Summary findings from Ex-poste interviews with BFM partners

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Introduction

Between 2014-2016, World Vision UK led a consortium to support 7 NGOs establish a Beneficiary Feedback Mechanisms (BFM) in their UKAID funded maternal and child health programme. As part of the consortium, INTRAC supported learning to ascertain: What makes a BFM effective? Does it improve accountability to communities and the delivery of projects? Is it worth the investment? The findings from these projects have been documented and shared and are available here.

In January 2017, World Vision UK contacted all seven BFM partner organisations for an ex-poste interview. This was prompted by interest in learning about what has happened since the pilots came to an end and any lessons and recommendations partners had for future projects; specifically, in upscaling or replicating BFMs and the sustainability of such mechanisms in the community. Thus the interview questions were semi-structured around exploring these aspects and five out of the seven BFM partners agreed to the interview. These were AMREF-UK for AMREF Health Africa in Ethiopia, CUAMM based in Tanzania, Health Poverty Action in Somaliland, MAMTA Institute for Mother and Child in India and RAHNUMA-Family Planning Association of Pakistan.

All five reported that the pilot projects ended between December 2015-May 2016 and in the time since then until early 2017 the organisations have shared the findings from the pilot projects internally and externally with partners and within Headquarters. Some have become champions and resource persons for BFMs within their organisations. All reported that there was great value in piloting the BFM project for their organisational learning. The biggest capacity development according to the interviewees had been in systematising the approach of collecting feedback, documenting and referring it and most importantly acting on it to improve their responsiveness and thus the outputs. The structures already set up could then be used again. CUAMM mentioned that this was new for communities and it had been appreciated by community members. Many mentioned that it took time to sensitise communities in perceiving feedback as a right and building their confidence to do so. However once that happened, feedback helped these organisations to 'ensure outputs' but also led to a sense of 'empowerment' and 'confidence' by communities. Another aspect that was valued was that the pilot had allowed village level institutions and local government departments to come together to address common feedback concerns and marginalised groups' voice was heard through the feedback system that had hitherto been ignored. AMREF was influential in ensuring that Government continues its' commitment to continue the feedback mechanism in Ethiopia. Even for those organisations that were already doing some form of community feedback, such as RAHNUMA-FPA and MAMTA, they valued that the project allowed them to streamline feedback processes and improve internal systems. In that sense the capacity building during the project life on how to implement feedback systems effectively was the most valued.

The majority of interviewed partners reported that they continued the mechanism in an adapted form, while AMREF reported it continued the mechanism as originally set up. CUAMM was not able to continue the feedback collection and follow-up in the original areas due to funding constraints, so they collected feedback informally or through meetings whenever they could but others were able to leverage funding and replicate many of the processes in other projects and in other geographical areas such as the use of feedback boxes, focus group discussions and community meetings to get feedback. However, this replication happened in an adapted form and with less staff time than was

assigned in the original project. This is understandable as newer projects were not specifically designed for setting up feedback mechanism and thus they had to find creative ways to cover this expense. This meant sharing staff time with other project duties, such as in the case of HPA staff or working through peer educators and quality managers such as in the case of MAMTA and RAHNUMA.

AMREF were able to use the original systems set up in the same area and same community groups in two new projects, on maternal and reproductive rights and on an immunisation programme with the commitment from the local government to continue the structures put in place.

Key Enablers for sustainability

Through the interviews it was gleaned that there are four interlinked enablers of sustaining BFMs after the pilots were over. **These are: attracting funding to support BFM, the commitment of the organisation to institutionalise BFM through core programming and strategy; the ability of champions within the organisations to further the uptake or cause for BFMs and the organisations' established reputation and trust with the community they work with.** These factors have influenced the degree to which BFMs have been sustained. At one end, AMREF in Ethiopia and MAMTA in India have a long established reputation, coupled with their commitment to community participation and feedback. MAMTA has this as per their strategic guidelines, which has meant that they were able to attract funding from corporates and other donors to not only sustain the BFM in the original area but also had new projects that adhered to the principle of BFM such as their mHealth programme and their community feedback on maternal and infant health services in Punjab using a scoring system. In RAHNUMA-FPA Pakistan, the organisation was already implementing beneficiary feedback and they have developed tools and resources within the BFM project that they replicated for other projects and they were able to share learnings across the institution and had new projects on gender violence and youth empowerment, where utilising the feedback mechanism felt very appropriate given the focus of the project was on a subject that community members are not openly discussing. While with HPA, it was noted that a specific programme manager championed the use of BFM and she was able to incorporate the use of BFM in a new European Commission funded project in Somaliland which covered the original area as well as new areas. While CUAMM staff in Tanzania were very supportive of BFM, they found it challenging to continue it in any formal way, given the lack of funds and the perception of the local government departments on the efficacy of BFMs. They felt that there was more work needed in terms of advocating to local government on the importance of BFMs, which required persistent effort.

