Using beneficiary feedback to improve development programmes: findings from a multi-country pilot

JULY 2016

Group discussion, Uttar Pradesh, India

Between 2014 and 2016, seven organisations implementing maternal and child health projects introduced beneficiary feedback mechanisms as part of a pilot to explore what makes a beneficiary feedback system effective, and whether it improves accountability or the delivery of development programmes. The pilot was funded by the UK Department for International Development and overseen by a consortium led by World Vision UK. This briefing summarises the findings from the pilot and is intended to inform organisations and their funders about the development and implementation of feedback mechanisms.[1]

Key findings

- Establishing feedback mechanisms required **flexibility** in the initial design phase, a thorough **context analysis,** and willingness to **adapt** mechanisms during implementation.
- **Sensitisation** of target beneficiaries to the purpose and process of giving feedback was essential to build confidence and overcome fears about giving feedback.
- **Face-to-face mechanisms** were preferred in contexts with lower literacy and high poverty. Technology-enabled mechanisms and suggestion boxes required adaptation to these contexts.
- The provision of **multiple mechanisms** aided inclusion of different groups.
- Responding to feedback required **flexibility** in project activities and budgets, clear **referral pathways** and **relationships with external stakeholders.**
- Beneficiary feedback supported **real-time adaptation** of projects to the needs of their target groups and contexts, and **accountability** of programmes and government service providers.
- The process of giving feedback **empowered beneficiaries** and was valued in its own right.
- Most **feedback loops were closed at project level**; there was limited use of feedback higher up the aid delivery chain, and feedback did not inform upward accountability to the donor.

[1] Further detail can be found in the full end point synthesis report of the pilot at: www.feedbackmechanisms.org

What is a beneficiary feedback mechanism?

Many types of organisation use feedback from users or clients to improve their products and services. Software companies, for example, frequently release new products in 'beta', soliciting feedback from a small group of expert users before releasing their products on wider markets. In the international development sector, in spite of efforts to design, monitor and evaluate interventions, there remain many ways in which interventions may fail to address specific needs of their target groups or to fit precisely with their local contexts. These, often micro-scale issues of quality and local context, can be difficult to anticipate in advance and may elude traditional performance indicators.[2] *'Beneficiary feedback'*[3] refers to the views of recipients of aid that have been sought for the purpose of **improving** or **evaluating development interventions** or **holding to account** organisations that are implementing them.

Recipients of aid are often not empowered to provide feedback by default. Beneficiaries rarely have the power to exit relationships (as clients of private companies do in competitive markets) nor to exercise voice (as taxpayers do in electing those overseeing public services), unless this has been specifically provided for by the implementing organisation. A beneficiary feedback mechanism is therefore a tool designed to **solicit and respond to the views** of recipients of aid. The definition used in this pilot relates to using feedback in real-time, placing emphasis on responding to feedback, and communicating the response back to beneficiaries – a process known as closing the **feedback loop** (see figure 1).

> *"A **beneficiary feedback mechanism** is a context-appropriate mechanism which a) solicits and listens to, collates and analyses feedback, b) triggers a response/action at the required level in the organisation and/or refers feedback to other relevant stakeholders, c) communicates the response/action taken where relevant back to the original feedback provider and if appropriate, the wider beneficiary community. In this definition (a), (b) and (c) must all be present/true and a feedback mechanism is not functional if just one of them is present/true."* [4]

Figure1: The feedback loop

Pilot implementation

The pilot consisted of seven organisations implementing maternal and child health projects funded via the UK Aid Direct Fund[5] in six countries: ADRA Zimbabwe (Zimbabwe), AMREF Health Africa (Ethiopia), CINI Child in Need Institute (Kolkata, India), CUAMM Trustees (Tanzania), Health Poverty Action (Somaliland), MAMTA Institute for Mother and Child (Uttar Pradesh, India) and Rahnuma Family Planning Association of Pakistan (Pakistan).

