also developed a user friendly database to maintain a record of complaints and to monitor and evaluate project outcomes. The software used for this application required minimum hardware capacity.

The FGDs, community mapping and informal SWOT analysis in India revealed that the slum dwellers were neither comfortable nor conversant with the use of very sophisticated ICT tools. So, OWSA identified voice as a communication mechanism to be used by the poor. Accordingly, it chose a simple and conventional ICT – a phone line – to improve the interface between the hospital staff and the community it serves, which would, in turn,

improve the services. The ICT tool comprised a point-to-point phone line between the Badarpur slum and MCH hospital, linked to a computer that recorded and stored the voice data received from both ends. The tool was structured as an Interactive Voice Recording System (IVRS). A remote computer could monitor the interactions between the people and the response of the hospital staff. A community leaders' house was chosen as the ideal place for phone installation after much deliberations, so that it can be easily accessed by women and adolescent girls.

In Nigeria, the selection of the ICT model was based on the level of computer literacy of the beneficiaries, the cost of using the facilities, estimation of the availability of ICT facilities at the service provider's end, computer literacy and skills of the service providers and sustainability of the effort. Therefore, they suggested a combination of computer and telecommunication technologies as the most appropriate tool for ICT intervention. It consisted of information access and dissemination points, a toll-free land line to enable communication between beneficiaries and service providers and between beneficiaries living in remote areas and the

access points. They also intended to use computers to record and store complaints, requests, suggestions, etc.; send these to concerned state functionaries at appropriate administrative levels; and to receive and monitor responses to individual complaints.

Another component of this ICT model was the provision of public opinion boxes at strategic locations to enable people to submit written complaints, requests or suggestions.

Information dissemination regarding approved fees, budget allocations, fund releases and payments, etc. could be achieved through the circulation of printed leaflets.

While selecting an appropriate ICT tool, TI Pakistan tried to ensure two-way communication to enable the citizens to lodge their complaints and the concerned authorities to respond to their grievances. The selected ICT tool comprised a web based e-complaint center; a website to facilitate e-governance and to make it open and transparent; organization of regular 'meet the citizens' public meetings for information collection; and awareness generation about the project. In addition to the web interface, people could also phone in or visit the centre in person to register the complaint.

6. Process of Enquiry

The ICT tool was developed and launched in three of the four country chapters, with slight variations in months, owing to delays and support from stakeholders, particularly the service providers. However, the ICT tool could not be launched in Nigeria owing to the delay in getting the timely support and permission from the government authorities.

Project implementation was essentially 'bottom up' with the active involvement of the stakeholders, especially the beneficiaries. Extensive IEC (information, education and communication) exercises helped create awareness among the people and at the same time, galvanize the service providers to gear up to respond to the people's needs/queries.

This was a phase marked by dynamic action, as the ICT tool was installed for use. The dynamics, related not just to the technological aspects but also to governance issues, behavioural communication as also the human interface between the project authorities and the people. Facilitation of complaints monitoring and analysis of complains helped in fine tuning the ICT tool to suit the ground situation in the country locations. Here too, participation and constant feedback from the people and the authorities, who were involved in the intervention was the key in introducing the necessary changes.

Some important prerequisites were kept in mind before launching the ICT interventions. These included formal or informal agreements with the service providers, which were a bare essential to get the research going. In Pakistan and Croatia, such a support was forthcoming from the authorities. In Nigeria, however, the delay in getting timely agreement and support from the authorities threw up a major challenge to the research.

In Croatia, initially, since there was no formal agreement between the project partners, this hindered the implementation due to administrative and political changes. Also, initially the service providers were not very enthusiastic about the added burden of publicizing waiting lists. But sustained

counseling and persuasion by TI Croatia team, made them agree to it. A combination of audio-visual media was used for publicizing the tool among its users. A brochure to guide and inform people about the hospital services was also brought out besides use of website announcements.

Stakeholder consultations

The stakeholder consultations were at the core of the consultative route that India adopted throughout the project. The tool was entrusted with the community after extensive consultations with the community and the service provider on their willingness to use the buy-in and relevant capacity building. India was perhaps the only country where the tool was entrusted with the community whereas elsewhere, the people had to access it from other locations.

After the installation of the ICT tool, the research team, with the active support of community volunteers, undertook extensive door to door campaigning about the tool and its use to motivate the community to use it. Other IEC measures used to popularize the tool were street plays, workshops and meetings with the target beneficiaries. During the second phase, they also had to convince the hospital staff, especially the nurse on duty, to respond to the queries made by the slum dwellers. Their sustained efforts motivated the hospital authorities to accept the additional responsibilities.

After the establishment of the complaint center, they used a variety of means like audio, video and printed leaflets and pamphlets to motivate the people to use the tool. They also envisaged the establishment of a local FM radio channel to disseminate information regarding changes in the time of water supply, but it could not be implemented.

Field dynamics

For an action research of this dynamic nature, IEC (information, education and communication) emerged as an important aspect to create the necessary awareness in the research constituencies about the intervention and the possibilities of participation. This was essential in a project, which is following the **Plan Do Check Action (PDCA)** pattern. The IEC

activities, using media, face-to-face meetings, street plays, advertisements, leaflets and handbills, generated the right amount of curiosity in the stakeholders followed by a certain willingness to try out the intervention. This further threw up a whole range of dynamic experiences which needed to be responded to. These related to the actual responses to the designed tools and interventions by the stakeholders *vis a vis* those expected. The result was need for timely adjustments to fine tune the intervention to the real situation and demands. **In Croatia**, for instance, when people became aware of the ICT intervention, they started using it in large numbers. Every phone call was recorded immediately upon the end of phone conversation. Volunteers were trained to provide concise, argumentative and clear description of the problem.

