
BENEFICIARY FEEDBACK MECHANISMS CASE STUDY

Tanzania



Community drama raising awareness of beneficiary feedback mechanisms

Doctors with Africa CUAMM is a leading Italian NGO in the field of healthcare cooperation. It piloted a Beneficiary Feedback Mechanism (BFM) in one of its rural maternal and child health projects in Tanzania, and used SMS and voice calls to receive ‘unsolicited feedback’ from the community.

The project was established in Iringa District to improve vulnerable women and newborn children's access to quality maternal and neo-natal health services. Its strategy focused on strengthening district health systems, one of the most important administrative entities in the health system. The BFM acted as another driver for quality improvement – complimenting CUAMM's existing processes. Community feedback unveiled service quality issues, such as misappropriation of resources which were previously unknown, and acted as a catalyst for improved coordination between government departments.

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:

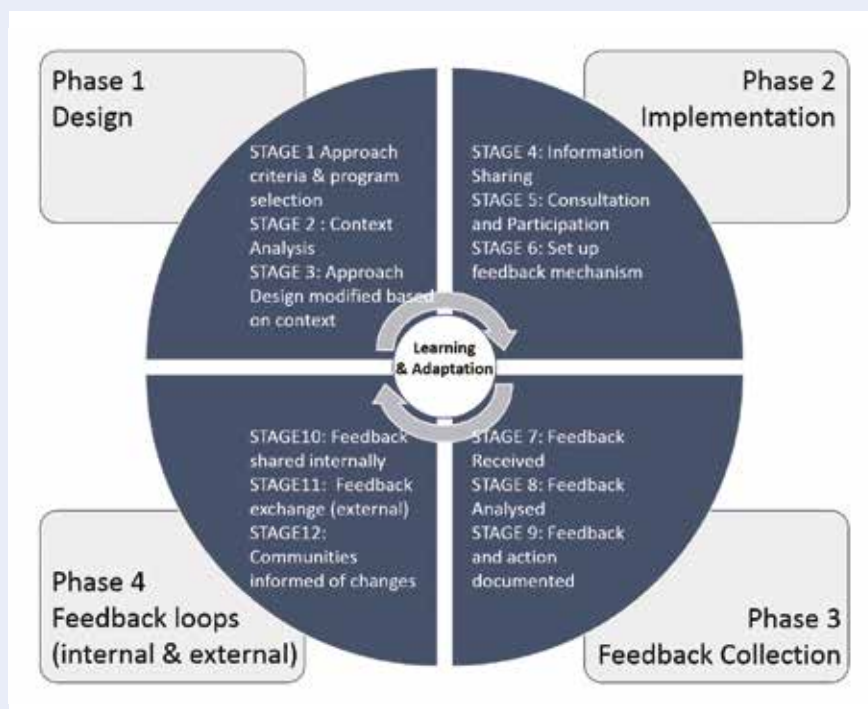
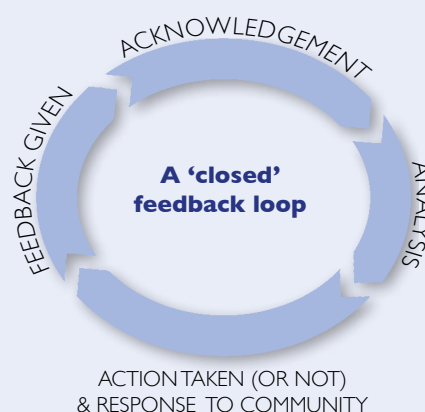
Phase 1: Design – based on a thorough context analysis of the organisation and community. This included talking to communities about how they would prefer to provide feedback and an analysis of any existing mechanisms

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

Raising community awareness

To create an enabling environment for the beneficiary feedback mechanism, CUAMM spent 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. Time and resources were continually dedicated to raising community awareness about the BFM. Information was shared through meetings, community drama, posters and volunteers.

Collecting and responding to feedback

CUAMM's pilot was designed to receive unsolicited feedback from the community during implementation of its project. Unsolicited feedback assumes that people living in communities know best when and what they want to feed back, without the constraints of targeted questions. Mobile technology was chosen as SMS and phone calls have the potential to open up information channels on a real-time basis and for the whole community to provide feedback. A context analysis had revealed relatively high levels of mobile phone ownership in the piloting areas, good network coverage and sufficient literacy to use SMS. Suggestion boxes were also included as a confidential feedback option.

A Community Feedback Officer (CFO) was appointed and guidelines and protocols established. As CUAMM's Maternal and Child Health (MCH) project was integrated with government, time was needed to engage and bring relevant service providers and departments on board.

