

Improving quality of Health and Nutrition services through Beneficiary Feedback Mechanism

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ABSTRACT

The Beneficiary Feedback Mechanism (BFM) is a pilot initiative launched with the technical assistance of World Vision, UK as part of the “Maternal and Child Health and Nutrition” (MACHAN) project with assistance from UKaid. The programme was designed to establish a mechanism by which the beneficiaries get to have a say and share their feedback about the quality of services that are reaching them. By doing this the initiative attempted to complete the “broken feedback loop” and make the communication a two way process between the duty bearers and beneficiaries. It was also an experimentation to determine whether this feedback would improve accountability within the duty bearers. It was therefore important to ascertain whether enabling the voice of beneficiaries would lead to real influence, changing behaviours and decisions which would eventually lead to better programme being designed and implemented for better results

The MACHAN project on which the beneficiary feedback mechanism was dovetailed is implemented by Child in Need Institute (CINI) in two of the poorest areas of West Bengal: Goalpokhar Block 1 of Uttar Dinajpur district and Borough VII of Kolkata Municipal Corporation¹. The project aims to reduce infant mortality and improve child nutrition and maternal health by simultaneous and close engagement with community as well as the system that provides the services. The MACHAN project and its field level workers were the defacto to channels of communication between the community members and service providers. To further strengthen and streamline this communication, BFM was designed as a simple and structured method of channelizing feedback from the end users to the service providers with the ultimate objective of improving the service quality. This paper is an attempt to examine the design, process and impact of BFM Pilot Initiative.

Key Words – Feedback Mechanism, Beneficiary, Drop Box, Group Meeting, Ward Sabha, PNC, JSY, ICDS supplementary food, Sanitation & Drinking water

¹ North Dinajpur District ranks 15th for malnutrition status out of 19 districts in West Bengal and Kolkata slum population are one of the most unserved and underserved by government maternal and child health (MCH) programs.

Context analysis:

The choice of wards was done after a rigorous **Context Analysis**. The methods used were:

1. Analysis of Social, Environmental, Economic and political (STEER) factors in the local context,
2. Mapping and Power Analysis of influential Stakeholders
3. Organisational Analysis of the GPAF implementing Partner – CINI
4. “Do No Harm” Analysis. The criteria based on which ward selection was made include:
 - ✚ Representative nature/diversity of the population – Hindu/Muslim and Local/Migrant
 - ✚ Extreme poverty as compared to other wards²
 - ✚ Good ratio of Change Agents (local female volunteers) to target population.

The BFM was piloted in 4 (Wards 56, 59, 63, 67) out of the 9 Wards where MACHAN project reaches a population of **139020**³ comprised of indirect and direct beneficiaries to the project. The BFM pilot project started from February 2014 and the preparatory and planning activities continued till May 2014. The actual field level intervention and feedback collection started from June 2014.

Characteristics of the population within the BFM wards are similar to the non BFM wards enabling comparison to be made in quality, quantity and impact of feedback, through regular monitoring.

² Exception to this was ward 63 which was chosen to study the differential patterns that emerge both in terms of willingness to give feedback as well as nature of the feedback with slightly decreased vulnerability and improved economic situation of the population.

³ Ward 56 – 35851, 59 – 54922, 67 – 44065, 63 – 4182

A. Key Elements of the BFM Design

The urban slum is a heterogeneous entity with diverse and conflicting interests coexisting in the same ecosystem. One of the strategic approaches of the BFM is its inclusivity without pitting any one group against the other.

1. BFM works as an open feedback system and takes feedback from all community members without any discrimination. Indirect Beneficiaries of the GPAF project who were earlier unreached but are critical to improving child health and nutrition were also thus brought in to the ambit of communication and feedback, alongside the direct beneficiaries.
2. In the power continuum at the community level, the least powerful and most vulnerable are the women, adolescents and children and the most powerful are the local government representatives, male members of local clubs and councillors, all of whom are incorporated by BFM on an even plane.
3. Migrant women in the slums who are hard to reach through the critical 1000 day period (from pregnancy to 2 years of child) are effectively integrated and their feedback elicited on critical indicators through BFM.
4. BFM offers the scope and space for easy and effective involvement of men without adversely affecting the existing gender divide.