Statistical data of the complaints is listed below:

Level of complaint	
Total complaints for CH Dubrava:	91.18%
Total complaints for Nursing Homes:	8.82%
Level of complaints: CH dubrava	
Waiting list:	4.84% [4.41%]
The Head of Hospital:	0.00% [0.00%]
Ministry of Health and Social Welfare:	14.52% [13.23%]
Others:	80.64% [73.53%]
Level of complaint: Nursing homes	
Application List:	33.33% [2.94%]
Approval Commission Decisions:	16.67% [1.47%]
The Decision of the Nursing Home Board:	0.00% [0.00%]
The Decision of Social Welfare Centers:	33.33% [2.94%]
Ministry of Health and Social Welfare:	0.00% [0.00%]
City Office for Health, Labor and Social Welfare	0.00% [0.00%]
Others:	16.67% [1.47%]
Status of requests and complaints	
Accepted	89.55%
Denied	0.00%
Unknown	10.46%

After the intervention was designed, it emerged that it was not legally allowed to give names of the patients in the waiting lists that were to be publicized in Croatia. Accordingly, timely changes were made to provide the patient identification number in the lists. Another change that was introduced after the monitoring exercise was that the project team members stepped in as liaison persons to help the people seek redressal, clarifications from the hospital authorities on any doubts/ complaints in the waiting lists.

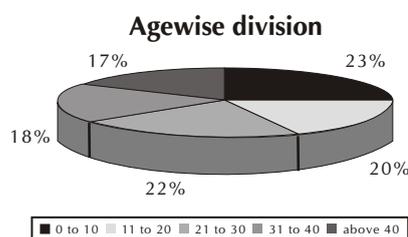
In India, where the phone line used an IVRS facility to relay information on basic services to the people, while allowing them to feed in their queries, also yielded the demand for real time interactions. This demand was based on people's need for more information from the hospital and for a longer duration. As a result, the phone facility was modified from an IVRS mode (where there was little direct interaction with the authorities) to limited real time where people could call up and speak directly to the hospital. This change generated a demand for longer interaction hours, and after initial resistance from the hospital, the tool became a full time real time service between the hospital and the community. The constant monitoring by the project authorities and volunteers from the community led to better participation from the community and hospital ends.

The second phase of project implementation included real time interaction wherein the hospital staff agreed to set aside one hour when the beneficiaries may get instant solution or advisory regarding their health related queries. Gradually, bowing to people's demand and overcoming their own resistance to the idea, the authorities extended the one hour real time interaction to full working day interaction. During this phase, the hospital received 360 calls within a period of eight months (December, 2004-June, 2005), which amounts to more than one query everyday. It demonstrated extensive use of the tool by the people who had never availed of such a facility before.

Month-wise break up of real time calls made to the hospital in India

No. of calls per month	
Dec 7, Real Time started	
December	68
January	46
<i>Jan 16, a volunteer was appointed to galvanize the community people to make calls</i>	
February	17
<i>In February, Phone was out of order for many days due to technical reason</i>	
March	53
<i>Phone was out of order from 7th March to 12th March due to technical reason</i>	
April	86
May	49
<i>On 2nd and 7th May, Phone could not be charged due to power failure throughout the day</i>	
June	41

Age wise distribution of the complaints: Most queries, almost 23% of the calls, were regarding paediatric problems. The second highest number of queries was regarding different gynecological problems pertaining to age group 21 to 30. Queries made for problems related to children and adolescents between the age group of 11 to 20 occupied the third place. These were followed by queries regarding problems of people above 40 years of age. The least number of queries were made by people in the 31 to 40 age group.



Analysis of the two registers kept at the hospital and community leader's house showed that in most of the cases, both the versions of queries or complaints registration were almost the same. It reflected that people in the community were aware of their problems; and they communicated these appropriately. Though there were segments that understood the specialty service provided by the hospital, for many, it still remained a general hospital and they sought information on all general health needs.

The responses provided by the hospital staff showed that they gave considerable time to understanding community's health related problems and gave useful advice and information.

In Pakistan, an interesting dynamics unfolded as the implementation of the project did not strictly follow the 'bottom up' approach as its premise was a pro-active buy in from the service provider. The ICT intervention was launched and publicized mainly through audio-visual media. Elected members of the town councils were also roped in for promoting the centre among the people in their constituencies. The monitoring of the tool by the project team helped keep up the response level of the town authorities. Also, it helped provide for several changes that were necessary for the working of the e-complaint centre and to enable people to register their grievances.

The nature of complaints varied from lack of water supply, dirty water or intermittent supply. On the sewage side, the most common complaint was the overflowing sewage lines and the water threatening to enter the residents' homes.

Summary of complaints received in Gulshan-e-Iqbal Town, Karachi.

Departments	Total	Under Process	Processed	Rejected
Build Roads	462	355	80	27
Land Encroach	232	223	5	4
MechElect	1150	602	511	37
Sanitation	56	39	16	1
Sewerage	996	688	281	27
Water	3481	1621	1659	201
Park	871	715	135	21
	7248	4243	2687	318

The technicians provided by the project team to maintain the database and software at the complaint centre noted that the data was being processed at a different location. So whenever a citizen would try to lodge a complaint on the internet, it would take a long time. The

complainant would, at times, have to wait for up to fifteen minutes to get the tracking/token number for the registered complaint. Even for complaints to be registered over phone, the complaint number had to be retrieved through the internet. The slow internet speed would delay this process as well. Hence, it was decided to shift the data back to the complaint centre and change the system from the internet to intranet. This saved a lot of time. Ultimately, it was decided to use both internet and intranet options for complaints registration and feedback.

