RESPONDING TO PARTNERS AND COMMUNITIES

CARE Nepal Community Feedback Collector Training, during Constituent Voice Pilot
Photo: CARE

Introducing CARE's 'Constituent Voice' (CV) Feedback Mechanism Pilot

CARE's Constituent Voice (CV) feedback mechanism pilot is being implemented with five CARE Country Offices. The pilot aims to provide a flexible tool for reflecting on the feedback of key programme stakeholders, engaging in open dialogue with them as a regular part of stakeholder relationships, and acting on the findings regularly. In this way, the CV methodology responds to the growing support for more 'adaptive development', providing faster and more cyclical check-in junctures, where feedback can be used as a management tool. It also helps to action CARE's commitment to improving accountability to, and among, programme stakeholders, and to take concrete steps to foster more equal partnerships. The CV pilot tests a process that could be applied across CARE.

Digital Platform: The system operates on a digital platform called the 'CARE Neighbourhood' within Keystone's Feedback Commons. The Survey Builder tool in the system supports the creation of simple micro-surveys. The Data Explorer tool enables programme and partner staff to analyse feedback and create data graphics that can be used during dialogue sessions and management meetings.

Which CARE programmes are piloting the CV Feedback mechanism?

In **Ghana**, a governance project titled Ghana's Strengthening Accountability Mechanisms (GSAM) and a financial inclusion project, Household Economic Security for Poor Women (HESP), funded by USAID and the Big Lottery Fund respectively.

In **Zambia**, a food and nutrition security project called Scaling Up Nutrition (SUN), funded by DFID.

In **Nepal**, the multi-donor funded Nepal Earthquake Response.

In **Bangladesh,** a social enterprise establishing agro-input kiosks called Krishi Utsho, and a food and nutrition security programme called Shouhardo III funded by Government of the Netherlands and USAID respectively.

In **Tanzania**, a financial inclusion project called Pesa Kwa Wote and a land rights project called 'Ardhi Yetu' funded by Financial Sector Deepening Trust (FSDT) and DANIDA respectively.

Feedback Loops: Participating pilot programmes chose to collect feedback about the following key 'relationships':

• **Partner staff feedback about CARE** – including formally-contracted CSOs, government departments, and local entrepreneurs.

• **Target group or impact population feedback about CARE and partners** – including various members of targets groups that the given programmes have engaged with directly.

## Modelling Accountability through Partner and Impact Population Feedback

What is Constituent Voice?

Constituent Voice: a method developed by Keystone Accountability to promote continual feedback and structured dialogue between stakeholders.

CV generates regular perception data from partner staff and members of programme impact populations, helping to flag problems early; support adaptive management; improve partner and community relationships; and make programming more accountable.
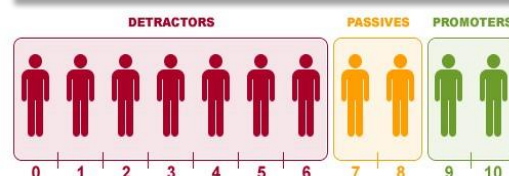
How does it work?

CV turns **feedback into data** and **data into voice**. It does this via a five step process:
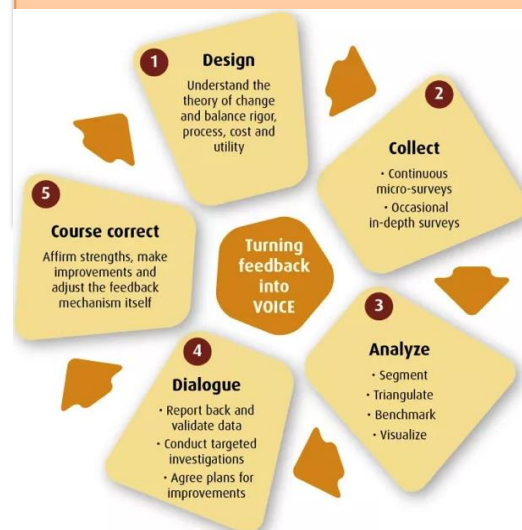
Net Promoter Score

The CV method relies on a Net Promoter Score (NPS) for each survey question. The NPS is used to easily interpret feedback data. A positive NPS indicates that there are more 'promoters' than 'detractors'. A negative NPS indicates more detractors than promoters.

Achievements to Date

A full set of results is not expected until the end of the pilot (December 2017). However, even at this stage, there have been some notable achievements – both process and outcome results – across all pilot countries.

