

BENEFICIARY FEEDBACK MECHANISMS CASE STUDY

India



Child in Need Institute is a local NGO supporting children, adolescents and women in disadvantaged areas of India. It piloted a Beneficiary Feedback Mechanism (BFM) in its urban Maternal and Child Health Nutrition Project in Kolkata. The project's goal is to reduce infant mortality and improve maternal health by facilitating access to government social welfare schemes and quality health services.

CINI piloted community designed feedback systems where communities decided what issues they would like to provide feedback on and how they would like to provide feedback. Feedback was provided during existing one-on-one monitoring visits, awareness raising meetings and through suggestion boxes. Introducing a BFM significantly increased CINI's understanding of the barriers families were experiencing in accessing government social welfare schemes and quality health services. It was then able to tailor its activities to more effectively bring about change in this area.

Between 2014 and 2016, the UK Department for International Development (DFID) supported 7 NGOs to pilot Beneficiary Feedback Mechanisms (BFMs) as part of their maternal and child health projects¹. World Vision UK led a consortium to support their journey and learn:

- What makes a beneficiary feedback system effective?
- Does it improve accountability to communities and the delivery of projects?
- Is it worth the investment?

To help answer these questions, three approaches to collecting feedback were tested:

1. Mobile phone technology for feedback through SMS and voice calls
2. Structured questions to seek feedback from the community about specific aspects of the project at regular intervals
3. Community designed feedback systems where communities decided what issues they would like to provide feedback about and how they would like to provide feedback

To enable comparison across contexts, each pilot focused on collecting and responding to feedback through one of these approaches. All pilots included suggestion boxes for collecting confidential feedback, a dedicated staff member (Community Feedback Officer) and the introduction of notice boards for information provision.

Designing a Beneficiary Feedback Mechanism

The pilots defined effective feedback mechanisms as follows:

“A feedback mechanism is seen as effective if, at minimum, it supports the collection, acknowledgement, analysis and response to the feedback received, thus forming a closed feedback loop. Where the feedback loop is left open, the mechanism is not fully effective²”.

The BFM pilots all followed the same four phase process, led by a dedicated Community Feedback Officer, as outlined below:

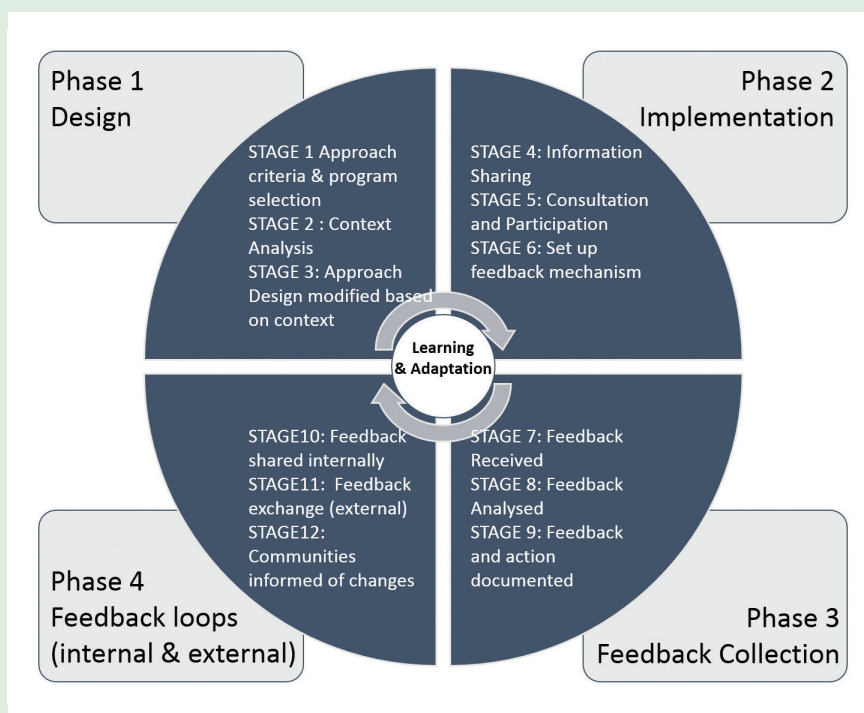
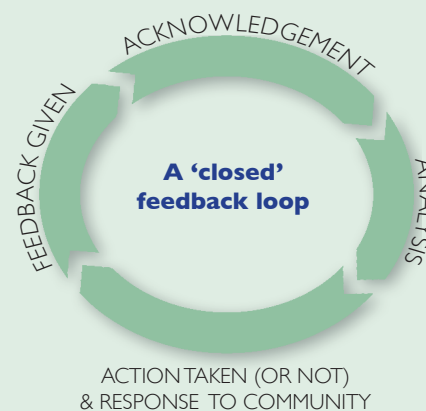
Phase 1: Design – based on a thorough context analysis of the organisation and community. This included talking to communities about how they would prefer to provide feedback and an analysis of any existing mechanisms