Positive spin-offs

As much as the dynamics, there were some positive spin offs as well. These took the shape of people's advocacy in India and in showing the potential role of a CSO or NGO *as a neutral facilitator and a monitoring mechanism emerged from the Pakistan experience.*

In the first case, water scarcity, for the past three years, had in fact been a main reason why the Operation Theatre, in the hospital site in India was not operational and doctors were not available round the clock. Families of patients going to the hospital for delivery

were required to carry with them, two buckets of water. To demand the basic facility of water, the people in consultation with the project team, launched a signature campaign to demand the provision of water supply in the hospital. 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 basic services for many of these community leaders. 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.

Similarly, in Pakistan, the involvement of an NGO, TI Pakistan in the running of the e-complaint centre, helped ensure continuity of the complaint centre despite the change in the elected town authorities. The presence of the TI staff, providing software and data maintenance support, at the complaint centre, helped ensure that even when the new caretaker establishment took over the town administration, the work of the complaint centre continued unhampered.

7. Research Findings

A participatory bottom up approach was used for evaluation of project interventions drawing up the principles of putting the real stakeholders, the community, at the centre-stage. So, instead of resorting to conventional techniques of project evaluation through external evaluators or project teams, efforts were made to include stakeholders and beneficiaries of the project in this exercise.

The evaluation exercise consisted of questionnaire framing, identifying the target group among the beneficiaries and organising meetings/workshops with them to understand the impact of the project and the tool. In addition to the Focus Group Discussions, telephonic interviews and face to face meetings proved helpful in the evaluation exercise.

7.1 Participatory framework

A participatory framework was agreed for the exercise and implemented in India. It included the following steps:

a) Developing the questionnaire:

The first task was to draw up questionnaires or interview script for focus group discussions. So, keeping with the spirit of the evaluation, a FGD with a cross section of the community, representing women, adolescent girls, community leaders and men, was held to frame a questionnaire, so as to ensure that it was not a top down or a project team guided exercise. This exercise helped to view the project from a dimension that the project staff as well as the community itself could not have understood or perceived.

So, the questions contributed by the community members for the evaluation exercise were padded with another set of questions (called the shadow questionnaire) as it included questions that needed information from the project deliverables point of view.

b) Identifying the target groups:

The first step in this direction was the identification of FGD participants and division of groups *vis a vis* target beneficiaries and

service providers. Then, the different groups of service providers were identified in terms of their access to the people on daily basis and also the level of medical expertise in their service.

Next, based on the project specific intervention in India (maternal and child health care), various age groups and sections of the community with which the FGDs would be held, were identified. These were classified in terms of gender, age and user group classifications. Also, to capture the perceptions of the community in general, those who were not direct users of the hospital services (such as community leaders and men) were also included. The women were divided into two main groups; adolescent girls in the age group of 12-20 years and ladies from 20 -45 years.

The focus group meetings involved about 15-20 people representing each category Separate set of FGDs and face-to-face meetings were organised with the service providers. Here too, the groups comprised three to four categories of people.

c) Planning the meeting:

Instead of the project staff leading or holding the FGDs, volunteers from the community led the way in organising the meetings. As in the case of the shadow questionnaire that ensured that the project goals and purpose were also included in the discussions, here too, the project team, attended as mere facilitators and observers.

d) Conducting the focus group meetings:

Most of the meetings were held in the community and at the hospital premises. In the brainstorming meeting itself, dates and time were decided for all meetings to be held with specific target groups. A few people from the community were selected as catalysts, to organise and coordinate the meeting. The project team provided only the outline questions for the meeting and support from behind. This approach was adopted, as it was more likely that people of the community would be comfortable talking to someone from the community itself. Their homes served as the venues for these meetings.

7.2 Evaluation results

The programme clearly showed that ICTs could play the intermediary/catalyst role in breaking the communication and behavioral barriers to proper provision of government services to the poor.

It showed how relevant and appropriate use of technology, based on a participative inclusive approach, could help in changing the perception of the service providers and the poor towards each other. Also, such a neutral intervention could help enhance accountability and transparency among the service providers and inform and enable the poor to seek their rights with confidence.

In all the three countries, where the project was implemented, the people, armed with the information facilitated through the ICT tool, came forward to access the services and provide their feedback. Also, in all the three nations, the service providers responded, despite limitations of backend support and cultural mindsets, to the needs of the people. The intervention, therefore, clearly established that participative interventions using ICTs can help break the traditional barriers of suspicions and mutual mistrust among the poor and the service providers.

In India, for instance, the community felt that the intervention had given them some 'power' over the authorities and they could even complain to higher authority if the staff did not perform their duties properly. The doctors reiterated this change and felt that the interactions on the phone helped in breaking the communication barrier between the community and the hospital. The fact that people were coming out of their houses to make calls proved that people had become smarter, were aware of their rights and had the courage to ask for information. In addition to making the target beneficiaries aware of the services provided by the hospital, it also improved the outreach of the hospital to the community. The increased inflow of OPD and delivery cases in the hospital after the intervention emerged as a strong indicator of the community's willingness to change its health seeking behaviour.

Most significantly, it brought about a perceived change in the attitude of the

service providers towards the people. The people felt that the behaviour of the staffers towards them had improved, leading to better relations between the hospital staff and the community. More importantly, the families that often preferred untrained medical practitioners or traditional doctors were now willing to try out the hospital services, given the awareness generated by the tool.