Pilot projects were selected by the Department for International Development after organisations volunteered themselves to participate, although two subsequently dropped out. The pilot organisations were supported in implementation by a consortium led by World Vision UK, including development and implementation of mobile-based mechanisms (SIMLab) and monitoring and review support (INTRAC).

All projects focused on improving maternal and child health, but the interventions varied considerably.

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[2] While beneficiary feedback may differ from traditional approaches, participatory monitoring and evaluation shares many of the same features as a beneficiary feedback mechanism.

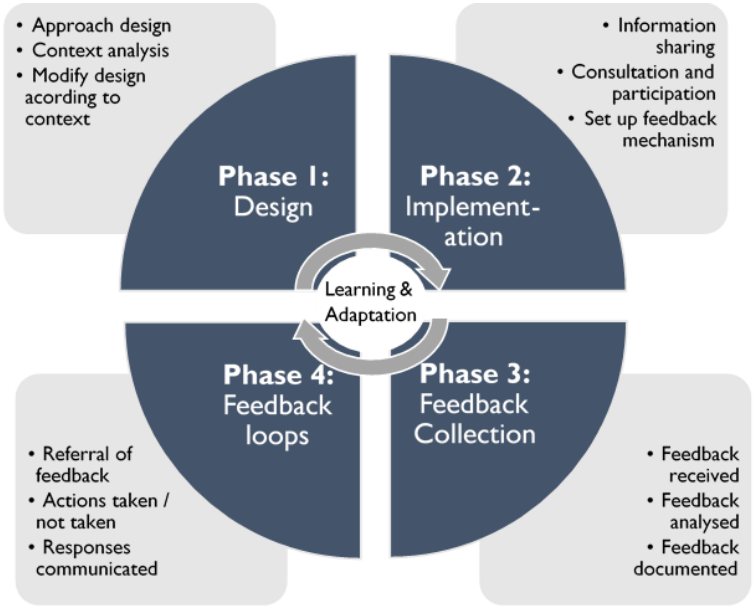
[3] We recognise the term 'beneficiary' is not accepted across the sector, but it is in common usage with reference to feedback mechanisms. We use the term interchangeably with recipients, users, rights-holders, people, communities and so on.

[4] See: Bonino F., with Jean, I. and Knox Clarke, P. (2014) *Closing the Loop - Practitioner guidance on effective feedback mechanisms in humanitarian contexts*. London: ALNAP/ODI.

[5] Formerly known as the Global Poverty Action Fund, UK Aid Direct is the Department for International Development's main funding mechanism targeting smaller and medium sized civil society organisations in the UK and worldwide.

The primary target groups were marginalised women of child-bearing age, but some projects also targeted adolescents and health staff. The pilot beneficiary feedback mechanisms were implemented *after* the projects themselves had been designed and started. Implementation was structured in four phases (see **figure 2**). A general design and theory of change was developed. This was then adapted to each of the seven projects following a detailed context analysis.

Figure 2: Design and implementation of the pilot beneficiary feedback mechanisms



Testing approaches to beneficiary feedback

The pilot was set up to trial the use of beneficiary feedback to improve the **appropriateness and adaptability of interventions**, and support **accountability of organisations**. Lessons from the pilot were expected to contribute to the evidence base of how, and under what conditions, beneficiary feedback improves development results, and what level of resources are required to implement appropriate feedback mechanisms.

Three approaches to collecting feedback were piloted. The approaches were conceptualised as varying in terms of whether feedback was solicited (about specific issues related to the project) or unsolicited (about any issue) and the degree to which beneficiaries were involved in the design process of the mechanisms. Approach 3 represented the most participatory design, with beneficiaries themselves setting the indicators and the design of score cards using in meetings and for suggestion boxes.