B. Community Led Process Throughout

1. Method of Selection

BFM has adopted a flexible approach and has continuously improvised to adapt to the emerging field realities and needs. Both planning and implementation have espoused a

bottom up approach ensuring community's consent and participation every step of the way. In the original pilot design, the feedback was to be collected by CINI through **SMS** from mobile phones of women beneficiaries. However it became clear in the context analysis that this approach will not work, owing to the fact that the targeted women have little or no access to personal mobile phones and inability to read SMS as they are illiterate.

Alternate approaches were tested:

1. Feedback formats filled and deposited in Drop Boxes installed at strategic locations
2. Direct verbal feedback in group meetings with mothers or through one to one interactions with the Change Agents (local volunteers).

During pilot implementation, verbal feedback in group meetings emerged as the preferred choice across wards.

2. Tool Development

Community members/participants were informed, engaged and consulted at every stage of tool development be it selection of indicators or the modus of giving feedback.

- ✳ Taking cognizance of beneficiaries input, pictorial feedback formats were developed for ease of use by the unlettered beneficiaries.
- ✳ The probability of structured formats restricting beneficiaries from expressing their views fully; led to collection of written feedback in plain papers. Substantial drop in feedback received led to reverting back to structured formats.
- ✳ To make the group meetings more effective "Lead Change Agents" were trained to conduct meetings and collect feedback.

3. Feedback Collection

Some of the factors that contributed immensely to effective feedback collection include:

- ✳ Alignment of the pilot with existing project
- ✳ Participatory planning with community to affix mutually convenient time/place for feedback collection through interactions
- ✳ Installation of drop boxes in strategic locations
- ✳ CINI cadres trained in the entire feedback mechanism through community engagement

The success is evident from **31,487** feedback received through group meetings and **3804** feedbacks from drop boxes in the period Jan' 15 to Nov' 15 in all the four wards.

C. Feedback for Improving Services

Timely action on the feedback is critical to encourage continual feedback as when feedback is extracted but not transparently responded to, fatigue will set in. Some of the CINI strengths and strategies that ensured optimal feedback utilization are:

- ✳ Evidence based communication by CINI regarding feedback with community that sustained their interest in the process.
- ✳ A very high staff capacity⁴ to provide evidence advocacy to government service providers on improving services. This has been validated by the fact that front line government service providers are now valuing the feedbacks and community concerns and responding to them.

⁴ From Organizational Capacity Assessment

- ✦ The BFM formats are well aligned with the existing M&E of CINI/GPAF as well as government programmes' indicators. Effective integration of BFM data in to existing tracking registers and self monitoring tools have ensured that duplication is avoided.
- ✦ The objective of a Ward Sabha is Participatory planning and collective action to improve quality of government services. In all the wards the GPAF project staff has created/strengthened a steering committee⁵. Analysis and sharing of feedback in Ward Sabhas has led to collective and timely action being taken.

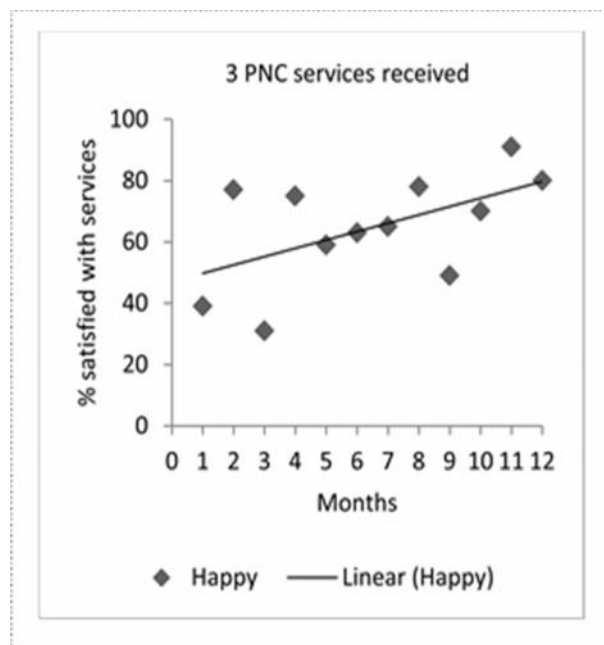
D. Perceptible Output Level Changes

BFMs routine MIS, Mid Term Evaluation and the End line results show clear improvement of GPAF indicators both at the Output and the Outcome levels. Some of the key changes pertain to Post Natal Care (PNC), Janani Suraksha Yojana (JSY) and uptake of Integrated Child Development Services (ICDS) Supplementary food. Some of the other BFM specific changes are with respect to Sanitation/Garbage clearance and Drinking water supply which have a direct impact on health and nutrition of children.

i. PNC Coverage

In the Maternal and Child Health projects, it has been witnessed repeatedly that the thrust and focus accorded by families to Ante Natal Care is not extended to availing PNC services. The reason being lack of awareness and a prevalent bias that gives lesser importance to the mothers' needs. In order to alleviate this,

⁵The members are, councillor of that, party representatives, government service providers (ICDS/Health) SHG, CBO/NGO, club members, influential persons, community representatives.