The potential to make transparent, the processes of delivering public services to the poor with facilitation of ICT enabled interventions and a role for civil society organisations also emerged clearly. The e-complaint centre in Pakistan, for instance, was perceived to be democratic and provided a high degree of transparency to the delivery of services to the citizens. It gave the higher authorities an insight and 'at a glance' control over their departments. Also, it laid the foundations for e-governance approach where strong buy-in from the top rung of the governance chain ensured the smooth running of the project. Importantly, the involvement of Transparency International, Pakistan in the project, first through development of the software and then for maintenance of the website and the database at the complaint centre, helped it become a de facto monitoring agency, specially when there was a change in the elected management of the town authority.

Another aspect of transparency in the public service provision that the research threw up was the positive impact on the work of the service providers. In Croatia, the fact that the waiting lists for surgeries were made public, impacted positively on the work of the hospital authorities and helped forge a culture of fairness and accountability.

The *ICT users* who were checking their place in the list or filing in the complaints evaluated this service as useful and needed. The feedback comments on these lists were given through personal contact or over the phone. It was emphasized on several occasions by the users that transparent public lists have positively impacted the work of the hospital by creating a culture of fairness and accountability.

The research matrix below, gives a comparative overview of the project interventions and outputs in the four participating countries as well as an international overview.

Research Overview Matrix

Indicators	International overview	India	Pakistan	Croatia	Nigeria
Purpose	Identifying an effective niche for integrating ICTs in the traditional public services domain. Designing and implementing an appropriate ICT led model to improve the transparency, quality and effectiveness of pro-poor services.	Better and improved access to effective and efficient poor public Maternal & Child Health (MCH) Care services using ICTs.	Improving transparency, quality and effectiveness of pro citizen's public water & sewerage services using ICTs.	More transparency, quality and effectiveness of public health/nursing home services using ICTs.	Ensuring quality & effectiveness & transparency of primary education services using ICTs.
Project area	India, Pakistan, Croatia, Nigeria	Mohan Baba Nagar, Badarpur,	Gulshan Town, Karachi.	Zagreb City, Croatia	Oji River, Enugu State.
Key project stakeholders	Poor people; local government functionaries/ service providers, top government functionaries, policy makers. Partner NGOs, project teams and private sector.	Community, Badarpur MCH hospital, IPPVIII Deptt. (MCD), OWSA, Prerana.	Town Mayor, Elected Union and Town Council members, technocrats, Representatives from Civil Society, Welfare Associations & Welfare the Union Council.	Ministry of Health and Social Welfare, Zagreb Center for Social Welfare, Town Soup Kitchens, Croatian Medical Chamber, Croatian Red Cross, TI Croatia, CH Dubrava & community.	Poor parents & guardians, PTA, Primary & Secondary school boards, State Commissioner for Education, local govt. council, secondary school principals' association, media.
Nature of agreement among stakeholders	Formal agreements, MoUs, informal buy ins and understandings.	Formal agreement signed between OWSA & Prerana. No formal agreements with Govt authorities.	Formal agreement between TI Pakistan and Nazim (Mayor) of Gulshan e Iqbal Town.	Formal agreement or Memorandum of Understanding (MoU) with key government departments essential for sustaining the intervention till the end.	TI Nigeria and the Government agreed in principle and made written agreements.* (*The agreements materialized very late in the project span, resulting in holding up of implementation). ..

Research Overview Matrix

Indicators	International overview	India	Pakistan	Croatia	Nigeria
Approach: Top down/bottom up	Bottom up approach involving key stakeholders the poor and the local service provider in every stage of the participatory research. Use of participatory tools such as focus group meetings, interviews and observation techniques were used in addition to surveys.	All through, a bottom up approach involving the communities and hospital authorities as major stakeholder through FGDs to get an idea about their health needs, to select appropriate ICT tool and to valuate project outcomes.	Initially, a top down approach that has the potential of being converted into a bottom up approach in the long run. Involved surveys, interviews and FGDs with people, women councilors, teachers and social workers.	Bottom up approach involving beneficiaries to know their perception about the availability & quality of health services through structured questionnaires & FGDs. Also took into account, views of CSOs & public institutions that cater to the needs of the poor.	Bottom up approach involving FGDs with different stakeholders, such as parents, guardians, teachers, etc. to ascertain the state of free education in all the primary schools in the project area.
Pro-poor index	Focused mainly on the poor and the disadvantaged in relation to delivery of public services. They are particularly vulnerable as they rely completely on the state for accessing critical services like drinking water, health and education. They lack access to those services due to physical, financial, informational, political and other barriers. There are no effective mechanisms for feeding back their complaints, views and requests in relation to those services.	Primarily, a pro-poor project to improve awareness of pro-poor MCH health facilities and their outreach to the slum dwellers & their access to these services through ICT intervention.	Evolved more like a pro citizen project that sought to improve basic civic amenities, especially the availability of water to citizens through ICT intervention.	Pro-poor project to enhance transparency in hospital waiting list for surgery & diagnostics and allocation of nursing homes through appropriate ICT intervention.	Proposed to be a pro poor project to enhance the quality of education and improve school infrastructure through appropriate ICT intervention.
Scope & nature of ICT intervention	The research identified the appropriate ICT to disseminate	Information communication through a dedicated, toll	Information communication & dissemination through a	Information communication through existing advisory	Proposed information communication & dissemination

