

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



International Toolkit
November, 2005

Published by:



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

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Overview

About the research:

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

To address this gap, oneworld south asia, representative office of oneworld international (OWI) was entrusted by the department for international development (DFID) to conduct a kar programme on improving quality, effectiveness and transparency of pro-poor public services through the use of ICTs.

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

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

Research objectives:

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

Research methodology:

The common core of this project was to

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

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

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

Research outcomes:

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

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

These information packs published by the three country teams and the international pack contain learnings 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

Public services in developing countries face several operational challenges in the effective delivery. The poor and disadvantaged in particular, who don't have any voice mechanisms, suffer particularly due to ineffective delivery of these services that are, ironically, primarily designed for them. Firstly, they lack access to those services due to physical, financial, informational, political and other barriers. Secondly, they lack effective mechanisms for feeding back their complaints, views and requests in relation to those services. The poor and the disadvantaged are thus particularly vulnerable as they rely completely on the state for accessing critical services like drinking water, health and education. (Gopakumar K et al 2002)

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 the four implementing chapters of this action research.

The project, conceived by Dr Basheerhamad Shadrach, Director, OneWorld South Asia, focused largely on access to information and the identifying ways to improve the effectiveness of delivery of public services to the poor and vulnerable sections and the opportunities for ICT to strengthen those mechanisms.

The term ICT was used in its broadest sense and encompasses a variety of different mediums including telephone, internet, television, film, radio, etc. The ICT solution for the selected sector and area will be selected in close consultation with participants at the local level.

This information pack contains learnings from the action research project that we seek to share with NGOs and public service providers. We hope this would help them design and deliver ICT-enabled appropriate programmes for effective, efficient and transparent delivery of public services for the poor.

1. Overview

1.1. What this pack is for

This pack is intended to help

1. *providers of public services to poor communities.*
2. *civil society organisations that are also interested in better service provision to the poor.*

When they consider making use of Information and Communications Technologies (ICTs) to help with service delivery.

This toolkit is based on practical lessons learned from a project under the DFID Engineering Knowledge and Research Programme entitled 'Improving the transparency, quality and effectiveness of pro-poor public services using ICTs'. This action research project took place between January 2004 and June 2005 in Croatia, India, Nigeria and Pakistan.

1.2. What the pack contains:

- An account of project activities in each of the participating countries;
- A set of guidelines and tips for similar projects;
- A disk with materials created in the course of the work.

The project partners were OneWorld South Asia, which conducted the research in India and also managed the project, and the Croatian, Nigerian and Pakistani national chapters of Transparency International. Each national partner carried out a varied form of action research in a field of their own choice, using an approach that they considered appropriate.

Before giving detailed case studies of the work in different national locations, a more detailed explanation of the overall concept and methodology of the project are needed.

1.3. The problem

Almost any definition of poverty would include the fact that the poor are disadvantaged in many ways other than a simple lack of monetary resources.

- They live in conditions that lack basic infrastructure such as roads, water,

sewerage and electrical connection.

- They cannot take advantage of educational and training opportunities that offer prospects for breaking the cycle of poverty.
- They tend to miss the benefits of preventive health care and cannot get the best treatment when they suffer from disease, chronic health conditions and accidents.
- It is difficult for them to avoid the oppressive practices of landlords, traders, moneylenders, employers and others who have an interest in their continued vulnerability.
- The demands of corrupt officials bear particularly heavily on them.
- For a majority of such instances, they are the victims of crime and abuse, including abuse within the family.
- Government programmes that are supposed to relieve their condition only reach a miniscule percentage and do not tend to have lasting effects.

The hardships faced by the economically backward sections of our society are intensified further because of their lack of information about ways through which they may improve their life situations. Though

access to information may not solve every problem instantly, it is a vital requirement. Helping the poor obtain information that will enable them to better their prospects is therefore an important target for civil society organisations and public service providers. But how can this be achieved in the best possible manner?

1.4. The research question

The question as to how the poor may gain access to information that empowers them to improve their life-conditions carries enough gravity to induce thousands of research projects. The specific question that the DFID project sought to answer was -

Is the use of ICT tools a valid means to achieve the better information dissemination among of the poor so they can improve their access to public services?

1.5. The action research approach

This DFID project was sponsored in a number of fields as a part of the organization's Engineering Knowledge and Research Programme.

Action research is, simultaneously, both action and research into that action. Some form of human activity is set up for systematic investigation, with the intention of using the results to bring about improvements. In action research:-

- The boundaries between what is action and what is research are not easily identifiable.
- The evidence collected will very commonly be qualitative (experience, opinions, interpretations) rather than quantitative (statistics and other hard evidence).
- The results cannot be presented as conclusive.
- It should be possible to put the lessons of the research into practice.

The DFID project was intended to be an action oriented project that was based on participatory research. Participatory research involves project workers and the affected groups working together as co-researchers. The research is as far as possible, co-designed, jointly implemented and the findings are shared. The idea is that the people involved will be able to feel ownership of the research and its results. This could potentially make the resulting changes more effective.

The contents of this pack are not just about ICT as a means of improving the access of poor people to public services, they are about the process of researching this.

1.6. Country wise projects

The four national partners came together as representatives of different societies:

- Croatia, an emerging democracy in Central Europe;
- India, the world's largest parliamentary democracy;
- Nigeria, a large African country that has experienced rapid shifts of political direction since freedom from colonialisation;

- Pakistan, an Islamic Republic.

They shared, however, the common feature that all had either extensive poverty or substantial pockets of poverty in which people experienced poverty led problems as outlined earlier.

Each national partner selected a different problem connected with public service provisions in their respective countries. They identified an information need that could be served so as to improve the transparency of the provision of that service. They then devised an ICT based tool to provide the required transparency, introduced it into the community, while monitoring and evaluating its effect.

As the four national projects varied greatly from the very beginning, they grew to be more dissimilar as they progressed. The extent to which community participation was successfully incorporated differed; there was great variation in their success in achieving project aims; the lessons to be learned from each contained differences from the others.

The accounts of the four national projects, detailed as Case Studies in this pack, outline these differences and suggest a range of possible approaches towards developing suitable interventions for ensuring effective delivery of public services to the poor.



In the Guidelines section of the pack, the lessons of the action research are brought together for benefit of those involved in e-governance activities on behalf of civil society organisations and public service providers.

2. Case Studies

2.1 Country summaries:

The project was conceived as a **'participatory action research'** to achieve positive social change through ICT intervention. The key components of this **bottom up** project's implementation were selection of public service sector, project site and appropriate ICT technology and evaluation of its impact on the service providers and the beneficiaries. It employed basic participatory action research techniques, such as Focus Group Discussions (FGDs) and interviews to collect qualitative data for the research.

2.1.1. Croatia

In concurrence with the objectives of this international project spanning four countries in three continents, the Croatian Country Chapter sought to enhance quality, effectiveness and transparency in hospital waiting list for surgery and diagnostics and allocation of nursing homes through appropriate ICT intervention.

