

BENEFICIARY FEEDBACK MECHANISMS CASE STUDY Pakistan



Suggestion box at school

Rahnuma is the Family Planning Association of Pakistan. Rahnuma piloted a beneficiary feedback mechanism (BFM) in its Urban Education, Health and Poverty Reduction Project. The project aimed to integrate education, health and income generation services for 14,000 school students, their mothers and families, in Pakistan. This project targeted students to raise their awareness about nutrition and sexual reproductive and health issues, and to link them into Rahnuma's clinics and mobile camps. The project also provided micro-credit and skills development to the families of the most vulnerable students.

Rahnuma piloted a feedback approach focused on 'Structured questions to seek feedback from the community about specific aspects of the project at regular intervals'. In addition, suggestion boxes were set up at schools and health clinics to give beneficiaries an opportunity to provide 'unsolicited' feedback that is confidential or outside the scope of Rahnuma's structured questions.

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:

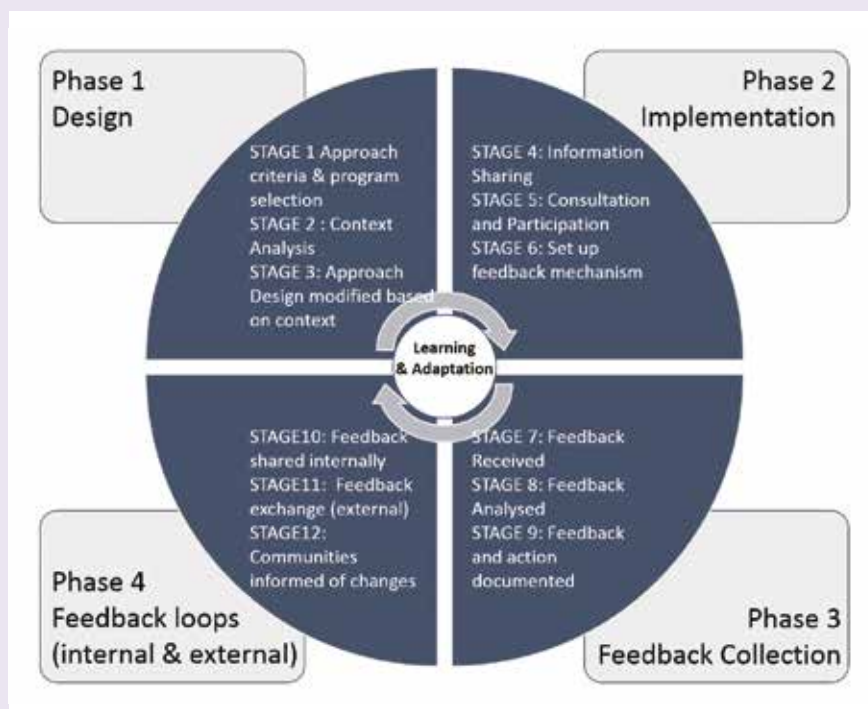
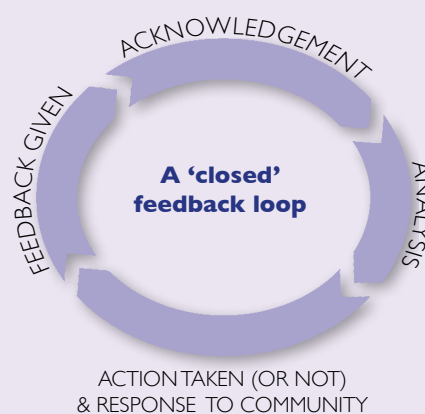
Phase 1: Design – based on a thorough context analysis of the organisation and community. This included talking to communities about how they would prefer to provide feedback and an analysis of any existing mechanisms

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

RAHNUMA'S EXPERIENCE IN ISLAMABAD (RAWALPINDI & HASSANABDAL)

Raising community awareness

To create an enabling environment for the BFM, Rahnuma spent a lot of time raising community awareness about their right to give feedback, how they could provide feedback and what would happen to feedback once it had been received. The Community Feedback Officer and staff shared information about the BFM during meetings with students and their families. In addition, posters were hung next to suggestion boxes and pamphlets were distributed with pictures and information about the feedback system.

Collecting and responding to feedback

Rahnuma's primary method for collecting feedback was to ask beneficiaries at regular intervals questions about aspects of the GPAF project. The theory being tested was that using structured questions and proactively engaging the community would help ensure feedback is relevant, includes the voice of vulnerable groups, is easier to analyse, process, and to report back to communities actions taken in response to their feedback.

Feedback was gathered at schools from students and at health clinics from families. Health clinics were run by Rahnuma. However, in order to work with schools, time and effort was need to gain the agreement of school management committees. The structured set of questions were tailored to the beneficiary groups and which aspect of the project that they were engaging with and able to provide feedback on.

Suggestion boxes were also set up at Rahnuma's health clinics and 6 participating schools. This provided beneficiaries a way to provide unsolicited feedback, with the option of remaining anonymous.

