BENEFICIARY FEEDBACK MECHANISMS CASE STUDY
Zimbabwe

An ADRA Validation Event Group

In Zimbabwe, the Adventist Development and Relief Agency (ADRA) integrated beneficiary feedback mechanisms (BFM) into their ongoing GPAF project, which aimed to improve maternal health care services for 7,500 women in Gokwe North District. It was anticipated that collecting and responding to beneficiary feedback would provide greater insight into some of the factors that influence access, use and quality of maternal and child health services. Although this was the original intention of the BFM, the pilot focused on the satisfaction of beneficiaries with the 3 project services provided.

ADRA used structured questions to seek feedback from the community at regular intervals. This approach is based on the theory that seeking feedback on pre-determined aspects of the project provides essential information on how beneficiaries perceive the relevance, appropriateness and quality of activities being implemented. Acting on feedback received (closing the loop) motivates beneficiaries to continue providing feedback and results in improved quality of programming over time.

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 projects[1]. 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 effective[2]".

The BFM pilots all followed the same four phase process, led by a dedicated Community Feedback Officer, as outlined below:
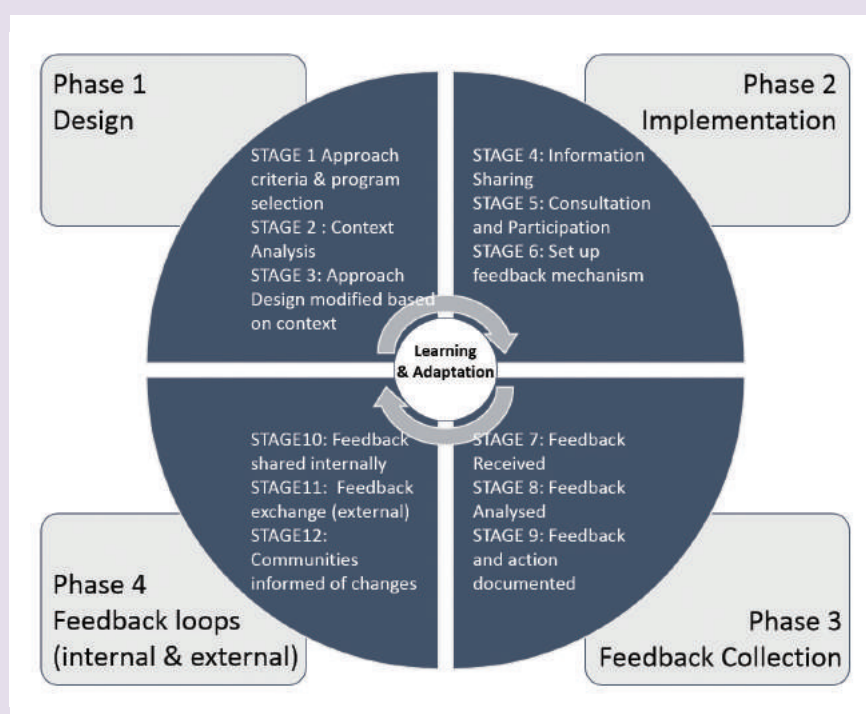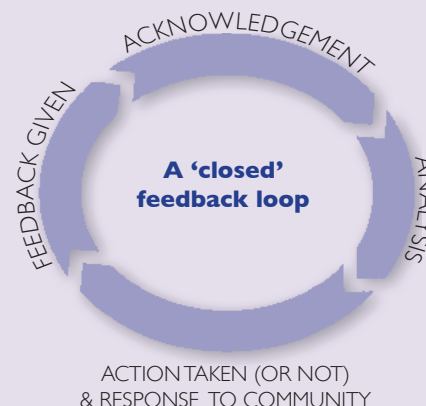
Phase 1: Design – based on a thorough context analysis of the organisation and community. This included talking to communities about how they would prefer to provide feedback and an analysis of any existing mechanisms

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 commons lessons emerged, as well as experiences unique to each.