Process Results: So far, 10 different surveys have been sent to groups of partner staff across six programmes and we have received 198 responses. The response rates have been respectably high, at around 60%. CARE colleagues have held 14 dialogue sessions with partners, to discuss feedback and plan course correction. Several clear course corrections have already been initiated in the pilot, based on the feedback. Second cycle surveys are focused on target groups, and are currently underway.

Outcome Results:

Result 1: *Strengthening Relationships*	Partners commented on feeling they have a safe space to input into project decisions and feel able to raise issues more freely. E.g. CARE Nepal's partners were unhappy with CARE holding the technical knowledge for using the system. CARE Nepal has now developed an action plan with partners for sharing this technical knowledge.
Result 2: *Improving Impact*	Entrepreneur partners say they can now listen to farmers' needs better, allowing them to adapt to meet those needs more effectively. E.g. Partners learned that farmers wanted a smaller package size for fertilizer, as the size was too much product at too high cost for small-holder farmers. Krishi Utsho adapted the package size, and is now selling more. Customer satisfaction has improved and sales increased.
Result 3: *Tracking Evidence*	CARE programme staff across the Nepal, Bangladesh and Zambia pilots say the system allows CARE and partners to see if issues have been resolved over time, which is good for continued improvement.

What we have learned so far…

This pilot has helped us identify seven preconditions for success in implementing the Constituent Voice feedback mechanism. Each is necessary, but on its own not sufficient:

- Committed **LEADERSHIP,** willing to listen to feedback and embed collecting and acting on feedback into the DNA of programme management.

- Simple **TOOLS** that are affordable within a project's operating budget (i.e. not dependent on extra funding). Pilot programmes and partners welcomed tools to design surveys and generate real-time analysis, reports and easily understandable graphics, within existing programme cycles and budgets.

- Investment in a comprehensive **ORIENTATION** during the inception phase is critical, to a) gain trust of partners and impact groups; b) ensure understanding of the CV method and rationale by partners and impact groups; and c) emphasise mutual accountability between CARE and partners.

- Technical **ACCOMPANIMENT** to support implementation and build capacity is required, especially in new programmes where programme staff and partners are unfamiliar with the online platform and CV method. Since people have different roles, training and support must be tailored to needs. Capacities include simple technical skills for using the Survey Builder and more complex skills such as: phrasing and translating survey questions; collecting feedback data; exploring, analysing and sharing data; and facilitating learning dialogues.

- Attention must be paid to **INCLUSION**. For example, where countries use different scripts, where language skills vary generally, and/or where connectivity is unreliable, the option to undertake paper-based questionnaires in addition to using the electronic system must be considered.

- Attention must be paid to **POWER**. Pilot participants often commented on their cultures of politeness, respect of hierarchical relationships, and the difficulties around giving feedback 'upward' to managers. Preference would be for less direct questions.

- There must be **CONSEQUENCES**. All parties must act on commitments made. For communities and partners, unless there is follow through and change in response to their feedback, they will not continue giving feedback. One way to measure consequences could be adding a simple question like 'How well have we implemented the things we promised to do after the last survey?'

What have we done?

Our journey to pilot the Constituent Voice methodology as a CARE feedback mechanism started in September 2016, with field visits to participating country offices. Initial workshops focused on mapping key accountability relationships and preparing questions for stakeholders within those relationships. Between December 2016 and February 2017, Keystone Accountability finalised the 'CARE Neighbourhood' on their 'Feedback Commons' platform, while CARE staff learned how to use the system and finalised the surveys they wanted to use for their first feedback loop. From February – May 2017, programmes gathered feedback from partners, analysed that data, and held 'feedback dialogues' with partner organisations to discuss the feedback and plan for improvement. By September 2017, most programmes had developed their second round of micro-surveys, were well into collecting feedback from their impact populations, and had analysis and dialogues in process.

What's next?

Next steps are to a) finish collecting the impact population data; b) analyse it and hold feedback dialogues; c) think about another round of the partner feedback loop, after some actions have been taken. A report showcasing our learning and achievements will be finalised by November. CARE will hold a UK-based brownbag with CIUK staff and others will join remotely to share the project's learning, challenges, and achievements. To stimulate learning beyond our pilot country teams, CARE and Keystone will host a series of webinars on how we can better respond to feedback from our partners and target populations.

WANT TO KNOW MORE?

- Follow us on Twitter @CAREgov
- For more information on CARE's Constituent Voice Feedback Mechanism Pilot, contact CARE Governance & Accountability Advisor Gilbert Muyumbu at muyumbu@careintenational.org