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

- **Registered** – The CFO entered the details of the feedback into a register and recorded when the feedback was received, what it was about, and who provided it.
- **Referred for action** – The CFO assessed each feedback and decided on the best referral pathway:
 - Issues directly related to CUAMM were documented by the CFO in a weekly summary report and shared with the project team to determine appropriate action.
 - Issues concerning government were forwarded to the relevant department. In some departments formal arrangements were made to respond to feedback including identifying a dedicated focal person. Feedback reports were also shared and discussed at Council Health Management Team quarterly meetings and District inter-sectoral quarterly meetings.
 - Feedback issues that either needed urgent action or were sensitive were shared immediately with the CUAMM team and then with the relevant government department.
- **Tracked** – The CFO monitored action taken in response to feedback. Using the feedback register, the CFO recorded the details of the feedback, including: the date received, the initial response to the beneficiary on action being taken, the method used to provide the response and the status of action on the response.
- **Reported back to the community** – To 'close the feedback loop,' action taken in response to feedback was reported directly to those who used mobile phones to contact CUAMM. For feedback received through suggestion boxes, responses were posted on nearby notice boards.



Changes as a result of beneficiary feedback

Community feedback has provided additional information not captured by current traditional monitoring mechanisms. The District Medical Office (DMO) has appreciated feedback coming in as issues happen, such as shortages of vaccines, allowing immediate corrective action rather than waiting for quarterly reports. Moreover, where current monitoring data reports on quantities, for example number of births, feedback is providing information about the quality and weaknesses in services such as timeliness, staff conduct, and hygiene. In one case, the DMOs responded to complaints about inadequate health staff numbers at Makombe dispensary by posting an additional staff. In response to feedback, CUAMM also provided additional beds in maternity rooms and were able to step in where health workers were found to be ‘charging’ women to deliver by asking them to bring their own oil for lamps.

The feedback system provided an avenue for communities to safely raise concerns about misappropriation of resources, issues which had not been picked up through monitoring and had direct implications for maternal and child health. In one incident, the Health Officer in charge of a Health Centre had stolen beds for infants and adults, blankets, bed sheets, bed screen, drip stands, a weighing scale, and food supplied for the maternal waiting home. The DMO immediately investigated and the offender returned the misappropriated equipment. The beneficiary feedback mechanism was seen to increase the transparency of how services were being managed and to strengthen accountability through prompt follow-up by the DMO in response to malpractices.

“Strengthening the link between the district departments is another good unexpected achievement of the project. Before the pilot, usually all departments were used [to] working separately with no cooperation or sharing information. Thanks to the pilot, we put in place a quarterly based roundtable to address the received feedback in a comprehensive approach (health, social welfare, education, community development and even police desks when required).”

CUAMM felt that the most useful feedback helped them in understanding much more about usually hidden and undisclosed problems - particularly abuses and gender based violence. These issues were shared at ministry level and with other development actors present in the country. CUAMM is also seeking to address these issues in the design of future interventions in the community and is actively seeking partners.

“CUAMM is a medical NGO which is experienced in addressing social/ community issues in a health framework and now, thanks to what emerged from BFM pilot, the organisation is more and more including these aspects within the strategic plan for the next years.”

Meetings with Iringa District Department officers were held to discuss issues raised by collected feedback including representatives from the Health Department (reproductive health sector, HIV sector), Community Development Department, Education Department, Social Welfare Department and the Police Desk for Gender Based Violence (GBV).

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 and notice boards. Both CUAMM and the DMO have felt the feedback system is worth the cost, time and effort. Community members have also recommended that it continues as it is challenging weaknesses in the accountability of village governments and health facility staff.

LEARNING FROM CUAMM'S EXPERIENCE

Multiple feedback channels enhance access

While the context analysis had pointed to the feasibility of piloting mobile phone technology as a feedback mechanism; in practice, suggestion boxes were the preferred method to provide feedback in Iringa District. Over 80% of feedback was received through suggestion boxes. Much of the feedback received was sensitive, such as that related to gender based violence, or allegation of health centre misconduct, and the confidentiality offered by suggestion boxes was clearly one reason for their popularity. However, this was not the only reason: importantly, many women reported that they did not have access to a mobile phone which is normally in the hands of men – their husbands.

Based on their experience of implementing the pilot, CUAMM felt that the mechanisms were skewed “to get feedback from the more wealthy or the middle class of the village” and not to receive feedback “from the poorest and most vulnerable in the community”. This meant that in reality, the BFM was missing the feedback of many of their target beneficiaries who lack phones, are illiterate, and are afraid of being victimised for what they say.

In this context, CUAMM recommends that future BFMs need to organise additional face to face communication through community meetings.