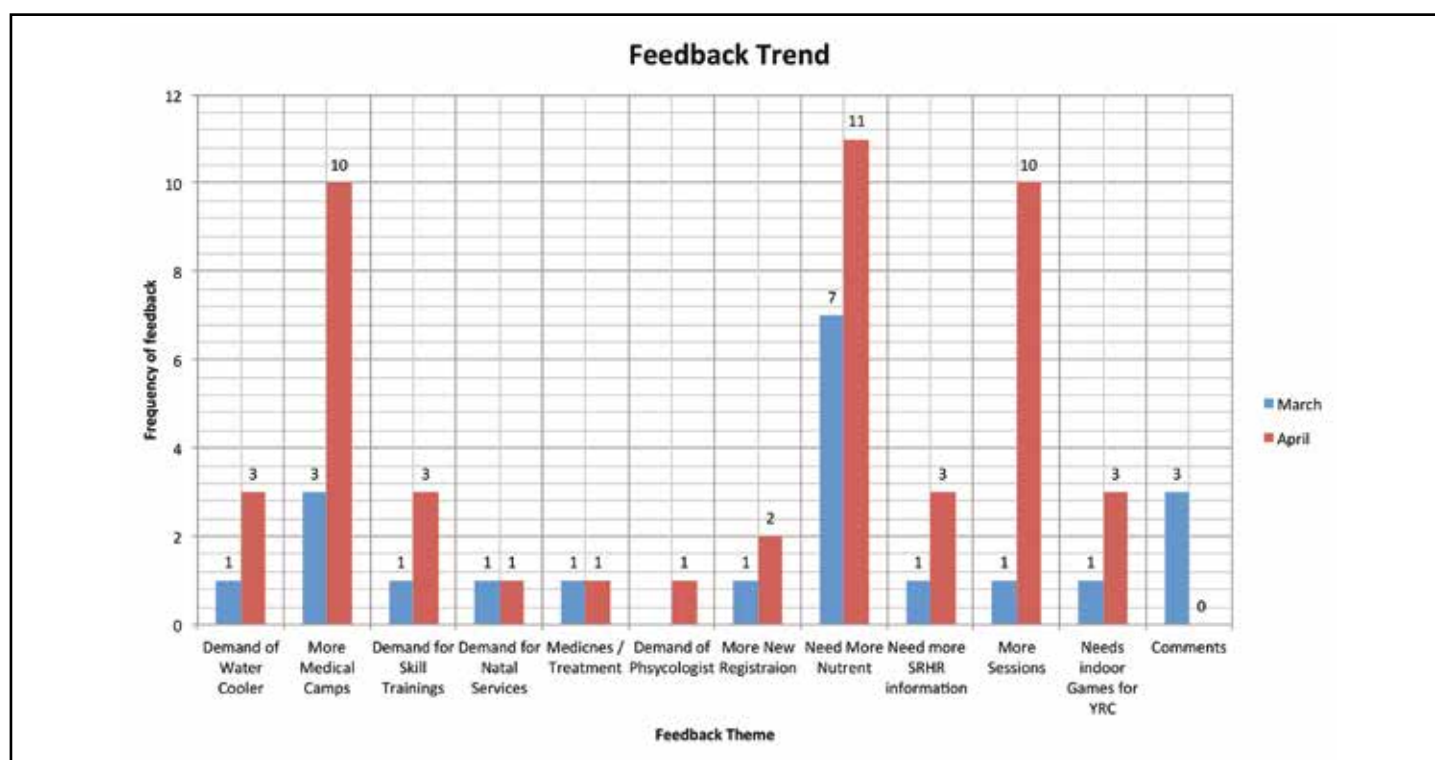
Rahnuma used a random sampling technique to select the sample of beneficiaries in the BFM pilot. The CFO asked the pre-determined questions through group meetings once a fortnight. Suggestion boxes were opened once a month by the suggestion box opening committee, which included representatives from the school management for schools, and a community member at the health clinics.



Providing ideas for improving the feedback system

When feedback started to be received through the system, the process was to -

- **Register feedback** – The CFO entered the details of the feedback into a database and recorded when the feedback was received, what was it about, and who (or which group) provided it. Feedback was categorized as high, medium or low priority
- **Analysis of feedback** – The CFO assessed each feedback and decided on the best referral pathway
 - The CFO referred feedback to relevant field staff members. The staff member informed management about the action taken in response to feedback
 - Feedback requiring more senior decision making was referred to Head Office and the World Vision Consortium & Fund Manager when necessary (for example requiring budget changes)
 - Feedback trends and analysis were presented and linked to monitoring reports for head office and regional level
- **Tracked** – The CFO monitored action taken in response to feedback and recorded these actions in the feedback database until issues were closed
- **Reported back to the community** – To 'close the feedback loop' action taken in response to issues was provided at the next feedback group meeting. The CFO also displayed actions taken in written form on the notice board of the relevant school and health clinic. Moreover validation meetings and timelines were ensured to close the feedback loop.



Changes as a result of beneficiary feedback

There were both direct and indirect costs associated with the BFM. These costs include the salary of a full-time community feedback officer; transportation, and investment in suggestion boxes, posters, pamphlets and notice boards.