Research Overview Matrix

Indicators	International overview	India	Pakistan	Croatia	Nigeria
Scope & nature of ICT intervention	information to service providers and users and provide an appropriate means by which the target beneficiaries could access the services and seek grievance redressal. The ICT solution for each country was selected through close stakeholder consultations with the participants at the local level. The term ICT was interpreted in the broadest sense to encompass a variety of different mediums including telephone, internet, television, film, radio, etc.	telephone line, installed at both ends the community and the hospital. Offered IVRS & real time interaction between the people and hospital staff. Dissemination through IEC measures such as street plays, door to door awareness campaigns, leaflets in local language, awareness through media articles and cable television.	combination of computer and tele communication technologies. Newspaper advertisements key in dissemination and IEC, in addition to online website	telephone line in TI office, linked with CH Dubrava and database of all nursing homes; & dissemination through ICTs & waiting lists posted on hospital and .. soup kitchen billboards. IEC also through TI website.	through a combination of computer & telecommunication technologies .
Participatory index	Participatory Action Research Project, thereby implying participation of all stakeholders, including the beneficiaries in selecting appropriate ICT tool, developing evaluation questionnaire, etc. through FGDs. Key stakeholders people and service providers, consulted in all stages of the research.	Active participation of the poor, service providers, partnering NGO and project team in determining/ deciding sector, choice of ICT intervention, location and ownership, et al.	FGDs in addition to surveys to ensure active participation by all stakeholders to list the problems faced in the delivery of basic civic amenities.	Participatory approach involving surveys & FGDs, in addition to telephonic interviews to assess the health needs of the poor. The same approach utilized in the selection of appropriate ICT tools.	Participatory approaches including FGDs to understand the availability of free education and infra structural facilities in the schools.
Service providers support	implementation of the project. . In the case of Nigeria however, there was a lag				

Research Overview Matrix

Indicators	International overview	India	Pakistan	Croatia	Nigeria
Service providers support	in the project which went to show it was not just the				
Empowerment index/ impact of the ICT tool	Information about the services that made people aware of the rights and entitlements, while the ICT intervention gave tools/ means to demand/ access services and seek grievance redressal. It also made them cultural communication barrier with the service provider. On the authorities side, it increased their accountability, responsiveness to the people & made them understand	Sensitization of slum dwellers about their health needs & rights within a very short span of time. Began demanding better and prompt services. Felt empowered and launched successful advocacy campaign for basic amenities in hospital. Increased accountability of hospital staff.	Helped the people overcome the communication barrier with the service provider. People forthcoming to seek grievance redressal. It made the govt. servants accountable to the people. Improved transparency in water supply to citizens.	Project sensitized people about their health needs & empowered them to ask for their health related rights. Made the hospital authorities realize the importance of transparency & accountability.	Implementation pending.
Empowerment index/impact of the ICT tool	the people's perspectives & the need to consult them.				
Scalability	Brought up several options for scaling up the intervention in all countries where it was implemented. The country researches emerged as best practices and learnings for applying these to other areas of public service delivery. Inspired projects based on learnings from the research.	Led to the development of BT Lifelines project, an OneWorld & British Telecom initiative that used telephone based voice mechanism to provide Q & A service on livelihood issues to Indian farmers. Inspired further research using empowering, facilitating tool. Demand from the project site for extending the project to other basic services such as livelihoods, employment, sanitation & education services	Laid the foundation of e-governance and govt. proposed to set up such services across entire Karachi city. May lead to stronger participation of poor people in the future.	Inclusion of this initiative in Ministry of Health & Social Welfare's upcoming reforms & demands to introduce such services in other Zagreb & Croatian hospitals.	Implementation pending.

Research Overview Matrix

Indicators	International overview	India	Pakistan	Croatia	Nigeria
Scope for legal action	The project also included scope for legal interventions/ services to the poor where there was no proper response from the authorities. Such legal advice to the poor was to help them voice grievances in an appropriate manner. Was left to country teams to determine the need, scope and extent of such interventions. Most countries, all but one country, Nigeria, did not see the need for legal services given the nature of interaction required with the service provider. Alternatives such as people's advocacy and media pressure were the options implemented	No scope for legal action. Instead, people's advocacy emerged as a strong alternative.	Scope for legal services being minimal, TI Pakistan opted for Rights perspective as means of generating demand for better services from the Gulshan Town administration.	Public interest litigations through organisations involved in providing legal aid, pro bono lawyers from attorney's chamber, considered as an option but not used. Media pressure instead emerged as the option.	Intended to refer the cases to PCC for further advocacy and action. Legal aid through filing of public interest litigations (PILs). For this, TI Nigeria proposes to partner with legal aid service NGOs.
Challenges faced/ limitations.	Difficulty in securing support and buy in from service provider; making people overcome cultural communication barrier with the service provider, local ownership issues in the community of the ICT tools; cooperation & involvement of project partners, and frequent changes in the management teams, were some of the key challenges. Weak backend response and support mechanisms among the service providers.	Initial reluctance of higher authorities like the MCD Commissioner, to be part of the project. Sustainability through collaboration with local NGO that may overtake the project in future. Community ownership/ responsibility of the ICT tool was a major challenge. Lack of formal buy in forced the project to remain low key	Pro poor approach questionable, as the services were utilized more by middle class people. Need to strengthen backend responses and commitment from the concerned department.	Being NGO led intervention led to difficulty in getting approvals and meetings with govt. functionaries/Heads of Hospitals. Reluctance among hospital staff to take additional work load. Change of officials concerned, put question mark on sustainability of intervention.	implementation pending.