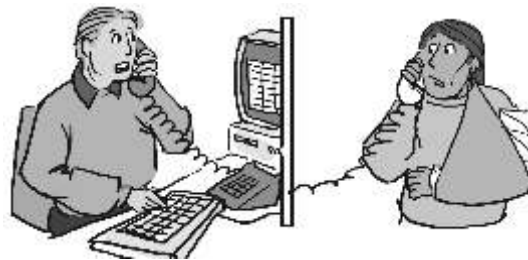
Transparency International, Croatia, country chapter of Transparency International, a reputed global CSO engaged in promoting transparency in public administration, took upon the implementation of this project in Croatia.

The **key stakeholders** of the Croatian Country Chapter were Clinical Hospital (CH) Dubrava, poor people of Zagreb city, Croatian Ministry of Health and Social Welfare, Zagreb Center for Social Welfare, Town Soup Kitchens, Croatian Medical Chamber, Croatian Red Cross, etc. besides TI Croatia. Although, there were no formal agreements between the stakeholders, TI Croatia felt that written agreement with key government stakeholders would have facilitated the sustainability of the intervention till its completion.

For implementing the project, TI Croatia selected Zagreb City, the Croatian capital, which also has the highest percentage of poor population. Within this city, they selected Clinical Hospital Dubrava, as the service provider because it is one of the largest and most sophisticated hospitals in Croatia with proper internet and intranet communication facilities.

Focus Group Discussions (FGDs) with the beneficiaries revealed that there is **lack of transparency in the waiting list for major surgeries in government hospitals** that leads to a long waiting period. The problem is compounded by instances of bribery and corruption to jump the list.

So, to achieve transparency in information communication about the waiting lists, the **existing advisory telephone line** in the TI office was linked with the databases of CH Dubrava and other nursing homes. Dubrava Hospital also agreed to provide **online and printed data about the waiting list for surgeries and diagnostics to TI Croatia** office. Printed waiting lists were displayed on soup kitchens and hospital notice boards.



This participatory action research was instrumental in sensitizing people about their health needs and health related rights and empowered them to demand better health services. The service providers also became more responsive and sensitive to the needs and demands of the poor people.

TI Croatia felt that since it was a CSO led intervention, they faced problem in getting approvals and meetings gov. functionaries/ Heads of Hospitals. They also felt that MOUs with the concerned government departments are essential for the sustainability of the intervention.

Because of its **success**, the Croatian Ministry of Health and Social Welfare included this initiative in its up coming reforms and also proposed to introduce such services in other Zagreb city and Croatian hospitals.

2.1.2. India

The Indian Country team is focused on improving transparency, quality and effectiveness of pro-poor public health services, especially Maternal child health (MCH) services, through the intervention of appropriate ICT tool.

OneWorld South Asia (OWSA) in Delhi, as the India-based South Asian chapter of OneWorld International Foundation was the implementing organisation of this project in India. This CSO is engaged in connecting communities and empowering people by using ICTs as tools.

Besides OWSA, **other stakeholders** of the India Country Chapter were the Badarpur MCH hospital, IPPVIII Project, (MCD), Prerana (CSO) and the community. The project partners collaborated due to mutual understanding and commitment to the project objectives. Although OWSA and Prerana formalized their collaboration by signing an agreement; there were no formal agreements between OWSA and the IPPVIII authorities, despite best and sustained efforts.

To carry out this research, OWSA undertook an extensive research of four sectors education, power, law and order (police) and health. It finally decided to work on the **health sector and within it on maternal and child health care**. It selected a slum located in the Badarpur area of New Delhi as the project site. In this area, the MCH hospital was the main health services provider and the slum dwellers were the main beneficiaries.

In spite of being at walking distance from the hospital, **neither the slum dwellers made any efforts to avail of any MCH facilities, nor the hospital authorities reached out adequately to the people**. Therefore, this pro-poor project sought to improve both the outreach of pro-poor MCH health facilities to the slum dwellers and their access to these services through ICT intervention.

To **facilitate information communication** between the service providers and the beneficiaries, a dedicated, **toll free telephone line** was installed at both ends the community and the hospital. IEC measures, such as street plays, distribution of printed pamphlets, regular visits by local health workers, etc. were used to generate awareness about the ICT tool and to disseminate relevant information.



The ICT intervention also **brought about positive behavioural changes** among the beneficiaries and the service providers, resulting in demand for better and prompt services by the former and increased response to their needs and the demands by the latter. The **beneficiaries also started using these services in greater numbers**.

During the initial stage, the progress of the project was hindered by the reluctance of service providers to participate. OWSA and Prerana's sustained efforts were instrumental in deriving support and cooperation from them and in motivating the community to use the MCH services provided by the hospital. They also used advocacy as an effective tool to sensitize the slum dwellers about their health needs and rights within a very short span of time.

This participatory action research project demonstrated that collaboration with a CSO already working in the project area can ensure its sustainability even after project facilitator's withdrawal from the scene.

The ICT-led intervention in India had a major outcome. The **use of the voice-based interface** (In the form of a telephone line) to bridge the communication gap between the people and the public service providers, **inspired the development of the BT Lifelines project**. A OneWorld and British Telecom initiative, this project is also using a telephone based voice mechanism to provide Q & A service on livelihood issues to Indian farmers.

2.1.3. Pakistan:

The Karachi-based Pakistani Country Chapter of Transparency International opted for Water Supply Distribution and Sewerage Disposal as the sector for intervention using ICTs as tools. Besides TI Pakistan, **the key stakeholders** of the Pakistan Country Chapter included the present elected Union and Town Council members, women, professionals and technocrats; and representatives from Civil Society, Welfare Associations and the Union Council. The project partners collaborated due to mutual understanding and commitments to the project objectives. They also formalized their

collaboration by signing a formal written agreement.

In addition to a survey, the FGDs helped in selecting **Gulshan Town, one of the 18 towns under Karachi city**, as the project implementation site because it has an overwhelming presence of shanty towns and low income communities. Here, **Water Supply Distribution and Sewerage Disposal** was selected as the public service sector that needed immediate attention, because it was plagued with a number of problems, such as intermittent or short supply of water, contamination, tampering of valves, illegal connections and leakages. The citizens of Gulshan town were the main project beneficiaries.

Considering access to information as an important tool to combat corruption in the delivery of public services, TI Pakistan used a combination of online and offline telecommunication technologies for awareness generation, information collection and dissemination. **The selected ICT tool comprised a web based computerized complaint center** to enable citizens to lodge their complaints in addition to telephonic and in person registration of complaints. Conventional media, such as radio, TV and printed pamphlets were used to generate awareness about this initiative; and to disseminate information.



The evaluation of the ICT **intervention revealed improvement and transparency in the water supply distribution**. It was also **instrumental in making the government servants more accountable to the people and laid the foundation of e-governance in Karachi city**.

Initially, middle class people were the most active participants and the main beneficiaries, but in future, it may lead to stronger participation of poor people. TI Pakistan also felt the need to strengthen backend responses and commitment from the concerned departments.

Encouraged by the success of this initiative, TI Pakistan is proposing to adopt a Right to

Information perspective to generate greater demand for better services from the Karachi city administration.

2.1.4. Nigeria:

The Nigerian Country Chapter, chose free education and other infrastructural facilities for the poor through appropriate ICT intervention.