A 'closed' feedback loop

FEEDBACK GIVEN — ACKNOWLEDGEMENT — ANALYSIS — ACTION TAKEN (OR NOT) & RESPONSE TO COMMUNITY

Phase 1 Design
STAGE 1 Approach criteria & program selection
STAGE 2 : Context Analysis
STAGE 3: Approach Design modified based on context

Phase 2 Implementation
STAGE 4: Information Sharing
STAGE 5: Consultation and Participation
STAGE 6: Set up feedback mechanism

Learning & Adaptation

Phase 4 Feedback loops (internal & external)
STAGE10: Feedback shared internally
STAGE11: Feedback exchange (external)
STAGE12: Communities informed of changes

Phase 3 Feedback Collection
STAGE 7: Feedback Received
STAGE 8: Feedback Analysed
STAGE 9: Feedback and action documented

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[1] The projects were funded through DFID's Global Poverty Action Fund
[2] CDA Collaborative Learning Projects, cdacollaborative.org

ADRA'S EXPERIENCE IN GOKWE NORTH DISTRICT

Raising community awareness

Information sharing is a critical component of an effective beneficiary feedback mechanism. Beneficiaries and the wider community need to have access to appropriate and targeted information in formats that are accessible to them. There is a direct correlation between the provision of information and the volume and quality of feedback received. Both community meetings and notice boards were also used to provide information about ADRA Zimbabwe, the project activities and the beneficiary feedback mechanism.

Collecting and responding to feedback

During the pilot, ADRA solicited feedback from direct and indirect beneficiaries on the following four aspects of the GPAF project:

- Use of the 'Waiting Mothers' Shelter', constructed by the project

- Use of the 'E-Ranger' ambulance to transport women in labour

- Training and health awareness activities through health clubs

- Communities' perception of ADRA Zimbabwe

In order to do this, multiple channels for feedback were set up, including confidential and public options. The location and type of feedback channel were chosen through consultation with beneficiaries during the design of the pilot. The selected mechanisms were: monthly focus group discussions, quarterly feedback surveys, community meetings (convened by leaders), and suggestion boxes (opened monthly). The responses collected were documented and analysed by a committee (ADCOM) including the Community Feedback Officer. Summaries of feedback received and the responses to the feedback were provided orally during community meetings and in written form on notice boards. Both community meetings and the notice boards were also used to provide information about ADRA Zimbabwe, the project activities and the beneficiary feedback mechanism. Training of Trainers (ToTs) were also instrumental in disseminating important health information to the health clubs they led.

In addition to these formal mechanisms, beneficiaries chose to give feedback informally to the Community Feedback Officer, ADRA field staff, area ToTs and community leaders in person or on the phone. As one ToT member commented:

> *"...there are times when we see the field officers from ADRA even along the way, we just tell them of what is happening this side and they say they will relay the information to the office if they don't have a response immediately. We think that its fine because sometimes not everyone here will write a note and put in the suggestion box, nor attend all of the CFO meetings."*

The most popular mechanism was community meetings, which are convened by community leaders to address a range of community development issues. ADRA used this forum as an opportunity to seek and respond to feedback. However, this feedback channel had several barriers to inclusion: in this male dominated society, women tend not to speak out in public; meetings tended to be dominated by community leaders, and there was generally low attendance of women due to the distance to the meeting location.

Suggestion boxes proved to be the least effective mechanism, influenced by particular contextual factors. Boxes have been used in this setting by the police for reporting offenders and therefore were not always recognised as a channel for feedback. Furthermore, the target community mistrusted this channel due to a previous negative experience when abuse of suggestion boxes (through politically motivated information) led to localised conflict. Unexpectedly, low-use of the suggestion boxes was also attributed to their position within the chosen location (either health centres or schools). Some women reported that they felt unable to provide feedback where accessing the suggestion box would be clearly visible to health workers. For ADRA, the scope of feedback received from the suggestion boxes was limited through strict conditions imposed by the Ministry of Health on the opening of the box (several key people had to be present) and documentation of feedback (only that directly related to ADRA could be recorded). This limited the potential of beneficiary feedback to provide insights into wider factors that affect access to and quality of MCH services.

Changes as a result of beneficiary feedback

Suggestions and concerns raised by beneficiaries through the available feedback channels led to changes being made at project level. Some key examples of changes are listed below:

- **Use of the 'Waiting Mothers' Shelter'**
  The building plan for the 'Waiting Mothers' Shelter' was altered based on input from community stakeholders. Suggestions were also received to include a bell to enable women in labour to call the nurse, and to provide curtains for privacy.

- **Use of the 'E-Ranger' ambulance to transport women in labour**
  To mitigate confusion on the terms of use of the E-Ranger (people were unsure if the service was free, or how to access it), a poster was designed to communicate this information and provide contact numbers when required. Further, beneficiaries requested that the E-Ranger be made available for other emergencies, when not in use for maternal medical response.

