ENABLING CITIZEN-DRIVEN IMPROVEMENT OF PUBLIC SERVICES

An Introduction to My Voice

The ICT for Social Accountability (ICT4SA) project was an initiative to strengthen the accountability of World Bank projects to their beneficiaries. It did so by collecting citizen feedback on their experiences with public services, then working with service providers and policymakers to adapt services and institutional procedures in response to citizen input. The project was implemented between April and October 2014.

ICT4SA resulted in the development of My Voice, a public service improvement model driven by citizen voice. My Voice was first piloted in Nasarawa State, Nigeria, from July to September 2014. Over a nine-week period, My Voice enabled unprecedented constructive dialogue among citizens, service providers, and policymakers around quality of primary healthcare services. Citizen feedback from the pilot led to changes in operational practices in local health facilities and informed larger program design and investment decisions.

LEVERAGING ICTS TO ENHANCE SOCIAL ACCOUNTABILITY: OPPORTUNITIES AND CHALLENGES

A government that is responsive and accountable to its people is foundational to a legitimate democracy. One of the most tangible expressions of public sector accountability is a state's ability to meet its citizens' basic needs through effective, efficient, and broadly accessible public services.

Over the past two decades, information and communications technologies (ICTs) have radically transformed the way that states interact with their citizens. By enabling rapid, low-cost dialogue between citizens and governments, digital technologies can help states better understand and serve their people and enable citizens to amplify their voices and participate in governance in powerful new ways.

Achieving constructive citizen-state engagement is difficult. An effective social accountability mechanism must address citizens' often diverse needs, behaviors, motivations, and constraints while remaining sensitive to government and service provider interests, processes, and capacities. Unless thoughtfully integrated with existing systems—and aligned with incentives across accountability actors—efforts to improve services by integrating citizen voice are likely to fail. While ICTs have the potential to greatly enhance citizen empowerment and government responsiveness, they can also introduce significant programmatic risks. These challenges speak to the need for intentional, contextually-informed design and implementation in any social accountability initiative.

Field coordinator tests early My Voice messaging prototypes at Wamba General Hospital.

UNDERSTANDING THE IMPLEMENTATION CONTEXT

As in many other states in Sub-Saharan Africa, the quality of Nigeria's public health system is compromised by limited institutional capacity and funding. Resource constraints have exacerbated challenges within the healthcare system, including those related to the planning and execution of critical infrastructure and services. As a result, the country's performance across several key health indicators falls below regional and global norms. Compared to their peers around the world, Nigerian children are 2.5 times more likely not to live past the age of 5, and can expect to live 16 fewer years.

Collaboration between citizens and government can help strengthen Nigeria's public health system.

By identifying and communicating their priority needs, citizens can help governments make effective, demand-driven investments to improve service delivery. This process, in turn, enhances the social accountability of the public health system.

The Government of Nigeria has recognized the potential of ICTs to enable greater citizen input to improve the allocative efficiency of public health resources. Existing initiatives, however, have struggled to make meaningful improvements in the accountability of public services. In light of these historical challenges, ICT4SA set out to improve public services by collecting data on citizen needs and ensuring their integration into the relevant government service delivery processes. Central to its success was facilitating access to and usage of data that (1) policymakers needed, (2) citizens could provide, and (3) service providers could act on.

THE NIGERIA STATES HEALTH INVESTMENT PROGRAM

ICT4SA was piloted within the Nigeria States Health Investment Project (NSHIP), one of the World Bank's key Health Results Innovation initiatives. Launched in 2012, NSHIP is a five-year, USD 170 million program to increase the delivery and use of high impact maternal and child health interventions and improve quality of care at selected health facilities. It employs a results-based financing (RBF) approach to strengthen service delivery and institutional performance, and provides technical assistance to build state implementation capacity.

NSHIP is funded by the World Bank and implemented by the Government of Nigeria. It is currently operating in three states: Ondo, Adamawa, and Nasarawa. At state and local government area (LGA) levels, NSHIP provides annual funding for achievement against disbursement-linked indicators at state and local government (LGA) levels and performance based financing (PBF) at health facility level. Health facilities are assessed by their quantity of key services provided and quality of care, and payments are provided based on performance.

NSHIP and ICT4SA shared a common vision: to both engage citizens and build government capacity to increase public sector accountability. As such, the two made natural partners. The ICT4SA pilot was structured to support NSHIP in realizing its objectives within the PBF component of the NSHIP project. ICT4SA worked closely with NSHIP stakeholders—patients, service providers, and policymakers—through design and development. ICT4SA's engagement with NSHIP aimed to integrate citizen feedback into existing NSHIP oversight mechanisms and processes to enhance the capacity of the health system to respond to citizen needs.