Approach 1
Unsolicited feedback via technology-based channels:
- Voice calls
- SMS messages
- Suggestion boxes

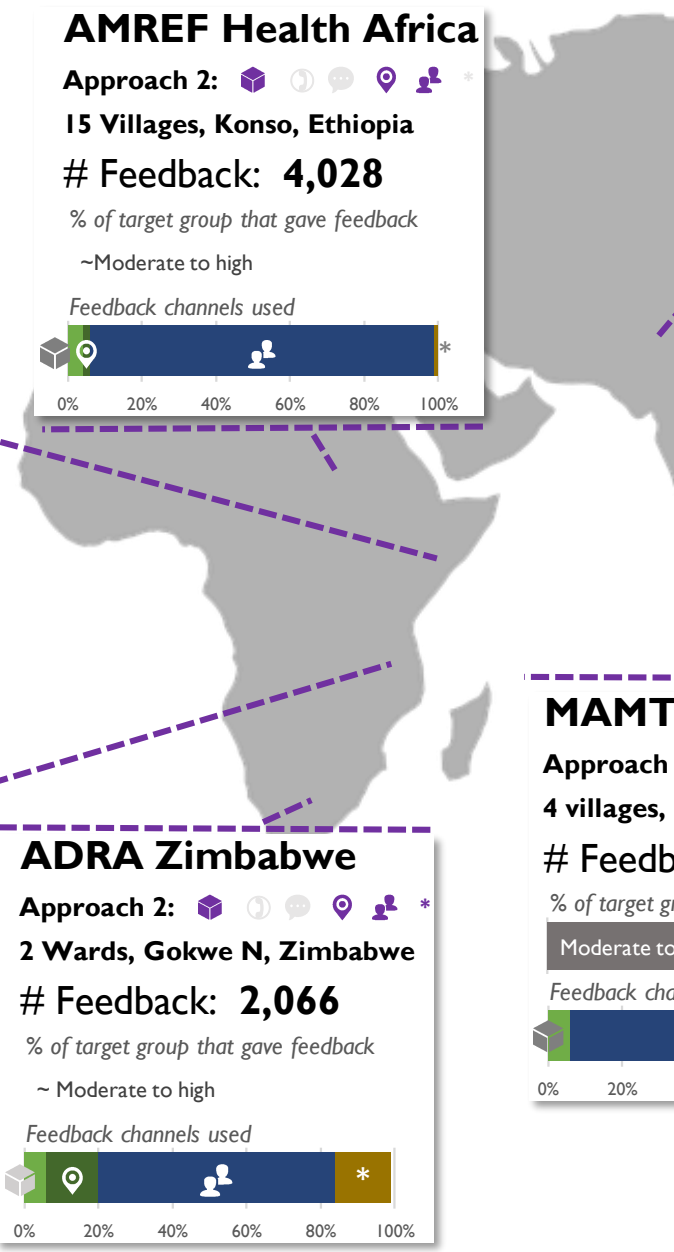
Approach 2
Feedback solicited via pre-determined indicators, through:
- Focus groups
- Questionnaires[6]
- Public/community meetings
- Suggestion boxes

Approach 3
Mechanisms designed with participation of beneficiaries, then feedback solicited through:
- Focus groups
- Public/community meetings
- Suggestion boxes

Designs therefore differed, but all pilots engaged a dedicated human resource (a Community Feedback Officer) to oversee the feedback mechanisms and all used suggestion boxes, albeit adapted in different ways, in addition to the other mechanisms. Feedback loops were expected to operate at point of service (e.g. clinic, school), programme, organisation, fund-manager and donor levels.

[6] In practice, questionnaires were frequently administered orally as part of focus group discussions.

Summary of the feedback mechanisms implemented



Health Poverty Action

Approach 1:

3 Clinics, Hargeisa, Somaliland

 # Feedback: 2,469

% of target group that gave feedback

Low

Feedback channels used

0% 20% 40% 60% 80% 100%

AMREF Health Africa

Approach 2:

15 Villages, Konso, Ethiopia

 # Feedback: 4,028

% of target group that gave feedback

~Moderate to high

Feedback channels used

0% 20% 40% 60% 80% 100%

Rahnuma

Approach 2:

6 schools, 2 clinics, Punjab, Pakistan

 # Feedback: 263

% of target group that gave feedback

Moderate to high

Feedback channels used

0% 20% 40% 60% 80% 100%

CINI Child in Need Insitute

Approach 3:

1 urban borough, Kolkata, India

 # Feedback: 35,291

% of target group that gave feedback

Very High

Feedback channels used

0% 20% 40% 60% 80% 100%

CUAMM Trustees

Approach 1:

4 wards, Iringa, Tanzania

 # Feedback: 428

% of target group that gave feedback

Low

Feedback channels used

0% 20% 40% 60% 80% 100%

ADRA Zimbabwe

Approach 2:

2 Wards, Gokwe N, Zimbabwe

 # Feedback: 2,066

% of target group that gave feedback

~ Moderate to high

Feedback channels used

0% 20% 40% 60% 80% 100%

MAMTA

Approach 3:

4 villages, Uttar Pradesh, India

 # Feedback: 700

% of target group that gave feedback

Moderate to high

Feedback channels used

0% 20% 40% 60% 80% 100%

- Suggestion Box
- Voice Call
- SMS message
- Public meeting
- Focus group
- * Other

Note: the proportion of the target group that gave feedback was assessed using a survey of beneficiaries, except for ADRA and AMREF, where this was not possible

Establishing functional feedback channels

The seven pilots were successful in establishing functioning channels for receiving feedback from project beneficiaries. This took time and required **flexibility during the initial design phase**, in order to adapt the mechanisms to the project contexts. A thorough **context analysis** and a willingness to adapt mechanisms helped organisations develop channels for feedback that were appropriate and accessible for their target beneficiaries. Numerous adaptations were made during implementation, which improved accessibility, particularly for more marginalised groups.[7] All project contexts were characterised by high levels of poverty and this was reflected in beneficiaries' use of different mechanisms. **Face-to-face mechanisms**, where available, were used most frequently. They did not require literacy, were low/no cost for users, were familiar to beneficiaries, and allowed for instant responses to queries.[8]

The provision of **multiple mechanisms aided the inclusion** of different groups. While suggestion boxes were not a preferred mechanism in general, they were useful where confidentiality was a concern for beneficiaries. Adolescents were more likely to use the suggestion box for this reason, and anonymity was important in politically sensitive contexts, as beneficiaries often feared reprisal for giving feedback.

Sensitisation of target beneficiaries to the purpose and process of giving feedback was also critical to build awareness and confidence of beneficiaries to actually give feedback. Pilot organisations developed information and communication materials (e.g. notices, videos, radio and audio messages on CD) to **communicate the purpose of and process** for giving feedback and to manage people's fears and expectations. These were necessary but not always sufficient for beneficiaries to have confidence in the mechanism. In politically sensitive contexts, and where organisations were new to the community, it took time to **build trust**; beneficiaries often wanted to see positive results of feedback, before engaging whole-heartedly. Face-to-face feedback mechanisms enabled staff to engage with beneficiaries throughout the pilot, by providing additional opportunities for information provision, and responding to feedback.

Context appropriate technology

SMS messages and voice calls augmented suggestion boxes in the mobile-enabled Approach 1 pilots. The context analysis and initial meetings revealed that beneficiaries were excited by the opportunity to give feedback via mobile phone at the outset of the project and SMS and missed call systems were developed.

However, in practice (and in spite of awareness raising), these channels accounted for only a small proportion of feedback received during the pilot. Reasons for this included gendered access to mobile phone handsets, low levels of literacy and cost. The experience of the pilot in Somaliland and Tanzania was that access to mobile handsets was found to be was highly gendered; while the primary beneficiaries were women, men were often in charge of a household handset. In Tanzania, women were reluctant to borrow their husband's phone to give feedback. Low levels of literacy were a significant barrier to use of SMS to give feedback. Voice calls avoided the literacy problem, and a direct toll-free line was introduced in Somaliland mid-way through the pilot. Although the previous missed-call system was also free, it seems this was not readily understood. By the end of the pilot, the toll-free line was more popular than the suggestion box or SMS, in part because beneficiaries could get an instant response to their feedback or query. While this reduced the literacy barrier, women were still underrepresented in calls, and answering voice calls proved to be resource intensive.