The responsibility of implementing this project was given to Transparency International, Nigeria, the country chapter of Transparency International, a reputed global CSO engaged in promoting transparency in public administration.

Besides TI Nigeria, other **stakeholders** of the Nigerian Country Chapter were poor parents and guardians, PTA, state primary and secondary school boards, state commissioner for education, local government council, secondary school principals' association, media, etc. There were several attempts to sign a formal agreement between the key stakeholders. To carry out this research, TI Nigeria selected Oji-River, a suburban locality of Enugu state and decided to cover all 65 primary schools in this area.



The State Primary Education Board (SPEB) was the service provider and the parents, guardians and students residing in the Oji River area were the main beneficiaries. FGDs with the stakeholders revealed total lack of information communication regarding fund allocation for education and its utilization by the SPEB. It is highly centralized. School accounts are never audited as there is no auditor for the schools.

So, public funding for education lacks transparency and the parents and guardians of students have to bear the costs. Even the members of the PTAs consider themselves "voiceless" because the formal channel of communication completely excludes them. So, in order to facilitate better information communication between the service providers and the beneficiaries, **a combination of computer and telecommunication technologies were proposed to be used**. Even a suitable web based **ICT model** was developed for the implementation of the project, but due to the delay in securing governmental support, it could not be implemented in the Oji River area, given the timeline of the project.

3. Guidelines

3.1. How to consult the community?

The project needs to take a bottom-up approach as it seeks to benefit the poor communities who traditionally lack access to the public services, due to informational, physical, financial and socio-economic barriers. Consulting the stakeholders, mainly the people in the community is a bare essential in such an intervention. Similarly, consulting the public service providers, who have to respond to these demands, is also desirable so that the project is not one of resistance but of participation from the key players who in this intervention are the poor communities and the public service providers.

This consultation can take the form of face-to-face meetings, focus group discussions, surveys and interviews. It is preferable if the project team directly interacts with the people through meetings, instead of sending surveyors in the field.

3.2. How to consult the stakeholders?

Building rapport:

Rapport building is a good starter in this intervention as it can help shed cultural inhibitions to seeking and sharing information among the people and the service providers. A good way is to spend time with the community to build that crucial confidence and comfort levels. This is essential for community members to come forth with suggestions actively. You may need to spend time explaining the rationale of the intervention and more importantly, listen to them as they spell out their suggestions and ideas.

All in a partnership spirit:

You should not give the impression that you are there to benefit/ameliorate the lot of the people. Rather, the community should feel they are partners in the project, or equal stakeholders. This will make the consultations free, frank and forthcoming. This can be done by consulting them at each stage of the project, from its inception to actual implementation. Incorporating their suggestions in the project, even if it means making changes, adjustments in the planned path, may be well worthy because the project is aimed towards these very people.

Connecting to the community:

The project team should ideally mainstream with the community and not be occasional visitors who go there on inspection visits. They should be seen and heard in the community so that the people relate to them easily. The team members should be able to relate to all sections of the community and service providers, be these elderly people, community leaders, men, women, children and the marginalised as the project involves inducing people to get over their information and communication barriers. The project staff can help facilitate the process.

Let people decide:

Remember, it is in the community that this project is based. And it is the people who are the main participants. So try to go by their time and availability and choice of venue for such considerations. There may be occasions when different members of the community may be available on varying days and times. It is better to go with their convenience and hold a meeting on a Sunday, if that is the only day that for instance, the working members are free to meet you. If you are holding large group meetings, it is good to arrange for some light snacks and tea or drinks to serve at the meetings in the community.

Ambience of equality:

The ambience and organisation of the consultation should evoke a sense of equality. So remember NOT to use the chair for you to sit on but to squat on the floor with the people (in case of rural settings). Also, make sure the meetings are held in a place where the community people are comfortable and all members have equal access.



Record proceedings with community consent:

If you plan to audio/video tape the recordings, be sure to take the consent of the community first. Ideally, involve one volunteer from the community to help with the minuting or reporting.

Ensure all voices are heard:

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

Consult them in separate groups:

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

Make sure that you make the right groupings for these meetings according to the project theme. For instance, if it's a project on reproductive health, it would make more sense to involve adolescent girls and young women than senior citizens. It is best to have informal meetings for the focus group's discussions with the people.

Questionnaires/discussion points for consultations:

You may need to do some homework to gain a better understanding of the community profile and socio-cultural patterns. This will help you draw up a comprehensive questionnaire that will get the necessary information and results from the group being talked to. It is good to have a facilitator, ideally from the community to help you with the meetings. This will allow the process of consulting to take a bottom-up, participative approach.

3.3. Types of consultations:

Focus group meetings:

When conducted in an informal way, they are a good way to consult with the community. The informal nature of the meetings will make

the community members relax and relate and convey in a natural manner. It is good to have at least 15-20 people in each group.



One to one meetings:

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



Report card methodology/surveys:

Surveys that cover various aspects of the intervention and test the people's needs and also their readiness to participate in the intervention may also be used. These can be designed to gauge any confidence building/capacity building needs to help them access public services. The community members can be involved in the framing of questionnaires and volunteers from the community, as against, external agencies, should be involved in administering this survey.



In India, focus group meetings and one-to-one meetings were chosen for the consulting the community. The project team first spoke to some community representatives, and through a local NGO partner working in the area, secured their willingness to be part of the project. These done, larger consultative meetings were planned. The slum dwellers, themselves, offered to hold these meetings in their homes and also assemble people. Their pro-active involvement helped ensure a good turnout and eager participants.

Interestingly, during the Focus Group discussions in the community, there was a hesitation stemming from caste and class affiliations, among people to go to each others' homes for these meetings. We, on the other hand, were clear that our project was aimed at benefiting the marginalised and underprivileged, irrespective of the strata they were from.

So instead of pandering to such divisions, and holding meetings in separate houses, or groups, we chose neutral venues, such as the house of a community leader or a community worker, where all had free access. This way, we were able to engage all sections and also give out a clear message that our project is meant to benefit all and not just some.

3.4. Making a case for an ICT tool:

The project seeks to identify and use the appropriate ICTs to disseminate information to service providers and users. Also, it aims to provide the relevant means for the poor to provide feedback to governments on the service provided.

Some essentials to help ascertain the scope of an ICT tool:

Are ICTs necessary?

It may even be necessary to first determine whether there is a role for ICTs to help facilitate the intended process or will the conventional tools of communication and information dissemination do? What kind of tool do you want to use? Do you want to use it as a stand alone tool or combine it with a mix of traditional communication seeking tools such as street plays, community meetings and fairs, group meetings etc.? To help you take these decisions, you need to find out:

Broad view of ICTs

In most societies, ICTs are considered synonymous with computers, internet access and digital audio. Given the diversity of needs, differences in access to technology tools and abilities to use these, it's advisable to take a broad view of ICTs to encompass a variety of different mediums such as telephone, internet, television, film, radio, etc.