Phase 2: Implementation – setting the system up and raising awareness among staff, communities and local government stakeholders about it

Phase 3: Feedback collection – receiving, documenting, referring and tracking action in response to feedback

Phase 4: Feedback loops fully functioning – with trends shared internally and externally (for example to fund managers) and changes made in response shared with feedback provider(s)

While implementing these four phases, some common lessons emerged, as well as experiences unique to each.



¹ The projects were funded through DFID's Global Poverty Action Fund

² CDA Collaborative Learning Projects, cdacollaborative.org

CINI'S EXPERIENCE IN KOLKATA

Raising community awareness

CINI shared information about the BFM with community members, club (local government) members, maternal and child health service providers, and elected representatives. Part of this awareness raising took place while involving these stakeholders in the design of the BFM.

After the system was set up, CINI's volunteer Change Agents played a critical role in raising community awareness about the BFM. Change Agents lived in the community and their role in CINI's project was to help link women into maternal and child health services. As part of their existing meetings in the community, Change Agents shared messages about the BFM. Information was also shared through leaflets and posters. However it was the volunteer network and repeated and continual peer encouragement that had the greatest impact in raising community awareness about the BFM.

Collecting and responding to feedback

CINI piloted community designed **feedback systems** where communities decided what issues they would like to provide feedback about and how they would like to provide feedback. To start this process CINI consulted mothers and community members, government officials and health service providers. Input was sought on where the feedback system should be set up, which health and nutrition issues feedback would be provided on, and methods and formats that community members could use in providing this feedback.

From these consultations, it was agreed that feedback would be provided through group meetings, one-on-one monitoring visits, and suggestion boxes. The community agreed on indicators of quality that they would provide feedback on in relation to health centres, hygiene and water and sanitation (drainage, garbage collection and drinking water)

In **group meetings**, feedback was collected by Change Agents at the end of Awareness Raising Sessions. A pictorial form was given to mothers relating to that Awareness Raising Session and in small groups they would select whether they were happy or not with aspects of the service. Literate mothers helped to add comments, and Change Agents took down notes from discussions. Change Agents provide the completed forms to their Ward Supervisor. Ward Supervisors are an employee of CINI and provide support to Change Agents.

Change Agents also collected feedback during their **one-on-one monitoring visits** with women who were pregnant or had recently given birth. CINI included an extra component on the monitoring form where if a mother answered 'no' to accessing a service this triggered a question seeking feedback on why not. This feedback collected on the new form allows CINI to better understand why a service hadn't been accessed and to take appropriate action in response.

Pictorial forms were also developed for the **suggestion box**. These were very similar to the forms used during group meetings. Change Agents handed out the forms so they were available if and when families wanted to use them. The suggestion boxes were opened once a month by Ward Supervisors.



The Ward Supervisors provided all feedback forms to the Community Feedback Officer (CFO). When feedback was received, the following steps took place:

- **Feedback registered** – The CFO entered information into the feedback register
- **Analysis and action** – The CFO consolidated trends and issues that needed following up on and sent this to Ward Supervisors. For individual issues such as accessing a Government payment, Change Agents made personal contact. For feedback relating to service providers, this was followed up through:
 - Monthly meetings with local councillor (elected head of ward) and club members
 - Meeting with service providers and staff (for example if feedback comes in that staff are rude and this was acting as a barrier to women accessing immunisation)
 - Circulars and letters made to service providers
 - Ward Sabha - an advocacy meeting on issues that requires decisions at higher level and held between local government, community members and CINI. Feedback was shared and joint action plans developed. The action plan was then monitored through a Community Scorecard.
- **Updates through shared team meetings** – to help inform work plans and advocacy with government counterparts
- **Tracking** – The CFO monitored action taken in response to feedback and recorded these actions in the feedback database until issues were closed
- **Reporting back to the community** – Any decision taken on feedback was shared during subsequent community meetings or individually through a Ward Supervisor or Change Agent. Sometimes it was the women themselves who notified CINI that action had been taken (for example that water is now being delivered more regularly). For issues that took longer to resolve, CINI provided updates on progress.