Availability of Flexible Funding and budgetary allocation for BFM is important

It was noted that each agency found the availability of flexible funding to be the main catalyst for the continuation of the BFM in existing areas and for upscaling. Not only funding but assigning specific resources within project budgets for staff time and for maintenance of the feedback system in new projects was important. For example in HPA, the new project is working in the original area and two other areas of Somaliland and setting up the process at the beginning of the new project took time. Both CUAMM and MAMTA mentioned that corporate or private funders are very interested in garnering community perceptions and therefore MAMTA was able to get corporate funding for continuation of the BFM in the original districts of Uttar Pradesh, India. RAHNUMA-FPA in Pakistan is also continuing collection of feedback through feedback boxes and community meetings through two new projects on sexual and gender violence and youth empowerment. They are adapting certain tools such as the community questionnaire developed under the BFM for use in their new projects. AMREF has strong partnership with government and so were able to meet with

government at the end of DFID funded BFM to agree that the feedback mechanism would continue. Subsequently they were able to implement two new projects in the area and thus provide resources to support the continuation but they mentioned how the Government's perception of feedback mechanism as a positive system for improvement has meant that there is shared ownership of it and the feedback boxes are maintained by local community health workers and it is opened once a month and a report of the feedback is sent to the district office.

Another aspect of funding is about the scale of projects where BFM is being incorporated as part of the project. There is a concern that with smaller scale projects, donors may not be so flexible in spending a percentage of the project funds on BFM. With larger scale projects spending a small percentage of the funds on setting up and maintaining BFM may not be an issue. Therefore an important question raised is how can one incorporate BFMs in smaller scale projects, especially if the organisation does not have core funds available for spending on BFM.

AMREF also pointed to the need for adaptive programming which requires flexibility in budgeted activities and workplans that can be adjusted to the feedback coming out of the BFMs so that a lot of time is not wasted in trying to get approval of changes. Perhaps portions of budgets could be earmarked for this flexible approach.

BFM not formalised as part of organisational strategy but is generally supported

Apart from MAMTA, most interviewed say that implementing BFM is not part of the formal strategy of the organisations, so it is not mandated within its strategy or workplan. Even in the case of MAMTA, they have a broader vision of community participation and not specifically BFM although they insisted that community feedback is very important to realising this. Within those organisations that have been successful at upscaling or replicating, organisational culture and Senior Management Teams are supportive of BFM, even if it is 'informally formalised' as one interviewee mentioned. Also those staff who were responsible for the BFM pilot continue to act as resource persons and champions internally for sharing and learning and for identifying how BFM can be put in other projects as mentioned by RAHNUMA.

Donors should make it a requirement and recognise resource intensiveness of BFM set-up stage

Most organisations would like donors to take note of the resource intensive-ness of the set-up phase, community sensitisation and building systems for BFM takes time, and so recommended to build time and resources for this in future grant design. Also they recommend that progressive donors like DFID make it a requirement in their funding mechanisms for organisations being awarded grants to include BFM as part of project design. This will ensure that organisations prioritise BFM in their activities among the various other outputs they need to produce during the project life.

Need to consider sustainability of systems put in place during pilot when designing future projects

Pilots are supposed to test concepts but there are real-life consequences in terms of when they end, for example, the hotline in Tanzania is now closed but some community members are still spreading the number so there needs to be perhaps an information sharing exercise with communities at the end phase of the pilots too to ensure they are informed. In Pakistan, RAHNUMA-FPA, informed the parents of schools that were shutting down the BFM and informed them that they could come to the clinics to provide feedback as that would be continued. In MAMTA's BFM, village level peer educators own the feedback boxes and in Somaliland, health centre workers are responsible for the feedback boxes and as mentioned by AMREF local government community health workers open the feedback boxes. Feedback is collected and the process of opening it and recording it is still ongoing.