Information seeking behaviour of the people

It is good to understand what the information seeking behaviour of the people is. What are the tools, media they use for seeking information about these services? Are there any mechanisms for registering complaints they use or is there no such system in place? Are they more comfortable using traditional means (word of mouth, community meetings) to learn about these services and discuss them? Have they used any ICT tool, such as the phone, TV, radio? The literacy levels, their socio-economic pattern and gender balance also needs to be considered. Are women kept away from such information seeking and voice mechanisms?



Consult the people on the choice of the tool:

Governments quite often fail due to their top-down approach and their inability to consult the citizens, let alone the poor, in designing pro-people programmes of service delivery.

However the tool that you identify and develop has to be used by the people and the service providers. It is therefore necessary to consult the people to ensure that they are ready/able to use the ICT tool or the communication interface. The local level functionaries of the service provider need to be similarly involved in the choice and design of the tool, as they have to use it on a daily basis. Designing something that the people may not comprehend or not all sections can use or have access to, would be a sheer waste of time, effort and resources.

It is likely that the community and the service providers may need a lot of handholding and training in using the tool. It is advisable to go for a tool that is simple to use and understand. Too complicated a device can become a distraction.

In Pakistan, a computerised complaint centre was set up after consultation with all stakeholders. Based on the feedback from the people, the town authorities, the software company and the project partners, the complaint centre was designed so as to allow citizens to lodge a complaint either through the internet, over phone or in person at the centre. This made the facility available to all sections of people. The complainants would get a token number with which they could follow-up or provide feedback to the authorities. The town Nazim (Mayor) and other senior officials were sent these token numbers and could track the progress on addressing the complaints by the relevant departments. All the departments, who reported to the town Nazim and even those that did not, came under the scanner of this system and were liable to perform, given the transparency of the system, whereby the status of all the complaints was made available on the internet for all to see.



3.5. Designing the ICT tool

Here again you need to ensure that the key people in the service delivery chain, from the service provider to the intended recipients, are

in the loop and are consulted.

Involve the link workers:

The link workers or field workers of the relevant public service department are an important part of the service delivery chain between the government and the people. Seeking their involvement and giving them a role in the intervention would ensure that the desired two way communication happens.

Keep an eye on the budget and timelines:

Begin by first checking out all the options you have. You must keep in mind the budget and timeline available with you to initiate this intervention. It is good to avoid planning something grand that you want to deliver but are unable to due to shortage of time, budget, and resources. Timeline is another important aspect to keep in mind. If the intervention is for a short duration, it may be difficult to stimulate the perceivable change intended.

Streamlining backend processes for effective delivery:

This is among the most crucial aspects of the intervention. Your project seeks to encourage people to demand the services they are entitled to and provide feedback on these. So before this begins, ensure that the service providers have set their house in order and are geared to meet with the increased demand in services or demand for better services.

The department concerned would need to prepare their staff, stock up necessary supplies, put in place a proper information sharing mechanism and also ensure intra-departmental coordination.

Tie ups in place with other departments

The service sector chosen for the intervention may need coordination and support from other departments on whom they would depend for effective delivery of services. For instance, if the core department needs cooperation from the water and power departments, then these support linkages should be strengthened. If this is not ensured, the demand generated by the project can not only lead to disappointment and disillusionment among people, but also make the service provider lose their mandate as key providers of public services.

Necessary permissions and infrastructure:

Make sure that the project location has the necessary wherewithal and infrastructure for

the project. If the project is carried out in a remote village without any electricity connection, then any ICT tool that needs electric supply would not be of any use, unless other options such as solar energy are considered. This would be an additional burden to the project. Similarly, if the area does not have underground optic fiber connectivity, tools like internet and telephone may not be usable. Also, before designing the tool, make sure there are the necessary legal permissions in place required for any such usage. For instance, if you have chosen a combination of a toll free phone line and broadcasting of messages through radio or loudspeakers, ensure that there are necessary legal permissions for this or the area has the infrastructure for phone/radio connections.

Designing the tool/communication interface:

The design and information aspects of the tool must have compliance of the two sides as well. If you are using the tool to provide information on public services, you need to ensure that people are comfortable asking these questions and the service providers are ready to respond to these. For instance, if you are using an IVRS facility to provide this communication interface, involve both sides in developing the questions and answers for the IVRS. Similarly, if you want to give information on waiting lists for surgeries in government hospitals, ensure first that the hospital is willing to provide these lists. So their involvement in the designing at this stage can help ensure participation.

Software support:

You may need to take your wish list for the tool to a software provider or a vendor who would develop and customize the tool. It is helpful, if you are able to pen down your needs and the thoughts for the vendor to understand.

Some important points you may want to consider at this stage are:

- The range of technological inputs and degree of maintenance of the tool required.
- Options of the tools to be used, given the local needs. For instance, in comparison with the alternative of using a touch-screen computer with pictorial representation can also be considered. It may also be preferable to explore local language options (if applicable) for the tool.
- Readily available guidance for the project

staff, the service providers as well as the target community on the use of the tool.

- The options available for modifying an existing tool or creating a new one; the costs involved.
- Proposed location of the tool.
- The support facilities available in the vicinity.
- The degree of involvement of project volunteers and community member for day to day maintenance of the tool.
- The cost implications, the time taken for installation, the nature and degree of maintenance required.

It is advisable to involve community members in the discussions with the software vendor, so that they also have a sense of ownership of the tool that ultimately they would be using. Fine tuning the tool to the comfort levels of the community is a must. So the time spent on this stage is worthwhile to ensure their participation.

The focus should always remain on the utility of the tool, as opposed to technological sophistication. For instance, in the India case, the telephone was chosen over the use of hand held computers, on grounds of instant acceptability by the community. We wanted to use the imputers or PDA to be given to the link workers and the community volunteers. These could help them record the health data in the community, the needs and complaints and then relay these to the hospital authorities and keep track of the feedback and the responses. However, neither the basti sevika (health extension worker) nor the people nor the hospital authorities were ready for such a device as they felt it would add to their workload and need a lot of training, maintenance and care. The people felt that since they were not literate, they would not have much control /use of the tool themselves. So finally, based on consultations with them all, we chose a tool: a voice mechanism - phone line, that would directly connect the community with the hospital authorities to speak about their needs and requirements. This toll free phone line needed minimal training)

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

3.6. How to form partnerships with stakeholder institutions:

It is important to ensure the right kind of meaningful partnerships so that these make the foundation for a stable project that is not bogged down by uncertainties.

It is essential that in each of the stakeholder segments, both the top levels as well as the ground level functionaries are involved as willing participants. This multi-stakeholder participation should have buy-in from all: the people, the NGOs and the government departments who should be ready to work in a collaborative spirit and not as adversaries meeting on a negotiation table.

To ensure compliance and to prevent easy fall outs, try to get formal agreements in place. Such an intervention requires regular commitment and involvement from the people, and therefore putting it down on paper would help in its smooth running.

NGOs/CSOs:

It is likely that people may not accept you or your intervention as they are not familiar with both. The presence of a ground level NGO working in the community would therefore help you connect with the community. They can also play a very important role in monitoring and in ensuring the long term sustainability of the project.