The lesson from this pilot is that the context analysis needs to be sensitive to the gender dynamics around access to technology and also needs to recognise that beneficiaries' enthusiasm to use technology in theory may not translate into practice. The resource implications of design decisions (whether at the outset or for adaptions) also need to be taken into consideration to ensure mechanisms are sustainable.

[7] Improved access came at the expense of reduced usefulness of data in the case of using pictorial or colour coded suggestion box forms

[8] An exception is Rahnuma, where suggestion boxes were preferred by school students primarily because of confidentiality.

Programmes adapted in real-time

A key outcome of the feedback mechanisms for both organisations and beneficiaries was **real-time adaptation of programmes** to emerging needs of target groups and their contexts:

> *"… The entire project team… sit together to analyse feedback received on a weekly basis, take actions and do follow-ups until it gets resolved."* – Programme manager, MAMTA, Uttar Pradesh, India

Responding to feedback **required flexibility** in project design, and from stakeholders higher up the aid delivery chain such as organisations' international headquarters, the fund manager[9] and the donor. For organisations not delivering services directly, good **working relationships with government service providers** were necessary for feedback to influence their services. Programme changes[10] informed by beneficiary feedback included:

- Improving the **appropriateness** of interventions to their contexts (e.g. in Zimbabwe, the terms of use for motorbike ambulances provided by the project were adjusted to allow them to be used for non-maternal medical emergencies, as no alternative medical transport existed)
- Improving the **quality** of services *(see India example below)*
- Addressing **existing needs** not previously identified or prioritised (e.g. the need for low-cost ultrasound facilities was identified by beneficiaries in Somaliland; budget was found as it was recognised this would support screening and ensure early referral for appropriate clinical care)
- Adaptations to **new needs** or changes in context *(see Ethiopia example below)*

One of the perceived advantages of beneficiary feedback was the ability to identify and **respond to issues in real-time**, rather than wait for monthly quarterly or even end-point monitoring reports. In some cases, the feedback mechanisms highlighted information and insights that may never have come to light via organisations' existing M&E processes (although the pilot was not set up to systematically compare the two).

Higher quality postnatal care kit – Kolkata, India

To reduce the risk of infection of mothers after giving birth, and improve nutrition for new-borns, CINI distributed postnatal care kits with sanitary products and soluble nutrient mix to new mothers. However, feedback revealed that many were not using the sanitary napkins because they found them insufficiently absorbent, reverting instead to unsterile cloth which risks inflection. Mothers also did not like the flavour of the nutrient mix, so were not consuming it. In response, CINI used additional budget to improve the quality of these items in the kits, which encouraged women to use the items.

Construction of Waiting Mothers Shelter – Ethiopia

AMREF Health Africa's project aimed to strengthen the district health system for maternal and child health by training health workers. During the course of the pilot, the Ethiopian health ministry decided to ban Health Posts (small health facilities staffed by community health workers) from providing maternal delivery services. Instead women were referred to health clinics, often far from their homes. As this policy came into force, service users complained to the district health office that there was nowhere for mothers to wait close to the health clinic prior to giving birth. These complaints were relayed to AMREF's feedback officer via an interview with the district health officer (as part of the feedback mechanism). AMREF requested amendment of the project budget from the fund-manager for materials and community labour was used to construct a shelter adjacent to the health clinic.

[9] The fund manager is an intermediary contracted by the donor to disperse funds and monitor grantees

[10] While the pilot was not designed to measure impacts on maternal and child health outcomes, positive changes in intermediate outcomes were documented in many cases.

Programmes and government held to account

Beneficiary feedback mechanisms **supported accountability**, both downwards (beneficiaries holding organisations' own projects and staff to account) and social accountability (programmes facilitating accountability of government staff and services to their beneficiaries). Results of accountability via the feedback mechanisms included:

- Fulfilment of **rights and entitlements** (for example in Uttar Pradesh, India, feedback revealed that marginalised mothers were not receiving government incentives, known as JSY[11], as they had no bank account; MAMTA engaged with the authorities to enable women to access benefits)
- Redressing **misconduct** by government health workers *(see Tanzania example below)*
- Changing the **behaviours and attitudes** of project staff *(see Zimbabwe example below)*

Particularly in politically sensitive contexts, organisations needed to **overcome considerable scepticism** about the feedback mechanisms. In Tanzania, community leaders obstructed sensitisation activities because they worried that feedback would target them. It was therefore important to engage those who may be held to account such as project staff, government officials, and community leaders.