Therefore, the BFM's project legacy, the technical capacity that was built and the processes have been continued although the specific staff member, the community feedback officer role is no longer assigned.

MAMTA's new mHealth programme which incorporates community feedback, is working with community health workers who can upload queries by community members that they can not answer to the mHealth platform that a private company has developed for MAMTA. This is then referred to technical advisers who can input the response and send back to the health worker. A response can usually be got within 24 hours. However, developing and maintaining this mobile platform is costly, therefore, how these can be sustained after grant funding ends, is a concern.

Guidelines on BFM and Learning Networks would be useful!

All those interviewed felt that learning networks would be useful and would help exchange knowledge and also provide a collective voice, most interviewed could not identify an existing network, which specially shares learning on BFMs currently in their countries. AMREF suggested BOND'S working group; MAMTA suggested that they are part of a national network of 137 NGOs called Sirjan, which does capacity development and this could be one such network that could be used for BFMs although they do not specifically have BFM as a component, MAMTA could discuss this as it works with many of the NGOs in the network.

AMREF mentioned that it would be useful to have technical resources such as guidelines for setting up and maintaining BFMs as part of exchanges.

Limited influence on government if not having funded programme or long established relationships

All the partners continue to maintain their relationship with local government where the BFM was piloted but there is no formalised way which was set up through the BFM to review feedback together and no staff member like the community feedback officer who would coordinate this process. In both CUAMM's case and in RAHNUMA, they noted that government officials had been on board and appreciated the BFM initiative while it lasted but despite their interest they have yet to adopt any similar feedback mechanism of their own after the pilots ended. Therefore the leverage that was there through the project support has meant that the ongoing engagement with the government has also ended with the end of the pilots. In contrast, in AMREF's case, they found that a community worker from the community can take on the role of community feedback officer and is independent in terms of perceived organisational affiliation. AMREF has very good relationship with the local government which helps influencing adoption of BFM and it is something that is built into their strategy as part of sustainability as they work with government in all their projects in Africa. Similarly, MAMTA has had a positive experience with government departments. After the pilot project, the Government of Punjab had approached them to set up a project which included community feedback in districts in Punjab and that project has now got-off the ground. In their interview, MAMTA highlighted that they have maintained good relationships with all levels of government at state and national level and through their senior management but also through local functionaries at the local level. They also mentioned that the Government of India's Health Department is very committed to community accountability and is encouraging the link with the community through government-link workers. Accordingly, if this is rolled out and functions well, then many sustainability issues would be addressed.

Conclusion

In summary, the interviews highlight that there were several benefits from the BFM pilots, the greatest being the technical capacity built around implementing BFMs and streamlining of feedback system in the organisations and partners who have successfully sustained them have been able to raise funds through different projects and donors and advocate for the incorporation of BFM within their organisations even if BFM has not been part of a formal strategy of the organisation. Key enablers for sustaining BFMs have been funding to support BFM, the commitment of the organisation to institutionalise BFM through core programming and strategy; the agency of champions within the organisations to further the uptake or cause for BFMs and the organisations' established reputation and trust with the community they serve. For BFMs to be mainstreamed more advocacy is required, especially with government department in different countries. To this effect, recommendations are that donors make it a requirement in their grant design to incorporate BFM within projects. There is also a need to design pilots in the future where sustainability of efforts are built into the design. There is interest in using learning networks to exchange knowledge and advocate for BFMs by organisations that were interviewed.

Further Reading

Beneficiary Feedback Mechanism Pilot Project Case Studies: For more information, please follow the links below:

- Ethiopia (AMREF Health Africa)
- Kolkata, India (Child in Need Institute in partnership with ChildHope)
- Pakistan (Rahnuma Family Planning Association of Pakistan)
- Somaliland (Health Poverty Action)
- Tanzania (CUAMM Trustees)
- Uttar Pradesh, India (MAMTA Institute for Mother and Child)
- Zimbabwe (Adventist Development and Relief Agency)