Once you have selected a partner NGO, spell out the roles and responsibilities of the people to be involved in the support work, that you expect from the NGO. For instance, if you want their field volunteers to help organise the FGDs in the community or conduct evaluation exercises or create awareness about the project, spell these out in the agreement. The timelines and financial commitments if any also need to be spelt out.

Public service provider:

This is one of the most important partnerships that needed to be forged for the intervention to take place in an enabling environment. The readiness of the government authorities and more importantly of the particular department is key to the success of the project.

Depending on the local conditions and the political structures, a top-down or bottom-up approach can be used. A top-down approach is advisable as it helps secure buy-in from the higher officials and through them the

sanctions or readiness of the officers down the ladder.

Here again, a formal agreement is important. Given the possibility of sudden changes, transfer of government officials, this formal agreement would provide a documentary evidence for continuation of the project commitments under the any new dispensations.

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

Private institutions:

In the multi-stakeholder partnership approach, the role of the private sector can also bring added value. The private sector can support the initiative through core expertise in any area of service delivery – software solutions, ICT hardware, training and capacity building or any other support.

Media:

Media can play a supportive role by pressurizing the authorities to deliver or by creating awareness among the people about the project. However, it is important to ensure that media coverage is used in the right manner, to support the project and not to turn it into a mere exotic story about the poor that sells.

Donor agencies:

Depending on the project design, domestic and international donor agencies should be contacted and Project Plans submitted in accordance with their procedural requirements. Some fine tuning can be done to match the project proposal with the donor requirements to secure the necessary funding

But such models, may not work out in all cases. In Nigeria for instance, the project sought to address the problem of misappropriation, mismanagement or embezzlement of primary schools funds. Also, it was clear it did not want to follow an anti-corruption, confrontationist approach.

Instead, it wanted to assist the authorities in proper implementation of policies for primary education.

The process of building partnership with the service provider in Croatia was an example of how the civil society can become a mediator in facilitating the grievance redressal mechanism between the people and the public service providers. Once the sector (health) and problem (lack of transparency in waiting lists for surgeries) to be addressed was ascertained, the potential partner hospital was identified and active lobbying pursued to bring them on board. The persistence and persuasion bore fruit and a model of partnership was drawn up. The goal was to make waiting lists for surgeries or diagnostics in all departments open to public by putting these on the internet and on printed lists. Citizens could access this information on the internet and seek clarifications, redressal for any complaints or delays. In Croatia it was seen that the hospital appoints contact person/doctors to provide explanations for any 'non-transparent' changes in the lists. In addition, the project team's Free Telephone helpline was provided for patients who didn't have access to the internet. The project team personnel would help the patients seek any grievance redressal from hospital.

Given this scenario, it could not have implemented the project without a buy-in or formal agreement in place with the government authorities in Enugu state or the local authorities. This was because it required information on government budgets and allocations for 25 primary schools and relevant spending. These were to be matched with information from the schools and parents on the amounts actually spent on the primary schools and the gaps in this information were to be investigated. The fact that there is general lack of trust among the government functionaries regarding the intentions of the NGOs, Transparency International, Nigeria (TIN) considered it advisable to bring all stakeholders together, which would make the government agree to the proposed interventions of the present project. However, the government authorities were reluctant to provide formal agreements or commitment for this project till a very late stage, as a result of which the project, development of the ICT tool and its implementation got delayed way beyond project timelines and budgets. As a result, the implementation of the project could not take place.

3.7. Popularising the tool:

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

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

The ICT tool you have identified and developed has to be placed in the right hands. Its placement, both at the community and with the local government authorities has to be ascertained through a consultative process. Give special attention to the accessibility of this tool for all sections, especially the marginalised and those you seek to empower through the intervention, which could be women and adolescent girls.

Ownership-management & care:

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

Training and familiarisation sessions:

A short familiarisation period, when dry tests are done from both ends to learn how to use the tool, to establish initial comfort levels and to sort out initial technical and human hiccups is necessary before launching the tool formally.

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

Showcase relative benefits to stakeholders:

The targeted community should be shown/demonstrated some benefits of using the tool before they can be prodded to use it. Give people incentive to work for the project; show them the immediate visible benefits of the tool and the project.

Launch event:

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



Launch Event of ICT Tool in India

3.8. Publicising the tool and handholding the community:

Installing a tool in the community is the easy part. Ensuring that it is used adequately, requires information, education and communication (IEC) efforts. This is necessary as reinforcement to help the people in the community shed their cultural mindset of limited or no interactions with the service providers. One purpose of the IEC is to drive home the message to the service providers that it's their duty to provide information and proper services to the people, in a transparent and efficient way. For the people, it means being aware of the public services they are entitled to and how these may be accessed.

Multimedia tools such as street plays, advertisements on radio and cable networks, leaflets and handouts and fliers in local language and more importantly set in local context should be used. These would be more effective if the community people are involved as volunteers instead of the project team doing these. A word about the intervention in the local newspapers, cable networks or radio stations can make people aware of the initiative in their locality. This will also make them aware of the novelty of the initiative that

they are a part of and encourage them to be involved in the project.

The participating countries used a variety of media to spread awareness of the ICT-led intervention. In Pakistan, word of mouth, propagation by city councilors working in the project location, newspaper advertisements and media coverage were the means employed. Croatia chose to spread the message through the mainstream media by press conferences, press releases, articles in media and continued liaison with the media contacts. India chose a mix of traditional and modern means. In addition to articles in the mainstream media, including television channels, traditional means such as street plays, leaflets, handbills, door to door campaigning, were used for creating positive and necessary awareness. The constant presence of the project team or its community volunteers, helped reinforce the project awareness among the community.

Entrusting The ICT tool with the community:

India was the only chapter that embedded the tool right in the community for people to access at their doorstep. However, the site was a big issue both at the community and in the hospital. In the community, since there was no community centre or common space, it was difficult to find a place that would meet all the access criteria for placing the tool – the toll free phone line. After extensive consultations, the tool was deployed in the grocery shop of an elderly community leader who ran the shop with his wife. Since most people, including women, the target beneficiaries visited the shop; they found it easy to use the phone as well, when necessary. At the hospital end, there was an issue of ownership of the phone. The OPD day staff was not willing to either take responsibility of the phone or respond to the phone calls, saying they closed in the evening and therefore could not ensure safety of the gadget at night. Finally, the nursing staff of the maternity wing of the hospital, agreed to keep the phone, and respond to the calls as well

3.9. Monitoring the tool in operation:

This is an important exercise to ensure that the project intervention is being met in accordance with the perceived goals. Ideally in such

participative interventions, all sections should be involved in monitoring the tool and making adjustments where necessary.

Accessibility:

Primarily, you need to ensure that all members of the community can access the tool equally and without any barriers. Problems if any need to be addressed again in consultation with the community. It is advisable to organise regular meetings, formal and informal, with people who are using the tool to discuss such issues, lest the problems be left at individual level.

Back end response mechanisms:

As listed earlier, this is essential to ensure that the service provider is ready to respond to the demands of the people. The government service provider needs to ensure at this stage that the backend processes of providing the services to the people are geared up. If this doesn't happen, then relevant interventions need to be made to sensitise them. For instance, if a person calls seeking help to stop water from an overflowing sewage entering his home, the authorities have to be able to respond well in time. If this doesn't happen, people would lose faith in the effectiveness of the initiative.