GPAF project had taken measures to increase visibility to the PNC services by providing a PNC kit⁶ to the mothers and the change was monitored through the BFM process.

In the first stage awareness was generated and women understood the importance of PNC. Despite this, when coverage did not improve substantially, advocacy was done with government service providers who reassured that it is bound to improve after National Health Mission (NHM) commences. Further advocacy with the hospital superintendent resulted in a verbal commitment that doctors and nurses would be mandating PNC visits in the discharge summary.

The percentage of women receiving 3 or more PNC checkups within 42 days of delivery increased by 18% during the project period and the percentage of women satisfied with PNC services also has shown a marked improvement as seen from the BFM data analysis (graph).

⁶ Contains sanitary napkins, nutritional supplement (Nutrimix), IFA tablets and condoms.

ii. Utilization of JSY Services

The conditional money transfer (JSY) that women are eligible for subject to the condition that they deliver in an Institution was not being availed to its optimum despite awareness among the communities about this entitlement. The reasons for lower uptake were primarily bureaucratic in nature such as lack of identity proof or other relevant documents. When information was collected on community's level of satisfaction with this service it led to discussions and identification of impediments. Remedial actions taken saw an effective convergence of all key players and an unprecedented initiative and leadership from the community to identify, address and resolve issues.

- ✚ Advocacy with councillor who is now providing residential proof to eligible beneficiaries.
- ✚ Club members taking initiative of ensuring voters card and to demand JSY entitlements in ward number 56
- ✚ Community utilising BFM to raise their voices to Kolkata Municipal Corporation (KMC) to improve service delivery in ward

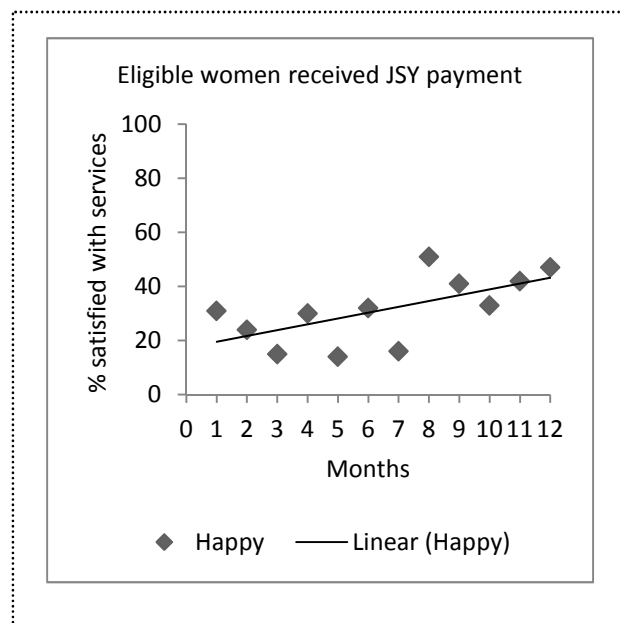
59 and 56 with regard to JSY benefit.

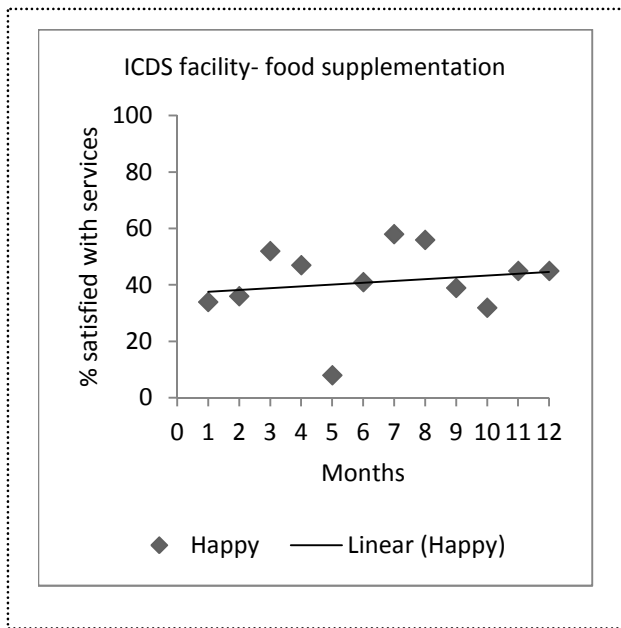
- ✚ Problems like lack of proper documents that could not be solved at the ward level were discussed with local Member of Legislative Assembly (MLA) for appropriate intervention. Now the local Community Based Organizations (CBO) members (Club members) are motivated to take such issues with MLA.
- ✚ CINI supervisor helping beneficiaries to open bank account
- ✚ All pregnant women and their family members were counseled to have institutional delivery. There is at present no home delivery in the BFM wards. In any crisis situation, the group arranges vehicle for taking mother to the hospital