Feedback mechanisms also raised issues that required actions beyond the scope of the maternal health projects, e.g. feedback about World Food Programme rations distributed at clinics in Somaliland. Implementing the feedback mechanisms therefore **required engagement of a broader range of stakeholders** than the maternal and child health projects themselves.

Attempts to limit the range of feedback received were only partially successful; beneficiaries raised issues of concern regardless of whether it was within organisations' powers to address those issues. Accountability was more difficult to achieve where beneficiaries perceived services to be gifts rather than entitlements:

> *"… well, it is easy for us to give feedback if it is a positive thing you want to talk about especially if we are asking for support on something else … otherwise you may be accused of having said something that offended the donors and caused them to leave with their support …"*
>
> – Women's FGD participant, Zimbabwe

Holding government staff to account – Tanzania

CUAMM Trustees worked in rural Tanzania to improve maternal healthcare provision through strengthening the district health system. A number of complaints were made via the suggestion box concerning misappropriation of supplies such as beds, linens, medical equipment from the maternal waiting home by the officer in charge. CUAMM relayed this issue to higher-level officials and after querying the circumstances surrounding the embezzlement, the items were returned. Further, CUAMM arranged for a higher-level official to travel from Dar es Salaam to apologise to beneficiaries for failures.

Supporting organisational accountability – Zimbabwe

ADRA worked in rural Zimbabwe to improve access to maternal healthcare. ADRA received complaints via the feedback mechanisms about the attitude and conduct of staff, particularly a tendency to arrive late for meetings with beneficiaries. This was brought to staff's attention by the M&E manager in the mid-term review of the project, and beneficiaries subsequently reported that late arrival had stopped and attitudes had changed. ADRA also sought to address the underlying problem of long travel times from the regional office to the project site by opening a small sub-office in a town close to the project site; in time it is hoped this will become a permanent field office, enabling closer contact with beneficiaries in this area.

[11] Janani Surakhya Yojana (JSY) is a maternity scheme of the Government of India to promote institutional delivery by providing nominal monetary incentives to the mothers.

Beneficiaries empowered by giving feedback

Feedback mechanisms were valued by beneficiaries as platforms through which they can **exercise voice**: monitoring at the end point found that giving feedback held intrinsic value for many beneficiaries:

> "*our opinions and voices were being taken into consideration.*"
> – Female beneficiary, Somaliland

Closing the feedback loop was critical to achieving this sense of empowerment. 'Closing the loop' means ensuring that whatever action or decision has been taken as a result of feedback is communicated back to beneficiaries. Where feedback loops were closed, beneficiaries valued the feedback mechanisms, regardless of whether their specific concerns could be actioned. However, where feedback loops were not closed successfully (e.g. in Tanzania, where target beneficiaries were geographically dispersed and noticeboards were repeatedly vandalised), the value of giving feedback could be undermined:

> *"Suggestion boxes are there, and we have raised health related issues, but they are not actioned, what then is the use of the boxes?"* – project beneficiary, Tanzania

Closing the loop was more challenging in geographically dispersed contexts, and where anonymous mechanisms (such as suggestion boxes) had been used to collect feedback. Noticeboards were found to be of limited value except in schools. Regular **face-to-face contact between staff and beneficiaries** was the most effective way to communicate responses. Some organisations relayed responses back to field-workers and volunteers, or used regular community meetings to provide responses to feedback. Hearing responses also encouraged those that had not given feedback before to engage.