Meetings with the department heads and higher officials to sensitise them to this need and to build ownership among the government departments themselves are necessary. For instance, if a hospital needs water and electricity supply to deliver its services to the people, then coordination and support from these departments has to be ensured by the hospital authorities.

Technical problems:

The maintenance and care of the tool also has to be taken into early consideration. Are the people having any problems in handling the tool? Do they need any capacity building support?

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

Post intervention/mid-term surveys:

A good way to monitor the progress of the tool is to have mid-term surveys. These will help

you identify problems and limitations and take corrective action as the intervention progresses.

Documenting progress and challenges:

The intervention will constantly throw up challenges, successes, limitation and strengths. The evolving reactions of the community, the evolving responses of the service providers, the travails of the project team and the changes in the project, all need to be documented constantly. This documentation will help you analyse the project and come up with relevant changes and also help share your learnings with others. It is likely that the project team may undergo complete change of staff due to unforeseen problems. In such a scenario, the learnings of this live project will not be lost with their leaving. The documentation will be an important record.

In India, the project team realised that even though the people would call the hospital authorities, adequate response from the hospital people was missing. A woman tried to use the phone line to access the hospital doctors and took her daughter-in-law there for a delivery. The hospital failed to admit the expecting mother, as there was no water in the hospital required for the delivery.

Water scarcity, for the past three years, had in fact been a main reason why the Operation Theatre at the hospital was not operational and doctors were not available round the clock. The woman's family was advised, as all other patients who came to the hospital, to arrange for two buckets of water if she had to be admitted. She ultimately had to go to a private doctor. The lady was disappointed and furious about the failure of the project to ensure this service. Her angst had begun to spread in the community.



Options for Action...

At this juncture, we considered various options to handle the situation. One of these was to get some reporters to get them to pressurize hospital authorities to provide better services. The other was to galvanise the community to take affirmative action and facilitate a change in the hospital infrastructure.

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

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

The project head welcomed the petition and promised to take the necessary action.

And Finally The Success...

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

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

3.10. Fine-tuning the tool:

Fine-tuning the tool:

As the people start using the tool and the service providers attempt to respond, there are bound to be some hiccups and changes required. Given the dynamics of this real life

interaction, there are bound to be unforeseen problems as well, both at the human interface level and technical level. These should be addressed at the earliest.

Changes in the tool:

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



Finetuning the tool

Handholding the community:

If you feel there is too much of handholding required for the community or there is a level of apathy among the people, sit and talk to them about the problems and make them come up with suggestions that they would have to implement to address these issues. Do not take on the role of the doer yourself. Remember, it is a project that involves the people and the service provider as the primary actors. So confine yourself to the facilitator's role.

Galvanizing the service provider:

You may have to do some advocacy with the service provider to ensure that they address the problems identified in their delivery chain. Here too, the service provider may need some changes or backend support from other departments that it is dependent on for its effective performance. As a project team, you may need to prod them to gain this support. All country chapters that implemented the project had to fine tune the ICT interventions they had designed to meet the ground realities.

In Croatia, for instance, the original plan was to make public and hence transparent, the waiting lists of patients for surgeries in government hospitals. However, the privacy protection law of Croatia had to be taken into consideration and also the patients' rights that prohibit names from being listed. It was agreed to publicise the lists using registered patient numbers.

In Pakistan, 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. 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.

In India, the ICT tool was designed to provide information regarding maternal and child health-care services of a government hospital through an IVRS facility in a government hospital. The people could check out the relevant information, including the availability of doctors, before going to the hospital. However a month after the intervention, the people no longer needed to seek this information from the IVRS. They wanted direct/real time interaction with the hospital authorities, which till now was confined to just a fixed one hour slot. So real time interaction for people to ask general service related queries was introduced. Enthused by this interface and confident in dealing with the authorities, the community demanded an all day facility of this real-time access to the hospital. There was initial resistance from the hospital staff to this demand. But with time and continued interactions with the community through the phone, the hospital authorities themselves on their own volition, initiated a 9 to 4 real time interaction facility through the phone! This led to better understanding, tolerance and patience towards the other among the community people and the hospital.

3.11. Crisis management:

It is advisable to be ready for any sudden changes or crises that this dynamic intervention may throw up at any point. How you deal with this situation can determine whether you can turn this into an opportunity to strengthen the project or not.

A positive side to a negation:

It is likely that you find that the intervention is not leading to the objectives you had set, or the people are not using the tool or the authorities are not responding, or worse still there is an opposition to the intervention or the tool is vandalized or stolen. You need to seek to change, not just the people, but also the system behind such an intervention.

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



Take all the stakeholders in confidence:

This is a community project where all participants are equal stakeholders. So take them all into confidence and about the crises at hand. This is a good way to instill a sense of ownership towards the initiative among all stakeholders. You may be surprised that the best and doable solutions would come from them. They may even assume more

responsibility and tasks to ensure that the initiative is managed effectively. The crisis could in fact help you bring the two sides together on a common platform.

Budget and timelines and personnel changes:

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

In India, the tool was entrusted in the hands of an elderly community leader who offered to host it in his house-cum-grocery shop. The fact that his wife also ran the grocery shop made it an ideal place for women to come here to make the calls to the hospital. However, over a period of time, the community leader started assuming ownership over the phone and began demanding money/fees in return for taking care of the tool. He also started bad mouthing the project, the tool and the initiative to the people. Gradually, the project staff and volunteers found it extremely difficult to communicate with him.

The community was also consulted for their suggestions and solutions. Many women, then came out with their individual feedback of how the phone was taken away during their lunch hour breaks and that their children, who accompanied them when they came to make calls, were rudely reprimanded for touching anything in the shop as they spoke on the phone. The project team was able to resolve this crisis where the project supporter had turned against it, by again consulting the community on the location of the tool. The community leader was also invited for these consultations. Through a consensus, it was decided that in the next phase, the tool would be placed in another suitable location.

3.12. Evaluating the project:

The Evaluation exercise that highlights for us the strengths and weaknesses of our initiative are essential to help us decide the future course of the intervention. This exercise therefore should also be done in a participative manner. It is advisable to opt for participatory methods such as focus group discussions and face to

face-to-face interviews combined with observation techniques.

Drawing up a questionnaire and shadow questionnaire:

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

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

Identifying the target groups:

Based on the project specific intervention (water supply, waiting lists for surgeries, hidden fees for school education), identify various age groups and sections of the community with which the FGDs would be held. These can be classified in terms of gender, age and user group classifications. Also, to capture the perceptions of the community in general, include those who are not direct users of the services covered by the project.

Conducting the focus group meetings:

Most of the meetings should be held in the community and in the offices of the service provider. You need to spend time in the community to ensure that there is a good turnout of the people. It is good to have a target of at least 15-20 people per group, for each of the focus group meetings. Homes of the community members or community access points can be used as venues. It is likely that some of the meetings may get postponed or delayed due to slow response of the community or some crises there. Do allow the community some time to tide over these but ensure their participation.