“We do believe [the] number and nature of feedback should change significantly according to available tools. This issue rose quite often among the beneficiaries, who were asking why are only phone-owners entitled to let their voice to be heard? And again, to own a phone is mainly a gender related issue. At rural level in Tanzania, actually men only have their own phone; it hampers a lot which kind (and the number of cases) of feedback that can be provided”.

Stakeholder buy in is essential

CUAMM's MCH project aimed to build the capacity of government to provide quality health services. Feedback could help deliver on this commitment, but only if government departments were open to receiving and responding to feedback. At the start of the pilot, CUAMM chose to engage with the District Medical Office (DMO) because of their existing working relationship, and the fact that it was the DMO's mandate to oversee the quality of health services. Community feedback could help in fulfil this role. The DMO felt that the feedback complimented their existing systems, rather than duplicated it.

As the system developed, a need emerged for the CFO to have a single point of contact in government departments to refer feedback to and to find out what actions were being taken in response. The Departments of Health and Social Welfare have appointed focal points who actively engaged with CUAMM's CFO. Challenges with referring and tracking feedback persisted in departments that had not nominated a focal point. This demonstrated the value in having a focal person and suggests that, as far as possible, this should be planned for in setting up a BFM involving government stakeholders.



Community information sharing about beneficiary feedback mechanisms process

Community sensitisation is essential

A considerable barrier to providing feedback was fear of reprisal for raising issues. Some community members reported that they had concerns with health services that they had not raised because of fear of retaliation. This represented missed opportunities to hear about and resolve issues that could have improved health services and health outcomes in the community.

Those community members who had not been reached with information about the BFM, were reluctant to use the mechanism,

“We were really in great pool of ignorance, ... a large part of beneficiaries fear that the one who opens the Suggestion Box is a person from here and when he opens and sees that [feedback] concerns him/her and then we are in big trouble”

This shows the importance of communities being informed not only on their right to provide feedback, and how they can provide feedback, but also on how received feedback will be managed and what confidentiality can and cannot be maintained.

In future, CUAMM plans to introduce face to face community meetings for collecting feedback. It is anticipated that the community meetings will serve the multiple purposes of receiving feedback, while also sensitising people about the feedback system, overcoming their fears and communicating action taken in response to feedback.

Unsolicited versus solicited feedback

Unsolicited feedback assumes that people living in communities know best when and what they want to feedback, without the constraints of targeted questions. CUAMM valued the opportunity to receive unsolicited feedback from the community. It felt that if the organization just wanted to get feedback on its own work it could use satisfaction surveys. The system they adopted was unique in that it asked beneficiaries to let them know about those issues considered as priorities by them.

This type of approach can be managed to an extent through information provision that clearly communicates the parameters of the system, for example that the feedback must relate to the objectives of the organization's project. However, as CUAMM found, other issues may still come to the surface, which are unrelated but that people needed to share in absence of an alternative avenue for them to be raised. In CUAMM's operating context, these issues primarily related to gender based violence, but in one instance also concerned a serious criminal case.

CUAMM's experience highlights that in planning a BFM, organisations should think about how sensitive issues will be managed and referred in a way that does not put anyone at risk. Arrangements to deal with sensitive issues should be built into BFM protocols, policies and guidelines.

Organisational structure and culture influences ability to close feedback loops

‘We learnt the best enabler has been our capacity to provide practical reply to feedback’.

CUAMM found that the more local authorities (supported by the project) were able to reply with actions to the feedback, the more people became confident about the importance of using the BFM. During the first months of the pilot, CUAMM received very little feedback. However, after CUAMM and the local authorities demonstrated that community feedback had been taken into consideration, people started sending SMS, calling and dropping letters into the suggestion box much more frequently.

‘During the last three months of the project we got almost the same number of feedback we got in the previous twelve....because in the meantime we arranged many times to solve problems raised or, at least to go physically on the field to listen directly from the people.’

There were challenges in letting people know what action had been taken in response to their feedback. CUAMM primarily informed community members about the previous month's feedback through the notice board. However due to vandalism of the notice board and illiteracy, these updates were not received by everyone in the community which risked them losing interest in providing feedback. Communities indicated that they would prefer to receive updates through meetings.

MOVING FORWARD

CUAMM is taking steps to both sustain and scale up the beneficiary feedback mechanism. It is integrating beneficiary feedback mechanisms into other projects, but adapting and changing the tools to make them more appropriate to the target populations (for example using community meetings). The multi-sectoral district level task force set up during this BFM pilot to address feedback will continue. Furthermore, CUAMM is advocating the district authorities to adopt Frontline SMS software to continue gathering feedback. CUAMM is also engaging national authorities (at Ministry and Regional levels) to adopt this methodology into their annual plans.



CUAMM Suggestion box at Makongati village

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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).