7.3 Research learnings:

The evaluation exercise threw up several learnings as well for ICT-facilitated participatory interventions for better service delivery. Among these was the importance of formal agreements or understanding with the service provider. In cases where these were in place, the intervention went on fairly smoothly as it is based on the buy in and commitment from the service provider. In Croatia and Pakistan, where written agreements were in place, the intervention saw relatively good support from all echelons of the service provider. However, in cases like Nigeria where the timely permissions and support was missing from the authorities, the implementation of the project could not be taken up. It is because the service providers are an integral part of the intervention and without their support or involvement such an intervention would not be sustainable.

An interesting aspect to this support emerged from India, where the formal buy in was elusive throughout the duration of the research, the project continued on a low key.

However, the buy in by itself did not ensure full participation or cooperation from the authorities. In Croatia, the service providers were not enthusiastic about the added burden of publicizing the waiting lists, but sustained counseling by the TI Croatia research team made them accept this additional responsibility. This went on to show that the intervention or an agreement per se cannot bring about a change in the cultural mindsets. Such a change can come through time, persuasion and commitment from the stakeholders involved.

In Pakistan, it became clear that just the front end of a programme, such as this is not enough to ensure its success. The back end processes within the government departments also need to be streamlined to ensure that the increased demand for more and better services is met with adequate responses. Unless this was done, the complaints or demands would pile up and people would lose faith in the system. This could lead to the other possibility of the government service providers losing their monopoly as the sole providers of that service.

Also, it became clear that a top down

approach, as in Pakistan, did not reach out adequately to the poor in this initial intervention. There were some other limitations as well. The e-complaint centre was conceived as an online tool and hence was more accessible for the middle class and the rich. The poor people were left out of this service-delivery chain. More importantly, despite the complaints registered, the backup mechanism and cultural mindset of the service departments were not ready to respond adequately. As a result, the complaints piled up. So, unless the town authorities and the departments themselves took the onus of being responsive, the front end complaint system by itself would not be enough.

On the community front, the need for some handholding in terms of using the tool and overcoming the cultural mindset of approaching the authorities directly for any grievance redressal became apparent. Community involvement and ownership was another issue. In cases where the ICT tool was being installed in the community, the need for community owned and accessible spaces were important. The learning from the Indian experience showed that when this did not happen, the problem of an individual dominating the tool and influencing the intervention is likely.

The ICT tool in India was placed in the house of a community leader as there was not fully accessible community space in the project site. However, this had its constraints, as the community leader gradually started exercising proprietary rights over the tool and used it as a means of demanding unethical remunerations. He also began to spread his own views about the ICT intervention. It was, therefore, felt that community spaces are best locations for community oriented projects as against entrusting these to individual members of the community.

Another learning from the research was the need for full time availability of project team members for the programme and proximity with the project site. The long distance of the project location from the country team's office, can lead to long delays and affected proper implementation of the project as was witnessed in Nigeria.

8. Research Outcomes

The research clearly went on to demonstrate that simply an anti-corruption or confrontationist approach will not be helpful in ensuring effective and transparent delivery of any public service. Interventions that give the authorities and policy makers an opportunity to interact with and understand the perspectives of the people and learn to relate to them are more sustainable options.

Significantly, it demonstrated the effect of increasing **citizen participation** and represents a move towards empowering both individuals and CSOs and increasing their capacity to hold governments and public services to account. It has shown how increased awareness and transparency can improve the quality and reduce the costs of public services to the poor. The outcomes were not confined to the project area/constituency alone, they also provided the ideas and seeds for other initiatives to benefit poor and marginalised communities.

VOICE as information, communication and empowering source:

The use of VOICE as the main means of communication and information dissemination to the community who had low literacy levels but high information needs, provided the inspiration for another initiative in all the country chapters where the ICT intervention was implemented. In all the cases, the use of telephone, as an interface between the authorities and the people; as a means to spread information about the services; and as a mechanism for people to demand services was well established.

This easily accessible, usable voice mechanism combined with the nature of the intervention to empower the people with the knowledge of their rights and entitlements. Further, it gave them the mechanism to access, and where necessary, demand the services, whether it was for basic facilities such as water in a maternity hospital, clarifications on the status of waiting lists for surgeries in hospitals or the reasons for delay in response to their complaints regarding water supply or sewage facilities.

In fact, the learnings and experiences of the use of voice in the India project inspired another initiative in India. This BT Lifelines project, a OneWorld and British Telecom initiative, too used telephone based voice mechanism to provide Question and Answer (Q&A) service on livelihood issues to farmers in several states of India.

Empowerment and social mobilization:

The natural manifestation of empowerment was the social mobilization with the people themselves taking the onus of galvanizing popular support to demand, as in India, through the signature campaign and petition, provision of water supply in the maternity hospital.

Transparency:

The transparent nature of the public grievance system through the e-complaint centre in Pakistan was appreciated by both the beneficiaries and the city administration, as the concept was democratic in spirit and made the delivery of public services more transparent and effective. They suggested the scaling up of such initiatives to cover the whole Karachi city. It laid the foundation of e-governance in the city. The project also demonstrated that the engagement of NGOs, such as TI Pakistan as a neutral project facilitator and monitoring agency can sustain the project through political and administrative upheavals.

Better access:

Access to better public services was another potential that emerged from research. In India and Croatia, it led to increased utilization of hospital facilities by the people and sincere efforts by the hospital authorities to enhance their responses. In Croatia, besides making the waiting list transparent and the beneficiaries well informed about various public welfare services and schemes, the project also enabled them to demand better services from the hospital authorities. Because of its success, the Croatian Ministry of Health and Social Welfare included this initiative in its upcoming reforms and also proposed to introduce such services in other hospitals in Croatia. The Ministry had approached TI Croatia, the project team to undertake this part of the project.