Rahnuma's organisational culture and commitment to respond to feedback helped to maximise returns from their investment in collecting feedback. The responses to feedback could be seen to contribute to project objectives. For example feedback from students helped to understand how they could be best engaged in awareness raising about nutrition, sexual and reproductive health issues and services. In response to feedback female staff held separate information sessions with female youth. Students suggested issues that they were particularly interested in learning about and Rahnuma responded by including these topics in the next awareness raising sessions. Rahnuma responded to requests for more games and activities in youth centres which encouraged higher attendance. In response to community feedback concerning income generating activities, Rahnuma increased skill training sessions, Skill Kits and equipment for advanced skills.

To help achieve health objectives under the project, Rahnuma responded to requests for increased visits by the mobile health clinics. It also reallocated budget to respond to widespread needs expressed through the feedback system for re-distribution of nutrient packs. Where needs expressed through the feedback system were outside the project's mandate, it sought partnerships to help meet the need, for example with an eye clinic.

Importantly the BFM had a positive impact on health staff conduct, which can act as a barrier to accessing services. For example Rahnuma investigated and found a complaint to be true that a Lady Health Visitor (LHV) was asking for additional payments for health services. The LHV at one location clinic was fired and staff felt that this action improved accountability of other staff.

“People mention our names and even give their own addresses in the box, thereby making us more accountable towards our jobs. For instance my LHV was fired in response to a complaint made by one of the beneficiaries”.

“A complaint changes the picture of the whole issue at hand. It changes the context of the way things were handled in reality, thus creating a huge pressure for the staff members to perform well in their fields.”



Feedback box at a health clinic

LEARNING FROM RAHNUMA'S EXPERIENCE

Continuous adaptation to context enhances effectiveness and value for money

The design of Rahnuma's BFM was based on a thorough context analysis and input of beneficiaries. The context analysis showed that communities preferred face-to-face feedback mechanism, and these preferences were confirmed throughout the pilot. However some adaptations to meetings were needed to best reach target groups.

An initial challenge was having a male CFO which acted as a barrier to female students engaging during feedback meetings. To mitigate this challenge female members of Rahnuma's team helped to run feedback meetings. Female staff were selected who weren't directly involved in providing services in that location so that students felt more comfortable providing direct feedback. Meetings with men were rescheduled to the evenings to facilitate their participation after work.

Literacy was not found to be a huge barrier to providing feedback. This is because beneficiaries could provide feedback verbally in group meetings. It was found that illiterate community members used suggestion boxes with the support of literate community members.

The workload of the Community Feedback Officer was heavier than envisioned at the start of the project. To reduce this workload, other team members helped in soliciting feedback as part of their existing activities and meetings with the community. Mainstreaming feedback collection into existing activities helped to economize the process. It also helped to ensure the feedback system was owned by the team, and that listening and responding to feedback was not just seen as the responsibility of the CFO. However, the time required by other staff did demonstrate the need for this to be built into project and work planning for a feedback system to function effectively,

Stakeholder buy in is essential

Rahnuma ran its awareness raising and sensitisation activities through schools. To set up the BFM, Rahnuma needed agreement from schools to place a suggestion box on their premises, and to run feedback meetings with students. Some schools resisted the request, fearing that the feedback received through the suggestion box might relate to school management. Rahnuma overcame this challenge through strong mobilisation with school management teams. Assurances were offered that the system was not to scrutinize their performance. Posters specified that feedback should relate to Rahnuma's project which helped to educate students about the purpose of the mechanisms and to alleviate school management fears. Further, guidelines were agreed for opening the suggestion box: a member of the school management team was part of the suggestion box committee. When the suggestion box was opened and any feedback related to the school could be provided to them on the spot, while Rahnuma took the feedback related to its project.

School Management Committees had a huge positive impact on students' ability and willingness to provide feedback. Planning processes for a BFM need to factor in the time, key messages and engagement needed for this purpose.

Community sensitisation is essential

Time taken to regularly go to the community to hold feedback meetings was more time consuming than other mechanisms for collecting feedback. On the other hand, project outreach activities provided an opportunity to simultaneously raise awareness about the BFM and to report back on actions taken in response to feedback (activities which would otherwise have been conducted separately). As the project was being implemented in an urban area it was also more viable to go directly to communities to solicit feedback given the close proximity to the project office. This may have been more challenging in rural projects and where high time investments are needed to reach communities.

Solicited versus unsolicited feedback

When community members were informed about action taken in response to feedback, they were more motivated to raise their voice and provide further suggestions. This was particularly true of students who received updates during feedback meetings. Students could also more readily access notice boards at their schools and read written updates on action taken in response to feedback. During the pilot students became increasingly willing to use the suggestion box. This shift from solicited to unsolicited feedback may have come about through increased confidence in the system and that change would result from their suggestions.

However it was more difficult to provide updates on action taken in response to feedback to community members who had the option to use the suggestion box, but were not engaged in feedback meetings. This group missed out on receiving verbal

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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).