At the beginning of the GPAF project, institutional delivery in urban slums was at 90% which increased by another 3% during project period. However with all the above interventions number of women referred to JSY increased by a significant 33% as seen in the Rapid Assessment II findings and commensurately the community's satisfaction with the JSY services also doubled in a span of one year as seen in the graph.

iii. ICDS supplementary food

Earlier the ICDS centres at ward number 59 and 56 would not open regularly and gave dry food which was shared among the family members. After the feedback received through drop box, meetings were conducted with ICDS officials. The matter was discussed in great detail and community's angst at the poorly functioning ICDS was communicated to the ICDS officials. After relevant orders and follow-up, now the ICDS food is being given to children and mothers routinely. Properly cooked khichudi (boiled Rice and





Pulses) along with egg are given to women and children. Proper hygiene and cleanliness is maintained at Anganwadi Centers (AWC). Change Agents (CA) are supporting Anganwadi Workers (AWW) for identification of pregnant women, drop out children, regular weighing of infants and children and identification of malnourished children in all 4 wards. The government service providers also acknowledge the fact that project staff of CINI shares feedback related to health and nutrition with them. The service providers then address the complaint and resolve the issue raised in the feedback. With all these measures, women receiving ICDS food during pregnancy went up by 31% as per the Rapid Assessment I findings and the satisfaction of beneficiaries with ICDS services has shown a marginal increase as depicted in the graph.

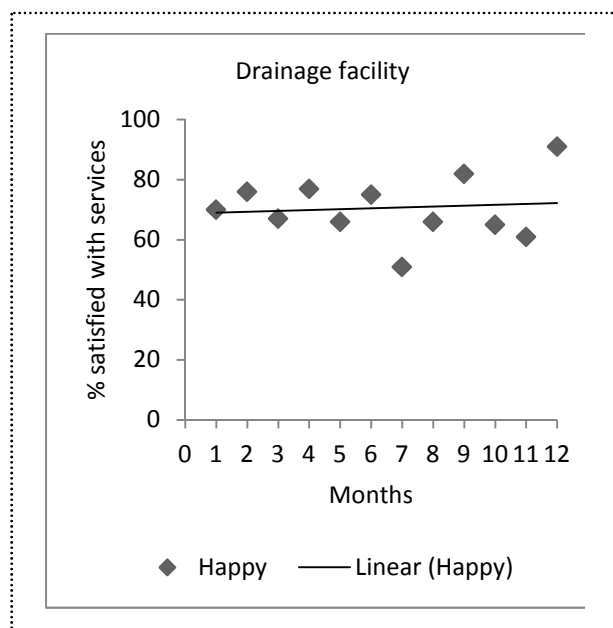
iv. Sanitation and Drinking Water

Some of the social indicators like drinking water and sanitation are not directly addressed through GPAF but however are critical for improving maternal and child health and

nutrition. The BFM initiative has incorporated these indicators too in their feedback format. Since these are issues that directly impact the living conditions of the community, the feedback also has been unambiguous and strong. This was taken up seriously with respective councillors and with KMC as well. Issues like lack of proper drainage leading to increased instances of dengue and diarrhoea were discussed in the **ward sabha**. Simultaneously CINI and Change Agents also sensitized the community on hygienic and healthy practices. With increase in knowledge, women in ward 56 even organized a rally with the help of CINI to raise awareness on keeping the neighbourhood clean.