- **Communities' perception of ADRA Zimbabwe**
  A small sub office was opened closer to the project implementation area to facilitate better contact with the community by the CFO and ADRA staff.   There was an important attitudinal change noted in staff brought following feedback about certain staff that displayed negative attitudes or poor conduct towards beneficiaries or arrived late for meetings. Communities have noticed improvements in this area since providing feedback. Additionally, suggestion boxes were relocated by ADRA after learning some people were uncomfortable using this channel if the box was in a public location.

These changes resulted in strengthened relations between the community and ADRA, and importantly, trust in the feedback system. Given the sensitive political context, this is a very important outcome.

> *"If they hear our views and concerns on the services here, they will try to change things where they could for the benefit of the community. For example, we have seen so far that when we complained about the conditions of use of the E-Ranger, they changed them because it makes sense to open it up for other emergencies,"* Community leader, Simchembu.

The feedback received has helped ADRA Zimbabwe clear up community misconceptions about their project activities, which ADRA was previously unaware of. Moreover, receiving beneficiary feedback regularly has been very useful in highlighting needs for adjustment or changes to project activities far earlier than these would have been made known through the project's current monitoring and evaluation processes.   Staff observed that beneficiary feedback has also facilitated changes in the Maternal Child Health delivery strategies which have led to considerable improvements. One example is that Waiting Mothers complained during Focus Group Discussions that nurses were not checking on them frequently and because of that there was no difference in waiting at the clinic and waiting at home. Health Centre staff subsequently changed their working plans to include a morning round in the shelters.

Responses to feedback and the scope of changes made to the project were limited by budgetary considerations. Project staff perceived that their budget did not have sufficient flexibility to allow them to address issues raised by beneficiary feedback that required additional funding. Although, this may be partly due to misunderstanding the budget rules regarding levels of flexibility, some of the suggestions or requests by beneficiaries were simply not possible within the available budget or scope.

FGD with waiting Mothers at Simchembu Waiting Mothers Shelter

Community sensitisation and stakeholder buy-in are essential

In the local language of Gokwe North, the term 'feedback' translates as 'reporting of wrong doers' and has negative connotations. Furthermore, there are cultural norms that prevent people from complaining about services they receive for free, such as those provided by NGOs, as these are seen as a gift. In such a politically sensitive context, people did not feel comfortable raising concerns or complaints in public, where they could be identified with any information shared.

"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..."

ADRA Zimbabwe ToT Simchembu Understanding of the feedback process End-point report

Despite efforts at sensitisation, it took a long time for beneficiaries, stakeholders (including the district level Ministry of Health) and ADRA field staff to understand the concept and system of beneficiary feedback. The conditions imposed by the Ministry of Health on management of feedback received through health facility suggestion boxes is an example of mistrust of beneficiary feedback and expectation that feedback received will all be negative or critical. Working to gain the support of key stakeholders, such as local and traditional leaders, was essential as they are highly influential in the community. For example, people were happy to participate when encouraged to do so by the local M.P.
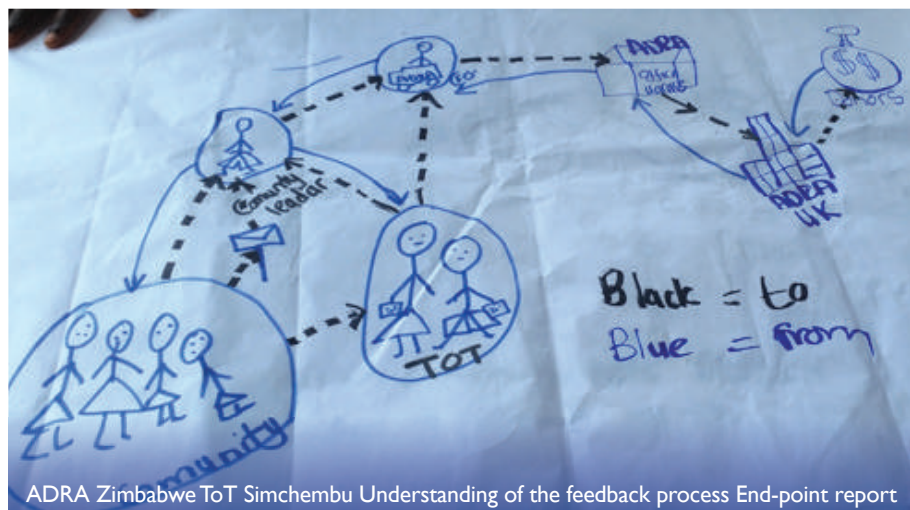
"At first, the community did not understand where ADRA was coming from and intended to go with their quest for soliciting feedback to the extent of providing feedback boxes. Some people believed that this was a trap, trying to identify offenders. As time went on with people airing their views and realising that ADRA is responsive, people realised that it was a genuine desire to meet community needs."