Changes as a result of beneficiary feedback

Feedback has provided CINI with a better understanding of women's lived experience, and what information and systemic barriers they face in accessing the full complement of ante and post-natal care, social welfare schemes and nutrition. CINI has been able to tailor its programming and advocacy approach to more effectively overcome these barriers, improve uptake, and contribute to its project goal to 'reduce infant mortality and improve maternal health'.

The BFM has played an important role in breaking down barriers between community members and elected representatives, who are often perceived as only being accessible by the wealthy and having a 'king and his subjects' relationship with others.

“As a result of the BFM the mothers have learnt to demand as they have a clear knowledge of the kind and how much service they should get”. CINI, Ward Supervisor

“I would hesitate earlier, would be afraid... what will I say, why should I say it? But when we came to know about the BFM, that we should tell, that this is our right, it raised our confidence and my voice”. Mother, Kolkata

Examples of changes that have been made in response to feedback fall into two categories. Those that CINI could make directly, and those that required advocacy to local government. For the former, this included:

- Changing the flavour of nutritional supplements in post-natal care kits which encouraged wider take up and associated health benefits
- Changing the time and location of Awareness Raising Sessions which increased women's engagement
- Introducing Lead Community Change Agents to support the capacity of Change Agents in locations where information was not reaching women about their entitlements

For changes that involved government and service providers, CINI found that taking feedback reports to higher officials helped to add legitimacy to the issues they wanted addressed.

“Previously mothers used to say a lot of things verbally, many problems that we would listen to, but there was no documentation. But now we have all the documentation. We can show the proof of feedback that has come from the drop box and through group meetings”. CINI, Ward Supervisor

Examples of changes brought about from engagement with stakeholders included:

- Increased pressure on food distribution centres to be open, register eligible women and provide quality food entitlements (feedback has helped government departments identify problem areas and address corruption)
- Increased number of women registered where they live and subsequently able to open a bank account and receive welfare payments
- Improved politeness and behaviour of health centre staff, increasing mothers' willingness to access services
- Increased water taps, toilets, drainage, waste collection and delivery of water

LEARNING FROM CINI'S EXPERIENCE

Community designed and led approaches contribute to increased buy in and ownership

Involving the community and local authorities in participatory planning processes contributed to the success of the feedback system. The participatory design helped to bring people on board and begin the sensitisation process on what a feedback system is and how it might function.

Participatory planning helped with decisions that would increase community confidence to provide feedback. For example, normally organisational guidelines would suggest placing a suggestion box in a quiet location so people don't see who has submitted feedback. Women told CINI that it would actually be easier if the suggestion box was placed in a busy location where there is a lot of 'coming and going'. That way no one would question why they were there.

To help build community ownership and interest in the system, CINI was flexible with which indicators the community could provide feedback on. This included indicators related to water and slum cleanliness that were outside the focus of CINI's project. As these were the most pressing issues for families, it encouraged them to try the feedback system out. In any case many staff saw that issues around garbage disposal and clean water linked back to maternal and child health.

While CINI felt that the participatory approach helped the community accept a very new feedback mechanism and led to its success within a year, the process was time consuming. CINI needed to take account of many opinions on how and what to do, which became lengthy.



A feedback box

Continuous adaptation to context enhances effectiveness and value for money

Consultations showed that women would prefer face-to-face methods for providing feedback as they felt more confident speaking as a collective and encouraging each other. However there was also a need for a confidential feedback option, due to sensitivities of health issues, and fear of retaliation by local authorities. While this informed the initial feedback system design, adaptation played a key role in making these methods work.

Initially feedback in meetings was being lost as Change Agents had limited literacy to record all the discussions. As well, while some illiterate women sought assistance with writing their suggestion box letters, others wanted to maintain their privacy. CINI tried different formats to address these issues. After trial and error, a form was developed relating to each topic (for example antenatal care, or garbage collection) and pictures depicted aspects that feedback could be provided against with happy or sad faces and an option to include comments.

“They are familiar with the pictures, so they did not have to read. Seeing the picture they understood this is ICDS (food provision) services, seeing the picture of garbage they know it is garbage collection there is picture of JSY (cash assistance) card, they understand it is about JSY services...” CINI staff member

Using a consistent format between meetings and the suggestion box made the system easier to administer for Change Agents and to be understood by the community. As well, it has helped to ensure feedback was related to the project objectives.

Stakeholder buy in is essential

CINI's project was about improving women's access to maternal and child health services and welfare schemes. To achieve this, its activities involved collaboration and coordination with government service providers and local authorities. As such, community feedback would also have implications for these stakeholders. Some local authorities and services were supportive of the idea of a BFM, however, at the start many were apprehensive.