Drawing up the findings:

Once the meetings have been conducted, discuss the findings with the community and

the service providers. Such an exchange will help decide the next steps with their buy-in and support, which the project hinges on. The evaluation exercise can be used to instill a sense of ownership in the people by encouraging them to come up with solutions and sustainability suggestions.

In India, the community participation in the evaluation exercise helped bring forth a host of suggestions on future projects and interventions from the people. Enthused by the confidence, the intervention had given them in communication with the authorities, the people came up with suggestions for similar interfaces with authorities. These ranged from interface with authorities providing ration cards (public distribution system), licenses for vendors, death and birth registrations to water supply and sanitation services, employment opportunities and even the problem of child sexual abuse.

The project helped create the level of confidence in the people to interact with the authorities and themselves seek the information services they needed. This was exemplified in the observation of the Basti Sevika who had been working in the community for a long time. They observed that there was a discernible increase in the number of people availing the hospital services, since the project intervention started.

3.13. Preparing for handover:

The ultimate aim of your intervention is to provide an appropriate information and feedback mechanism for better delivery of public services to the poor. Such an intervention therefore has to be owned, controlled and managed by the stakeholders themselves. Before you set out to do this, based on the ground prepared through this intervention, you may need to:

Gauge readiness for demand and for care:

You need to ascertain if the people have become adequately aware of their rights and entitlements; are confident enough to demand these and have the right tools to demand these or provide feedback to the service provider. Also, it is important to know at this stage if they are willing to take ownership of the tool. Before thinking of handing over, you should gauge if the people would still need some

handholding, facilitation support or are ready to do so on their own?

At the service provider's end, similar assessment would be required. Are they ready to respond to the people? Are they ready to provide the necessary services and information? Or are there still some problems in their systems that need time for change?

Ownership of the tool:

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



Capacity building:

Given that the people are ready to own the tool, you may need to think of proper training and capacity building to ensure that the people are able to handle the tool and more importantly use it on their own. If there is any problem in using the tool, they should be able to have it rectified. This capacity building should be done for a cross section and not just a few to ensure community participation. The people/service provider need to have a good comfort level in dealing with the technical and other aspects of the tool before handing, over.

Gestation period:

Ideally, there should be a gestation period to hand over the ownership and running of the tool to the stakeholders. It is unlikely that the handover can happen as soon as your project intervention is over. Both sides may need some time for preparing for the ownership keeping in mind all aspects of the project. So a gestation period where the community and the service providers are given time to take ownership should be allowed.

In Pakistan, the town authority had already taken ownership of the initiative. However, towards the end of the intervention, given the changes in the political setup, the town authorities become uncertain of the ownership. To prevent the project from becoming a political casualty, a joint ownership pattern was evolved. Given the circumstances, it was decided that the project team would provide the software and technical support to run the e-complaint centre, while the town authorities would provide the hardware, the staff and complaint centre building costs. This twin sharing of responsibilities provided an in-built monitoring mechanism and seemed ideal for running the complaint centre.

On another front, this also showed how NGOs can play a critical role of a neutral, monitoring authority to ensure the continuity of such projects. TI had entered into an agreement with the town authorities to help maintain the data and software and the project website. Towards this, two technical experts were provided at the complaint centre. TI's role and the presence of its staff at the centre helped provide the necessary monitoring and motivating control over the project.

3.14. Providing for sustainability:

Handing over of the tool to the stakeholders may not automatically provide for the project's sustainability. This aspect has to provide for a lasting sustainability so that the people are not left disappointed in case, the intervention stops suddenly.

Financial:

This is an important aspect of long-term sustainability. Decisions regarding who would bear the financial costs of the intervention should be spelled out. It is necessary to ascertain whether and how the community and the service provider would be able to pay for the maintenance and sustenance of the tool. Should people pay for using the tool, how much should be charged, who should charge? Similarly for the service provider, the department should be willing to allocate staff and a budget to handle and maintain the tool.

Stakeholder ownership:

General ownership can mean no ownership. So it is good to identify a core group that

would take the responsibility. Make sure that this process is transparent and done with full community participation. Few active people of the community, like housewives, girls in their late teens or unemployed youth, need to be identified. While selecting people, one thing should be kept in mind. If the project site is a slum of a big city or a town surrounded by small villages, there is high possibility that the area consists of floating population. It is always better to select people who have their own houses in the area or more likely to stay for a longer time. At the service providers end, the department/s concerned need to be consulted and ownership pattern be clearly and fully established.



Other options:

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

Also, you may find that for sustaining the project, you may need to fine tune the intervention to include some other issues e.g. water supply instead of primary education in which you had made the intervention. In case you feel there is no scope for ownership or handing over, it is best not to prolong the project there. Instead, the learnings from the project can be shared /used elsewhere.

The sustainability of the project does not have to take place in the project location itself, but elsewhere through learnings gained from the project. In the Indian experience, we found that neither the community nor the service provider was ready to take over the ownership of the project. Both needed some more time to explore the value of the intervention in their

daily life. Financial sustainability was another challenging aspect for them. So we decided not to push for its sustainability and give them time to think it over and if they were ready, help them with the facilitation when they asked.

In Pakistan, a joint ownership pattern emerged where the intervening NGO and the town authorities agreed to bear the costs of the project to sustain it.

In Croatia, the project and its success was the first such in the region. As a result, the Ministry of Health and Social Welfare approached the project team to continue the intervention and extend it to waiting lists in all hospitals in Croatia. This was seen as a sustainable initiative that influenced the public service providers to improve the transparency and effective delivery of these services to the poor.

Importantly, the project and its learnings, provided the inspiration for another project, that also used the voice mechanism as the key to provide the rural communities and the marginalised in India, access to a phone based question answer service linked to their livelihood needs. This project, called BT Lifelines or Ek Duniya Sawal Jawab is an initiative that uses the power of voice as the primary means of information dissemination. Ek Duniya Sawal Jawab facilitates exchange of information among the marginalised communities such that it helps in improving their quality of life. It aims to provide connectivity, content and capability via a phone-based service.⁷⁵

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

3.15. Sharing/dissemination of lessons learnt:

The lessons derived from any initiatives that help in relieving the burdens of the poor, introduce ICT in poor communities, or improve access to public services have to be shared as widely as possible. It can be said truthfully about community development projects that they are generally not widely reported and the lessons learned are very often not shared. The result is that mistakes are repeated and useful ideas need to be rediscovered time and time again. Also, it is

often the case that the results of a research such as this may remain confined to reports that may not reach the intended beneficiaries. Therefore, guides, tool kits or information packs that present the findings in simple steps, (such as this pack) are a good way to share the learnings. These packs should be written in simple language and style. Graphics, cartoons and relevant illustrations can add value to the message and make it more user friendly.

We suggest four possible types of sharing/dissemination, each with the type of media most suited to them

Sharing with project players and local stakeholders

Whether the project is described as participatory or not, it is essential to share results and lessons with the affected community. This encourages the community to take ownership of the project and increases the possibilities for long-term continuation and sustainability. Both traditional and modern communication tools can be used in this exercise. Word of mouth communication through meetings with groups and individuals as well as popular media such as street theatre, puppets and songs can help spread the message.