During the course of the pilot, beneficiaries' **confidence to give feedback increased** in most pilots, and substantial increases were observed in some contexts. There are indications that this **empowered beneficiaries' to claim their entitlements** from service providers directly:

> *"unlike before, beneficiaries who are HIV positive are now starting to complain about being charged for Septrin [which they should get freely as their right] at the Makombe health facility"*
> – respondent from local health department, Tanzania

> *"[The] community is now closer to the government services because of the project intervention."*
> – Honorary health worker, Uttar Pradesh, India

Female beneficiaries, Gokwe North, Zimbabwe

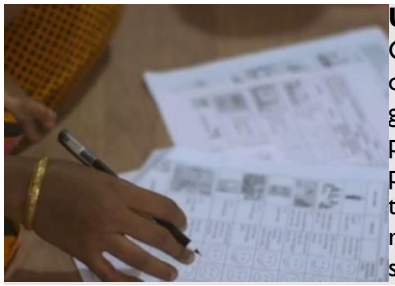
Limited use of feedback at strategic and policy levels

At the outset of the pilot, it was anticipated that feedback would flow up the aid delivery chain, from the field level through implementing organisations to the fund manager and donor. This would be used to support accountability and learning. However, during the relatively short timeframe of the pilot, **limited use of beneficiary feedback at strategic or policy levels** was observed.

Most **feedback loops were closed at field or project level**, with few individual pieces of feedback referred upwards for decisions. A 15 per cent margin for **budget flexibility in the fund** meant that projects felt mandated to respond to most feedback. Feedback informed reporting to the fund manager and was also referenced in strategic planning processes for some organisations. However, there was little evidence of feedback informing strategic decision-making and only one organisation relied on the beneficiary feedback mechanism to inform their performance indicators (see below). Largely, therefore, the feedback mechanisms did not directly support accountability of projects to the donor. Three factors appear to have contributed to limited use of feedback at strategic or policy levels:

- First, frontline staff played a critical role in filtering feedback; in many projects feedback that was considered 'out of scope' of the project was not taken further.
- Second, the capacity of organisations to code and analyse feedback hampered aggregation of feedback into indicators – feedback was primarily dealt with case-by-case.
- A lack of clear demand or channel for feedback to inform donor accountability.

The short time-frame of the pilot and the fact that the pilot was implemented in only a proportion of sites in each project may also explain the use of feedback at strategic or policy levels.



Using beneficiary feedback for upward accountability
CINI (Kolkata, India) used the beneficiary feedback mechanism to inform one of the indictors in the project log-frame. Data were collected during group meetings, with each participant providing individual feedback via printed forms (text and pictures) on various aspects of the services provided by the government health providers. Data from these forms were then aggregated and compared over time to construct an indicator that reflected beneficiaries' perceptions of improvement in government health services. The indicator was monitored by the fund manager.

Resourcing and sustainability

The pilot was intended to generate evidence about the levels of investment required to implement beneficiary feedback. The main findings are that certain activities (such as detailed context analysis and sensitisation of beneficiaries) that are critical for functional feedback mechanisms require relatively significant resource investments. Efficiencies were found where **integration of activities** of the feedback mechanism and the project itself was possible. **Designing and implementing a feedback mechanism concurrently with projects** may enable more integration and increase efficiency.

Each pilot had a dedicated Community Feedback Officer, but they played different roles depending on organisations' structures and the feedback mechanisms used. Projects with large cadres of field staff or volunteers were able to delegate feedback collection and response among their staff. The mobile-based mechanisms required a central point of contact to collect and respond to messages and voice calls, reducing the potential economies of scale; voice calls in particular proved to be labour intensive.

There are early indications that the positive experience of the pilot has stimulated organisations to consider how to **sustain current feedback mechanisms and scale up the use of beneficiary feedback** within their programmes. Some are seeking additional funding to do this, while others are exploring ways to continue existing mechanisms more efficiently. In some cases, organisations plan to hand over ownership of feedback mechanisms to others, for example by forming community watch groups, using existing community accountability structures, or through local authorities themselves.

Approaches to beneficiary feedback

The pilot tested three approaches to collecting beneficiary feedback (page 3). The key differences observed were between Approach 1, which used mobile based feedback and suggestion boxes, and Approaches 2 and 3, which used face-to-face feedback channels in addition to suggestion boxes.