Scope for further research:

The outcomes of this project could propel further research towards ICT-facilitated pro-poor, pro-people programmes. Research, for instance, could be taken up to study the feasibility of:

- Using VOICE as the first facilitation/interface for e-governance programmes being designed in developing countries. Many of these programmes bank heavily on computer and internet based applications. These are likely to leave out a huge chunk of the population that is not literate or technology savvy. Voice, on the other hand, could
- provide an entry point for all, till they are able to use the ICT tools.
- Use of phones – mobile and landlines, in disaster warning and management programmes for timely communication of messages when other channels fail.
- Application of the participatory action research methodology used in this project to other sectors as well (other than those chosen for this research).
- Enabling /taking voices from the ground (from the voiceless poor) to the policy makers to achieve desired pro-poor policies.

9. Conclusion

The research, then, has clearly established that mere provision of services is not a guarantee of their effective delivery to the target beneficiaries. Enabling mechanisms that can break the traditional communication and behavioral patterns between the people and authorities also must be established at the ground level. This can help make the service delivery effective and transparent.

Such mechanisms can be developed through participatory approaches that keep the people the end beneficiaries at centre stage.

Development and design of delivery programmes meant for the poor need their participation, if these programmes are to be effective and sustainable.

The research has also demonstrated the need for a bottom up approach as against the top down policy and programme approach for e-governance or service delivery programmes. This is especially relevant to developing countries where the social exclusion of the poor and marginalised is acute due to low literacy and awareness. A bottom up approach then would help design policies that are sensitive to the limitations and the needs of these people and thereby ensure their participation and access to such services.

The project also demonstrated that localised, value added information that is based on the needs of the people is important in motivating the people to demand their rights. Wherever government policies or programmes are not relevant to the daily survival needs of the people, they would opt for exit options, even though this may not be in their best interests. It has also demonstrated a role for the CSOs in such programme designs and interventions. They can facilitate at many levels. One is in creating confidence in the people to access services, provide feedback and seek grievance redressal. At another level, they can help monitor the effectiveness and efficiency of authorities in providing these services. The CSOs can also provide feedback to the government about ways to design pro-poor policies, besides advocating for these. On the service provider front, the project has shown that mere front end intervention or

policy is not sufficient. Before designing any intervention meant to reach out to/benefit communities, specially the poor, the back end mechanisms and infrastructure in the departments should be put in place. The government departments should instill readiness among their staff to respond to the people when required. The government departments should also have necessary coordination among them to ensure smooth delivery of services in any given sector.

Another aspect that this project has brought forth is the potential of the authorities to be open to responsive to the people and to be transparent and accountable. However, an important learning from the project was that this openness does not come from a confrontationist or 'blame game' approach, but one where the service provider is made part of the initiative, is convinced about the benefits of such an approach. The service provider's willingness to be part of such initiatives is, therefore, key to the success and sustainability of such programmes.

At the community level, again, merely having programmes for the people is not enough. Proper information mechanisms that inform them of these; enabling mechanisms that give them the tool, means to provide feedback on services accessed and responsiveness from the authorities need to be ensured at the outset.

A sense of ownership about such interventions among the people can help develop the right bridges and understanding between them and the service providers. This ownership need not necessarily come from 'home delivery' of the services but their effective and timely delivery. Only then, the people will feel the need to come forward to access these or provide their feedback.

Significantly, the project has shown that given a chance, women can be the best, first and most responsive users of public services. Gender sensitivity of programme designs would, therefore, contribute towards the ultimate efficacy of pro-poor development programmes. The outcomes of this project could propel further research towards ICT-

facilitated pro-poor, pro-people programmes. On the role and potential of ICTs in such intervention, this research clearly established an important need for these. And these ICT tools, can be very simple devices that people relate to and are comfortable using. Information is power, but the research went on to show that information combined with enabling ICT tools that help people articulate their needs and concerns, is more powerful. It is hoped that the learnings from this project, contained in this report and the country and international information packs will help design appropriate programmes for delivery of public services to the poor. The learnings may

also support the capacity of the governments to implement effective grievances redress systems for the poor. More importantly, it is hoped the lessons gleaned from this project would stimulate increased awareness within governments about the needs of the poor and also become more transparent and accountable. The project learnings are also intended to encourage increased dialogue between NGOs, government, the private sector and other actors, which could contribute to the development of strategies to tackle poverty in the target areas and could be used as a model for other countries\regions.

Annexure 1

Table: Emerging decisions for primary research:

The first part on "emerging decisions" in the table in annexure 1 indicates the relative degree of clarity of the country project teams on issues relating to identification of sector, specific service, geographical area and the locale for the detailed assessment exercise.

In the table below, the higher is the number of tick marks in a cell, higher is degree of clarity of the specific country on the issue indicated in the specific row. Five crosses indicate the highest degree of clarity. The indicated level of clarity gradually declines with the least clarity indicated as a single cross.