Dissemination to civil society organisations

Lack of proper and timely documentation is one of the major drawbacks observed in NGO projects. This could partly be because their funding comes from specific projects and has to be obtained in competition with other agencies. Therefore, NGOs often do not have the time and funds to disseminate the results of their projects. The best way to encourage others to make the special effort needed to disseminate information is for you yourself to be open and informative to the sector. This is likely to be more effective if it does not take the form of heavy, detailed reports. Short presentations and stories identifying the chief lessons from the experience are not only quicker and easier to prepare, but also are more effective. Online and offline publications to share the learning through reports and information packs can be used as dissemination tools. Workshops and conference presentations too can be organised for this.

Dissemination to public service providers

Your intervention is aimed at bringing a change in the system, attitude and mindset of the

service provider so that public services are delivered in an effective manner. The learnings of your intervention therefore need to be communicated to the service provider in an appropriate manner. While documenting or communicating these, the sensitivities involved need to be kept in mind and the message written in a persuasive style. Face-to-face meetings and presentations to explain to the relevant officers, is one good way. Publications to reach and influence the higher-ups and policy makers in the service delivery chain are also a good means. News stories and articles with a positive, persuasive tone in the press and local media can also prove effective.

Regional, national and global dissemination

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

Some means to disseminate these can be conference presentations, stories and press releases for mainstream and local media (print and electronic); project reports and tool kits and academic articles, as well as online (web-based) and offline dissemination.

All the country chapters used the local and national media, mainly television channel and newspapers to share their learnings during the project and thereafter. These helped put positive pressure on the local authorities to respond to the people and to the project needs. Street plays, leaflets and television stories in India, newspaper advertisements in Pakistan, and news stories in major dailies in Croatia were some of the popular means of disseminating the messages to the stakeholders. The country teams also brought out tool kits or information packs to share their learnings with global audiences.



Annexures 1

Manual: eComplaint Centre Gulshan Town, Karachi, Pakistan

Tools used:

To achieve the best objective of software, we used the following open source tools

PHP 5.0.

MySQL 5.0.

Apache 2.0

We used PHP as a front end, MySQL as a back end database and Apache as a application server. IIS server may also use as an application server.

Complaint registration:

Step 1:

It is the general area where a complainant's complaint may be registered by phone call or through internet. If the complaint is already registered then a user can check this complaint by entering the tracking number in the field of Track complaint and the new complaint can be registered by selecting the department in the combo box field.



Step 2:

This is the complaint registration form, Complainant's personal information and the problem he is facing is submitted by this form.



Step 3:

This is the next screen after the complaint registration form, if there is any mistake made by the complainant, and the user, then he will

push the back button to go back to previous form or if there is no change required then he will push the submit button to get a receipt.



Step 4:

This is the receipt which can be printed for complainant. And computer generated tracking number is also available on it. (1-Sewerage-20051226)



Users:

In this, the complaint management system has a number of users who can access department details according to their access rights which is assigned to them by administrator, for instance Nazim (Administrator of the town) has given access right to view and review complaints, register new complaint and also check monthly, weekly and daily report. DTO (Deputy Town officer) has access right of

view, process, register complaint. The administrator of the web site can make as many user groups as he wants for instance, DTO is the name of group and all the DTO's of department are under this group and have the same access rights. We will see more about the assigning the right in the Administrator area.

Department process:

Every department has a specific user who can access/check complaints to perform some process. Following is the login screen, the system will check user id and password and redirect him to his department, for example DTO of water department will see the home page of his department.



The following screen is showing summary information of complaints. On the left hand side, a user has access rights.

- a) View Assigned Department
- b) Register Complaint
- c) Track Complaint
- d) View Reports
- e) Update Profile



View assigned department:

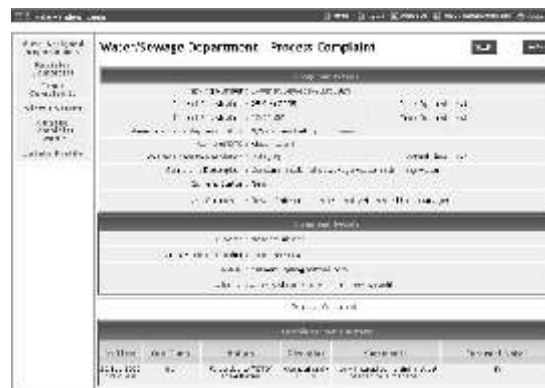
By clicking the "View Assigned Departments" a user will see his respective department's complaints.



This screen will show when user clicks on department link of previous screen. This page has a searching facility by tracking number, status and Delayed/On Track. In the "Action" column, process link is indicating that this complaint has to process and still this is new. So by clicking this we have another page.



This page is showing the complete information of complaint. If this complaint has been solved by the department, then the user will click the "Process complaint" link between the pages.



This action window helps user to process complaint whether this is processed, rejected or forwarded to other users.



a) Register complaint :

By clicking the "Register Complaint", this will show a same form as we saw in the general area and same steps are required to submit a complaint by the user himself.



a) Track complaints :

By clicking the "Track complaints", this window will facilitate the track complaint.



a) View report:

By Clicking the "View Reports", a user may view a single department report or across the department report from beginning date to ending date.



b) Update profile:

Last link of the menu helps user to update his personal information and his user ID and password



Administrator area:

The following screen is the Administrator home page where he can make users and assign right to users .On the left hand side, menu is showing the task that he can do .

- a) User Group
- b) Users
- c) Department
- a) Update Profile



User group:

This page shows the user group, the whole complaint management system where admin can delete or Add group. Every user is associated to any of one group, for instance all the Department's administrator are belongs to "DTO" user group.



Click any group in the user Group name's column. For example the user clicks "DTO" User Group and he will see the following screen. This screen is showing Group name Description and Access rights .

View all departments: This allows the group to see all the department of the system.

View assigned departments: This allows the group to see assigned department of the system.

Process complaints: This allows group to process complaint of the department.

Register complaint: Users under this group can register a complaint

A track complaint: Users under this group can track complaint.

View reports: User can view reports.

Change complaint status: User would have right to change complaint status (e.g process,rejected and forwarded)

Only user of this group can exist: This group should have only one user, This will not allow the creation another under this group.

Can handle multiple department: This access right allows users to handle multiple department or a single department, if they use this group with any department, then we are unable to use this group to any other department.

Reports to: This restrict a group to report any of group that have been created in the system.



As we can see above the screen, we have a button "View/Update Reporting Line" by pushing this we have the following screen .The purpose of this screen is to maintain the reporting Line for example in this page DTO will report/ forward complaint to TO ,TO will report/forward complaint to TMO and Finally TMO will report/forward complaint to Town



Users:

This page is showing the number of users created under any of one user group. This page has the facility of searching and adding or deleting the user.



Department:

This page is showing the number of department .This page has the facility of searching and adding or deleting the department.



Update profile:

If administrator is required to change his personal information and user id or password, then he may use this page by clicking the "Update Profile" link



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 division – 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 25th October, 2005.

For more information on the project, please visit:

<http://propoorict.ekduniya.net>

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

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



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