Locally elected officials and party (club) members were concerned feedback might affect votes plus draw attention to their other activities in the community (including 'use of muscle'). Repeated meetings about the purpose of the BFM helped to address these concerns. Club members accompanied CINI during feedback meetings to see what they were about and could see suggestion box forms related to specific topics. In time, elected officials came to value feedback and invited CINI staff to share at events. When nearby clubs saw the success of the system, they requested CINI to come and set up something similar in their location.

Service providers (for example at health centres) feared complaints and scrutiny. Some were originally on board, then changed their mind when criticisms came in. This created problems between the service provider and the community. CINI addressed this by bringing the two stakeholders together for discussions in a Ward Sabha. CINI encouraged and gave positive reinforcement for service providers who made changes in response to feedback, and could leverage off good existing relationships with service providers. However, when needed, CINI prioritised advocating for improved services over relationship considerations.

CINI noted the importance of involving all stakeholders from the start in setting up a system. Staff feel that now they have experiences with a feedback system and positive stories to share, next time it will be easier for them to engage stakeholders.

Community sensitisation is essential

In the beginning, the concept of providing feedback was very new and not understood by the community. In the early stages very little feedback was received. This was dealt with by repeated sensitisation by Change Agents, Ward Supervisors and the Community Feedback Officer. During an end of pilot survey, almost 85% of respondents were aware of the feedback system.

The community living in the slum were mainly migrants and spoke different languages including Bengali, Hindi, Urdu and local dialects. This was partially addressed by using different languages in printed materials. However, due to illiteracy it was most important to use Change Agents who spoke these languages.

Once women had practical experience using the BFM, it became much easier to understand the methods and purpose. Some feedback could be responded to instantly which encouraged women to provide more feedback and to tell others about the system. However feedback that related to government could often take a longer time for changes to be seen. To help women stay engaged, CINI provided regular updates on what steps were being taken (for example 'we met with the Health Centre last week').



Empowerment

One of the most striking learning from the BFM pilot, was the contribution that the system made to women's empowerment.

“Even if I feel frightened, if I will tell it now through a microphone. I have a lot of confidence. The feeling, the confidence that I have received from BFM will never reduce”.

Female community member

Change Agents who are volunteers from the community grew in confidence and capacity to engage local government officials during feedback meetings. They said that before they saw local authorities as being like God and that 'we are very young, previously we were frightened but now we feel confident to speak with a councillor directly'.

As well, women indicated that through hearing feedback in meetings they realised their individual problems were common problems and became motivated to take action. For example after participating in feedback meetings with CINI, Musharat, a 24 year old mother of two organised a women's group. The women meet weekly to discuss community issues raised through feedback. Issues included that their area was unclean, drainage was not good and that dengue and diarrhea was on the rise. These problems were discussed at the Ward Sabha, then the group mobilised the community through a rally to keep the area clean. The area is now much cleaner, and garbage is collected by the municipality twice a day. In one location, neighbours contribute money to pay community members to clean the area.

MOVING FORWARD

CINI developed a sustainability plan so that the BFM could continue after the close out of the GPAF Maternal and Child Health Project. At the community level, the feedback system will be continued by Clubs, Change Agents and Community Watch Groups. Orientations, roles, responsibilities and work plans have been put in place by the stakeholders. While stakeholders have a high level of commitment to continue the BFM, CINI feels that only time will tell if the system is maintained. It has some concerns about the level of support that groups need. In future designs, CINI would like to see sustainability built into the design of the BFM. Ultimately this would involve creating a core team from the start with both community representatives and different stakeholders. This team would implement, open the suggestion box and solve problems. CINI would initially support and facilitate the process. However, the ownership would be on the team and not on the CINI staff, to help create sustainability. CINI has started to build BFMs and this approach into other projects.



Meeting with indicators

Supported by



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The Beneficiary Feedback Mechanisms Pilot closed in April 2016. This Case Study is one of a suite of eight compiled by World Vision UK and its partners. In addition, learning from the pilot has been captured through learning documents, a short video documentary and practical guidance. These resources will be made available for other organisations to use. For more information or feedback, please contact the Evidence & Accountability Team at World Vision UK. World Vision is also committed to enhancing its own accountability, including actively integrating beneficiary feedback into its own development and humanitarian programmes across the world.

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World Vision UK, together with the International NGO Training and Research Centre (INTRAC), CDA Collaborative Learning Projects, and The Social Impact Lab Foundation (SIMLab), were contracted by the UK Department for International Development to manage a pilot designing, monitoring and implementing different approaches to beneficiary feedback mechanisms (2013-2016).