Some of the remarkable improvements that have been made possible are:

- ✚ After KMCs intervention in areas where feedback came from, garbage is being cleared twice. In one unregistered slum the community is raising money to clean the area.
- ✚ Hygiene and Sanitation are better now in all the wards and in ward 59, presently the lanes are cleaned by KMC twice every day.
- ✚ Drinking water supply is now regularized almost in all the wards with active

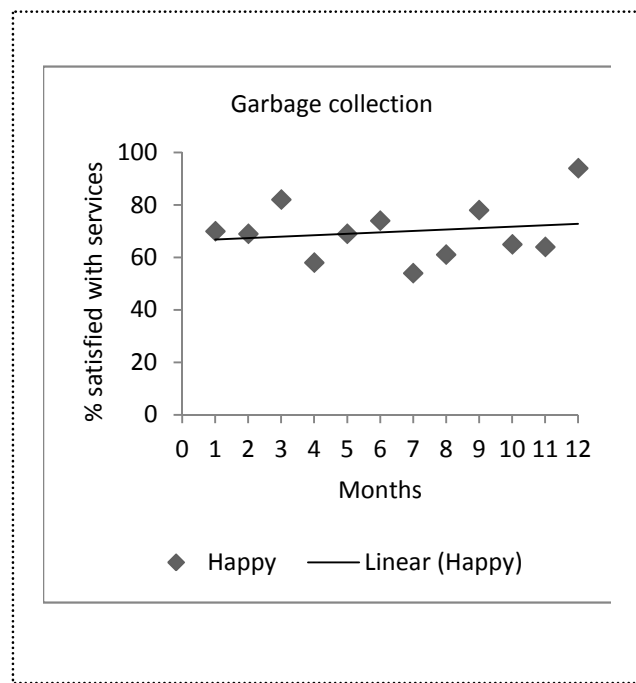


involvement of party representatives and increase in the number of taps from 2 to 8 at different areas.

🚧 Broken roads were repaired in Ward 59 Darapara and KMC officials have assured construction of proper drains in one of the wards.

🚧 Feedback on water logging in registered slums was addressed with vigour by KMC workers who visited the area to open manholes.

There has been an overall improvement in satisfaction expressed by communities with both drainage facility as well as garbage clearance as is evident from graphs.



E. Perceptible Outcome Level Changes

The BFM initiative marks a paradigm shift in the attitude of both the community members as well as the service providers towards approaching and addressing problems. A positive and enabling environment has been created for community members to raise their

concerns with the confidence that it will be heard and addressed by relevant authorities. Successful upward sharing of feedback and problems being resolved as a result of direct action has restored community's faith in the feedback process. All community members in the 4 wards are aware of the feedback mechanism and feel empowered to share their views and concerns through various methods/forums. Community members have been able to participate in Ward Sabhas and actively contribute to action planning.

The government counterparts approached the initiative with caution and even a measure of suspicion initially but the BFM's thrust throughout remaining focussed on resolution rather than fault finding saw an attitudinal shift among service providers. The feedback process is now being valued by the decision makers and planners as an effective tool that helps them to identify and fix problems. There is still a degree of trepidation among front line workers who perceive the exercise as an assessment of their work. This has to be contended with.

F. Some challenges and the way forward

The learning of the BFM initiative and the positive results have been shared at state level advocacy forum and government has evinced interested to scale up based on evidence of results. However certain aspects have to be taken note of while designing a larger program.

One of the important reasons for the success of the BFM initiative is the strong field presence and mobilization strategies of CINI, be it the Change Agents, CBOs or Local Clubs. All of these community representatives have been the base from which the feedback process has been propelled forward. A similar

network of active community representatives are a pre requisite for the scaling up of the pilot.

The Ward Sabhas and other existent convergent forums were chosen so as to not create duplicate platforms which will not sustain beyond the project life. However tagging the BFM issues in to existent forums has meant a paucity of time to discuss problems at length and seek resolution. Replication efforts need to mandate to the forums to be more receptive and committed to feedback from community. At present few clubs and SHGs have started using the monitoring tool (5 indicators) every month they discuss and grade these issues, make activity plan to improve these services. Initially the CINI supervisor and change agents conducted these meetings; presently the groups have made it a part of their monthly agenda.

Low levels of literacy among women limits their ability to give written feedback and hence open/unstructured or elaborate formats will not be a possibility in the near future. Social and economic backwardness are major impediments as it places a huge constraint on the time that communities are willing to spend on the feedback process, represent at convergent forums or on other advocacy measures. Loss of a day's income or other livelihood issues restricts the mobility of women/community members.

The gap between community's expectation of fast track resolution and the time taken by the system to respond effectively is also a challenge area. Changes in the political climate, elections and changing power equations tend to influence system's responsiveness and needs to be considered during action planning and scale up.

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