Continuous adaptation to context enhances effectiveness and value for money

The most effective beneficiary feedback systems are not only adjusted for context during the design phase, but also are adapted along the way. During the pilot's implementation, ADRA Zimbabwe made a series of changes in response to observed barriers to help boost the utilisation and effectiveness of the feedback system.

Mitigating barriers to participation: Noting low use of feedback mechanisms by women, ADRA provided a mobile suggestion box to remove the obstacle of distance to the suggestion box locations as well as the discomfort of providing feedback in a public place. Planned focus group discussions were adapted to include women only groups, thus giving space for women to air their views in a culturally acceptable forum (i.e. not in front of men). Additional project activities were created (Training of Trainers for adolescents) to promote the involvement of youth, who are disengaged in community development. ToTs were used to collect feedback from the community in instances where the CFO could not be present. They also relayed responses back to the beneficiaries.

Managing out-of-scope feedback: Even after sensitisation, feedback was received which was either not relevant to the project or beyond ADRA's mandate (such as requests for additional services). In response, ADRA developed a quick client questionnaire in order to solicit feedback specifically related to the GPAF project. Additionally, having received numerous feedback on the same issue, ADRA introduced Frequently Asked Questions (FAQs) to provide responses to commonly raised issues. The FAQs were shared orally in meetings and posted on the notice boards.

Leveraging other project activities: To enhance access to feedback channels, ADRA leveraged existing project activities. For example, staff carried the mobile suggestion box with them when conducting routine project activities.

An ADRA BFM Learning Event

Targeted home visits were used as an opportunity to collect feedback on the GPAF and other projects as part of Monitoring and Evaluation processes The CFO was updated through reports or meeting minutes, and then triangulated the data against feedback collected through the established mechanisms..

Multiple feedback channels enhance access

In many societies, traditional oral channels of communication are valued and trusted above formal or written options. For ADRA, this meant adapting the pilot design to provide more opportunities for face to face feedback, including providing responses to feedback during meetings rather than only in written formats.   Ensuring non-written options for sharing information and providing feedback are essential in contexts of low literacy, but managing informal channels comes with its own unique challenges.   In Gokwe North, the use of community meetings to close the loop and provide responses to feedback was not always effective.

> *"You will see that sometimes the feedback from ADRA may not reach so many people, especially if relying on the community leaders to give feedback during meetings because some of the ADRA feedback is not always high on the agenda, it might be overlooked if time runs out..."* Ward Health Committee Member.

Organisational structure and culture influences ability to close feedback loops

Organisational protocols and systems for receiving and responding to beneficiary feedback need to be established and staff trained on them. While feedback loops were functional at point of service during this pilot, beneficiaries observed that the speed at which information reached the communities was very slow. This was due to barriers such as logistics and transport, as well as internal protocols governing the referral of feedback to ADRA's Harare office and ADRA UK. Communities suggested the use of technology (such as WhatsApp) would help to speed up this process.

MOVING FORWARD

Using the learning from this Pilot, ADRA Zimbabwe will seek to integrate BFM in its interventions as an accountability measure. The BFM will complement the existing M&E systems but focus more on ensuring beneficiaries are empowered to hold duty bearers accountable as opposed to them being mere recipients of aid. Each project will have a specific trained individual responsible for feedback collection, documentation, analysis and action. ADRA has identified an individual within the maternal health project in Gokwe North who will be capacitated to continue collecting and reporting on feedback using the BFM pilot approach. The learning event held by ADRA generated a lot of interest and revealed other types of BFMs being used in the country by different stakeholders. As a result ADRA plans to have quarterly learning sessions with partners and stakeholders. Data collection and management has been critical in the running of the pilot. ADRA has identified a free online data management tool which it will use to manage feedback and report on it. The KOBO tool Box will be used to collect feedback starting with the maternal health project. Implementation of the BFMs will be done through thorough engagement with stakeholders including local leaders and politicians. ADRA hopes to advocate for accountability across all levels and has also put BFM as priority during fund raising initiatives.

Opening of Feedback box and refreshing of Noticeboard

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.

World Vision UK

World Vision House, Opal Drive, Fox Milne, Milton Keynes, MK15 0ZR
London office: 11 Belgrave Road, London, SW1V 1RB

info@worldvision.org.uk
www.worldvision.org.uk

ADRA UK

Stanborough Park, Watford, Hertfordshire, WD25 9JZ, England

http://www.adra.org.uk/
https://adra.org/