

Brief on Using ICT for Social Accountability

# Information and Communication Technology and Citizen-led Accountability Initiatives in Health

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Health is a fundamental human right, and as such, health systems are expected to provide certain services and quality to their users. Citizen-led groups can organize to demand accountability when these expectations are not met. Information Communication Technology (ICT) is one tool available to groups working to improve health system accountability. This brief describes lessons learned from ICT interventions in three contexts. We explain how ICT can help to make civil society monitoring and reporting more efficient and some key operational challenges and considerations.

## Accountability

Accountability can be defined as “the continuing concern for checks and oversight, for surveillance and institutional constraints on the exercise of power” (Schedler, 1999).

In typical management-oriented approaches to accountability in the public sector, those at the top of the administration provide oversight and monitor those at lower levels. For example, high level officials, such as health ministers or regional health officers, oversee district- and facility-level operations, and at the facility level, administrators – who themselves may report to district- or regional -level officials – supervise service providers.

Activists and policy makers increasingly recognize that citizens too, have a role to play in holding policy makers and implementers accountable. Social accountability refers to “ongoing and collective effort[s] to hold public officials to account for the provision of public goods which are existing state obligations” (Houtzager & Joshi, 2008), or that are consistent with “socially accepted standards and norms,” such as polite treatment (Feruglio, 2017). Social accountability efforts are typically undertaken by non-governmental organizations and citizen coalitions, sometimes in collaboration with the government, and can include social audits, community report cards, and community monitoring.

## ICT

Mobile phones, tablets, computers, and other types of Information Communication Technology (ICT) have made it easier for members of a community to engage in real time monitoring and reporting to improve transparency and accountability in health systems. This brief summarizes the lessons learned from a comparative qualitative case study of three citizen-led accountability initiatives that use ICT technology, described below. This research was initiated by the Community of Practitioners on Accountability and Social Action in Health (COPASAH). COPASAH is comprised of practitioners who share an interest and passion for the field of community monitoring for accountability in health. They exchange experiences and lessons; share resources, capacities, and methods; and jointly produce and disseminate conceptual, methodological, and practical outputs to strengthen the field.

**CEGSS:** Established in 2006, the Centro de Estudios para la Equidad y Gobernanza en los Sistemas de Salud (CEGSS) is a non-governmental organization in Guatemala that uses participatory approaches to improve indigenous Guatemalans' access to quality health care. CEGSS-trained and supported indigenous Community Defenders for the Right to Health (CDRH) visit facilities and use SMS to report problems indigenous people face accessing and receiving care; these complaints are then mapped on an open source monitoring platform called Ushahidi and displayed online. CRDHs report problems such as health provider requests that patients make informal payments, health providers treating patients with disrespect, lack of supplies, health provider absenteeism, denial of care, undue patient referrals, and poor infrastructure (Wahedi et al., 2018).

**Nazdeek:** Nazdeek is a legal empowerment organization that was formed in 2012. Similar to the CEGSS project described above, Nazdeek's [End Maternal Mortality Now](#) campaign in the tea gardens of Assam, India, entails volunteers using SMS to report challenges patients face in accessing maternal health care. Volunteers report challenges such as health providers requesting that patients make informal payments, provider absenteeism, ambulance and blood unavailability, undue patient referral, and poor conditions. These complaints are then compiled, mapped, made publically available online, and used to advocate for improved service delivery with local authorities (Nazdeek et al., 2015).

**SAHAYOG:** Since 1992, SAHAYOG has worked with community-based organizations and a grassroots women's forum to improve women's health and rights in Uttar Pradesh (UP), India. In 2012, SAHAYOG launched a project using ICT to monitor the implementation of the UP government's comprehensive maternity care scheme. The project entails women to dial a number and use interactive voice response to report being asked to make informal payments for maternal health care services. If the women are denied care for refusal to pay, they can call an emergency hotline. Since its launch, the program has been scaled up to seven districts.

In addition to the three programs profiled here, other programs like UNICEF's [mTrac](#) and [U-report](#) have been used to track problems such as drug stock outs, absenteeism, and requests by health care providers for informal payments (Asiimwe et al., 2013; Chai & Cummins, 2014; Cummins & Huddleston, 2013). Previous research on ICT and transparency more broadly offers important lessons. Transparency does not necessarily generate accountability. Making information about government performance available may not be enough; rather accountability is achieved when individuals and institutions act on the information (Fox, 2007). Thus, while ICT may offer several advantages for collecting data on government performance, it does not eliminate the need for significant engagement in communities or attention to state willingness and capacity to respond citizen demands.

The authors build on these themes in their analysis of the CEGSS, Nazdeek, and SAHAYOG programs.

### Recommendations:

- Data collected via ICT is available in near real-time, allowing for faster availability to citizens, advocates, media, and government.
- ICT can facilitate data aggregation and analysis, easily revealing structural gaps as well as specific facilities in need of improvement. This helps organizations to direct their advocacy efforts to where they are most needed. Using data on recurring issues and on facilities experiencing frequent problems, organizations are able to prioritize issues and/or areas and make targeted, informed demands to authorities.
- Community members, especially marginalized populations, may prefer ICT-based monitoring tools over conventional accountability tools because they minimize interaction with formal systems and bureaucrats, who they may find to be disrespectful, intimidating, or inconvenient to visit.
- Some systems for ICT reporting ensure anonymity, thus minimizing the risk of retaliation to the complainant.
- ICT can be used by many people, thus facilitating scaled up programs. However, it is not necessarily inexpensive to implement. Using ICT effectively generally requires early and ongoing engagement with communities, local organizations, and governmental actors; this takes time and resources. Face to face interactions provide opportunities to inform the community and other stakeholders about the program, and can improve trust between community members

- and program implementers.
- Limited technological and health literacy present barriers to the successful implementation of ICT-based monitoring. Community members, especially those who are marginalized or reside in remote areas, may require significant support to understand their entitlements and to utilize the technology. This lack of technological literacy can be compounded by poor network connections, lack of electricity, or gender or cultural norms around phone use.
  - The implementing organization should have sufficient ICT capacity, including financial and human resources, to ensure programs run smoothly and effectively.
  - To ensure high levels of (accurate) reporting and sustain interest in the program, implementing organizations must provide project staff and volunteers with technical and program training, support, and feedback.
  - Pressure from large-scale data collected via ICT can increase government responsiveness in some contexts. However, organizations must work to ensure that government at all levels look at and use the data proactively.
  - When there are no immediate, tangible improvements in response to their work, communities may lose interest or trust in the program; implementers should therefore provide continuous feedback to communities so that community members know what the data show and how it is being used.

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## COPASAH

Community of Practitioners on Accountability and Social Action in Health is a global network of community practitioners from the Global South sharing a community centric vision and human rights approach to health, health care and human dignity.([www.copasah.net](http://www.copasah.net))

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## AMDD

Based at Columbia University Mailman School of Public Health, Averting Maternal Death and Disability (AMDD) is a global program of research, policy analysis, and technical support that, since 1999, has worked with UN agencies, governments, and civil society organizations in more than 50 countries in Asia, Africa, and the Americas to reduce maternal mortality and advance maternal health and wellbeing. We strive for a world that respects and upholds the basic human right of every woman to survive pregnancy and childbirth and to receive good quality, respectful health care. We work collaboratively and innovatively to transform and strengthen health systems, believing that strong, equitable and responsive health systems are a key part of the solution to poverty and injustice across the globe.

Website: <https://www.mailman.columbia.edu/research/averting-maternal-death-and-disability-amdd>

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