Issues	Clarity			Notes		
	Croatia	India	Pakistan	Croatia	India	Pakistan
Emerging decision						
Sector				Health	Police*	Water and Sewerage
Issues				Waiting List in Public Hospitals; list of free medicines		Water supply and Sewerage
Geographical area				Urban	Peri-urban	Urban
Locale				Zagreb	Delhi	Gulshan Town, Karachi
Service users/ sampling target (excuse the language)				Socially excluded	Slum dwellers dependent on police service gender violence/ justice (security)	few select shanties from Gulshan town

*(*In India, though police was the probable sector discussed, health was later chosen as the sector owing to variables considered for research)*

Issues	Clarity			Notes		
	Croatia	India	Pakistan	Croatia	India	Pakistan
<i>Rationale behind the above decisions</i>						
Ability to collaborate with other actors						
People	✓✓	✓	✓✓			Which part of the day would be used for making schools functions as ICT information centres?
Intermediaries/ other NGOs	✓✓	✓✓✓✓✓	✓			
Key informants	✓	✓	✓			
Private sector	✓	✓	✓			
Ability to work directly						
With people	✓✓	✓	✓✓✓✓✓			
Other NGOs	✓✓	✓✓✓✓✓	✓			

Issues	Clarity			Notes		
	Croatia	India	Pakistan	Croatia	India	Pakistan
<i>Rationale behind the above decisions</i>						
Access to information services						
Information availability	✓✓	✓✓	✓✓			
Knowledge of access practice	✓	✓	✓			
Information gathering	✓✓✓✓✓	✓✓	✓✓			
Information dissemination	✓✓	✓✓	✓			
Appropriate ICTs						
Culturally acceptable	✓	✓✓✓✓✓	✓✓✓✓✓			
Format	✓	✓	✓			
Backend process	✓✓	✓✓	✓✓			

Issues	Clarity			Notes		
	Croatia	India	Pakistan	Croatia	India	Pakistan
<i>Rationale behind the above decisions</i>						
Front end process (including feedback mechanisms)	✓	✓	✓			
Other important issues						
Sustainability factor	✓✓	✓	✓			
Public-private partnerships	✓✓	✓	✓✓✓✓✓			
Fitting within organisational mandate	✓✓	✓✓✓✓✓	✓✓✓✓✓			

Annexure 2

Agreed timelines:

These time lines mentioned in the line were arrived on the basis of intensive discussions among all the participants at the Planning Workshop. As the Country Project Team from

Nigeria could not be present for this workshop owing to logistical problems, it was decided at Zagreb that a small team of 2-3 persons would visit Nigeria and share the experiences from Zagreb with the project team at TI -Nigeria.

Activities, tasks and milestones	Jan	Feb	March	Apr	May	June	Start Date	End Date
Phase I-III - Preparatory, research and implementation phase								
Output 1 - Pre-Project Assessment on Government Services or E-Services in Chosen Sector								
1.1 Preparatory phase - International preparatory workshop in Croatia	✓							
1.2 Identification of project partners (especially pro poor organisations)	✓	✓					9- Feb	24- Feb
Identification of poor pockets							9- Feb	24- Feb
Identification of the sector for research							1- Feb	24- Feb
1.3 Drafting and distribution of an inception report containing draft outlines for the project (interim)	✓	✓					10- Feb	17- Feb
Distribution of inception report (final)							3-Mar	10- Mar
1.4 Organise launch of research through a national event in each country (Optional)	✓	✓	✓					5- Feb (Croatia); 11 Mar (India); Optional (Pakistan)
1.5 Identification of the geographical location for study (poor urban or rural localities)	✓	✓					9- Feb	24- Feb
1.6 Undertake comparative assessment with existing research, surveys, media reports	✓	✓	✓					24- Feb (Croatia, Pakistan, India)
Access to information on govt. schemes obtained (secondary data)		✓	✓					

Activities, tasks and milestones	Jan	Feb	March	Apr	May	June	Start Date	End Date
1.7 Consultation with the poor (report card or another participatory method)		✓	✓				1-Mar	15- Mar
1.8 Agree which sectors/ service to focus on (e.g. water, electricity etc)		✓	✓					
1.9 Produce an assessment report			✓					25- Mar
Output 2 - Information Database about Government Schemes/Services in Sector								
2.1 Liaison with local government to assess services available in sector			✓	✓	✓		9- Feb	31- May
2.2 Liaison with partners including poor to discuss design of database			✓	✓	✓		1- Mar	31- May
2.3 Collecting and documenting information relating to the needs of the poor			✓	✓	✓		1- Mar	31- May
2.4 Dissemination of information to the poor using appropriate means							1- Mar	31- Mar 05
2.5 International implementation workshop in Pakistan					✓			June

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DFID KaR Pro-poor ICT Research - Project Team

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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. The 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.

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.

Transparency International, Croatia

Transparency International Croatia is a civil society organization founded in 2000, devoted to combating corruption, bringing civil society, media and government together in a coalition against all forms of corruption. TI Croatia does not expose individual cases; rather, in an effort to make long-term gains against corruption, TI Croatia focuses on prevention and reforming systems.

So far, its main interest were: conflict of interest of public officials, accessibility of information, promoting of ethics in judiciary, promoting the role of media in the fight against corruption, development of National Integrity System Study, conduction of research on citizen's corruption perception and development of Advocacy Legal Advisory Centre.

Till date, the three most important projects were "Increased Accountability in the Western Balkan" regional project on conflict of interest and access to information, ALAC project and project "Improving the transparency, quality and effectiveness of pro poor public services using Information Communication Technologies (ICTs)".

Transparency International, Pakistan

TI-Pakistan is a National Chapter of Transparency International, a global organization that is spearheading a world-wide anti-corruption movement.

Transparency International (TI) today is the largest anti-corruption network acting globally. TI is an international Non-political, Non-partisan, Non-profit, Non-Governmental Organization headquartered in Berlin, Germany, with nearly 90 National Chapters (NCs) around the globe.

Transparency International - Pakistan (in formation) was recognized in February 2001. It has been accredited as full National Chapter by Transparency International Berlin on 25 th October 2005..

For more information on the project, please visit:

<http://propoorict.ekduniya.net>

For project related queries, write to

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