In the project contexts, the mobile channels used in Approach 1 were not readily accessible to those with lower literacy and without access to a mobile phone. This was a significant drawback in reaching the target groups, and more marginalised groups in particular. Approaches 2 and 3 all had alternative channels that offered more marginalised groups' access, even if they were at the expense of confidentiality. Approach 3 appeared more successful at generating feedback, however this may also be due to the social contexts (both pilots were in India and had large volunteer networks). These differences observed between the three approaches with regard to collection of feedback did not appear to translate into any systematic differences with regard to how pilot organisations responded to feedback.

The three approaches were anticipated to have different resource implications, with Approach 1 conceptualised as low resource and Approach 3 as highest resource. In practice, there was little difference in the resource implications of the three approaches. Approach 1 was more expensive than expected, as due to higher overall operating costs and greater investment required in sensitising beneficiaries. Likewise, approach 3 was less costly than expected as activities could more easily be integrated with existing project activities and both pilots were in India with lower operating costs.

Recommendations

- At the outset, ask whether there is **sufficient time, resources and flexibility** to implement a feedback mechanism and respond to feedback once the mechanism is in place
- Conduct a **thorough context analysis** before deciding on a particular feedback mechanism, including whether literacy or cost are barriers in marginalised contexts
- **Sensitise beneficiaries** to the purpose and process of giving feedback, both at the start of the project and on an ongoing basis, and allow time to build trust in the mechanism
- Engage with **external stakeholders** (particularly local government agencies and community leaders) about the feedback mechanism and establish referral protocols
- Ensure that there is **sufficient scope in the programme** design to make changes and respond to requests to increase or reallocate resources; negotiate with the donor if necessary
- Ensure those with 'first contact' with beneficiaries (often project staff) understand the purpose of the feedback mechanism and the scope for responding to feedback
- If feedback is intended to **integrate with monitoring systems**, give careful consideration to how feedback will be analysed and aggregated and the capacity of staff and systems to do that.
- Consider the **sustainability and exit strategy** for a feedback mechanism as part of the initial design phase

Further resources

Further resources from this pilot can be found at: www.feedbackmechanisms.org including:

- Full end-point **synthesis report** of the seven pilots
- A set of **practice notes** highlighting learning for those implementing feedback mechanisms
- **Case studies** from each pilot, and a case study on technology
- A **video** showing the feedback mechanisms in Somaliland and Kolkata, India

Monitoring and review of the pilot feedback mechanisms

Each pilot was reviewed, at baseline, mid-term and end-point to assess whether the feedback mechanisms were being implemented as planned, assess how information was flowing, review the effectiveness and efficiency of the mechanisms and generate learning for the organisations. Data were collected by local consultants at three levels in each of the pilots:

- From beneficiaries themselves (via focus group discussions, interviews, and a survey)
- From intermediaries such as health workers (via interviews, focus group discussions)
- From project staff (via interviews and using an organisational capacity assessment tool)

In addition, consultants based in the UK interviewed pilot organisations' head-office staff, staff from the fund manager and donor. Findings from the seven contexts were reported for each pilot and synthesised across the seven contexts. Baseline and mid-term reviews informed the ongoing adaptation of the pilot feedback mechanisms.

Organisations involved in the pilot

Adventist Development and Relief Agency
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CUAMM Trustees
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www.cuamm.org/en

Child in Need Institute
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Distribution of postnatal care kits, Kolkata, India

About the pilot

Between 2014 and 2016, the UK Department for international Development supported seven non-governmental organisations to pilot beneficiary feedback Mechanisms as part of their maternal and child health projects. The projects were funded under the department's Global Poverty Action Fund (now UK Aid Direct). 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?

Monitoring and review support was provided by INTRAC (UK) and consultants in each of the six countries. Development and implementation of mobile-based beneficiary feedback mechanisms was supported by SIMLab, and learning from the pilots was supported by CDA.

UKaid
from the British people