BUILDING UPON EXISTING ACCOUNTABILITY MECHANISMS

NSHIP's success depends on its ability to assess health system performance at various levels; understand the factors that enable or constrain quality of care; and make timely, evidence-based program decisions and adjustments. To do so, it uses various project oversight mechanisms—including business plans, staff performance evaluations, and quarterly quality checklists. Yet NSHIP recognized the limitations of its existing oversight mechanisms to integrate citizen perspectives on quality of care and was eager to explore how they may be enhanced or supplemented. Service providers needed more timely, specific data to better understand and serve patient needs. Policymakers needed to understand not just how facilities were performing but why. Understanding what program factors enhanced quality of care would then help them make investments and decisions to improve patient experience.

THE PILOT CONTEXT: WAMBA LGA

The setting for ICT4SA's design and pilot implementation was Wamba, a rural and mountainous LGA in Nasarawa State, Nigeria. Existing cultural barriers to citizen-government engagement and norms and behaviors around technology usage in Wamba presented challenges for ICT4SA.

In Wamba, patients had few expectations for government as a service provider or to be otherwise responsive to citizens. In the public health system, Wamba patients were unaware of existing channels to provide feedback to service providers and believed that even if such channels existed, their comments would not be wanted or used. Service providers were also wary of opening themselves to patient scrutiny and worried about the risks such feedback might present for their careers. Many citizens in Wamba believed they had been previously misled or deceived by government initiatives, and were thus cynical toward public programs in general. Research also found that while most citizens could access mobile phones, mobile network strength and reliability are highly inconsistent.

UNDERSTANDING CONTEXTUAL LIMITATIONS TO ICT ACCESSIBILITY

Field research on Wamba's mobile access and usage landscape deeply informed the design of ICT4SA. While the project aimed to be broadly inclusive, several factors limited or skewed its reach.
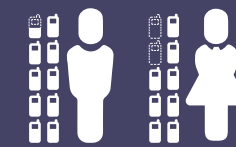
Greater male access to mobiles. 95 percent of men in Wamba used mobile phones, but only 79 percent of women did so.

Limited use of SMS. Everyone who used a mobile phone used it for voice calls, while significantly fewer also used it for SMS. 50 percent of mobile users could send text messages—and of these, 61 percent were men.

50%

41%
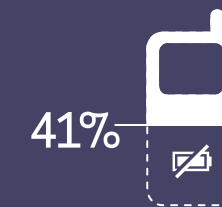
Inconsistent access to working phones. 23 percent of mobile users did not have a personal phone. Those who had phones did not always carry them on their person, nor could they always afford to keep their devices charged. In a user testing exercise, 41 percent of mobile owners couldn't use their phones because they were either out of battery life or otherwise not functional.

Poor network signals. While access to at least one major mobile network operator was available across Wamba's 11 PBF health facilities, other operators had unreliable and/or perpetually weak signals. In a test to reach patients registered on clinic registers via their recorded mobile numbers, only 23 percent of calls went through, indicating that users with phones are often inaccessible.

Despite these limitations, mobile platforms still represented a valuable option to gather much-needed and otherwise difficult-to-get citizen feedback to improve NSHIP services, as they constitute a more time and cost efficient option for continuous collection and processing of data, in comparison to other platforms. For example, in an attempt to address some of these limitations, ICT4SA considered and prototyped an interactive voice response (IVR) data collection option. However, test results indicated that the requirements for processing voice-recorded data were too time intensive for government officials.

DESIGN AND APPROACH

ICT4SA recognized that its success—and, indeed, the success of any social accountability initiative— was predicated on its ability to stimulate meaningful government response.

As a result, the project prioritized deep engagement with government service providers and policymakers alongside research, design, and testing with citizens. The design of ICT4SA's programmatic model and technology platform emerged over time based on inputs and feedback from all three stakeholder groups.

Additionally, this project employed an intentional joint working relationship among project task teams in the World Bank, NSHIP, and Reboot to ensure that project-relevant leaders and implementers were involved throughout the process and to allow for greater inclusion of multiple perspectives.

The project approach sought to illuminate contextual realities, build upon existing capabilities, and accommodate identified constraints. It was guided by five key principles.

PROJECT STAGES AND ACTIVITIES

Stage 1: Research and Design focused on aligning stakeholder perspectives and expectations; conducting foundational design research; and developing, testing, and refining technical and programmatic designs.

Stage 2: Pilot Implementation centered around helping the NSHIP program in Wamba establish an effective, sustainable feedback loop between citizens and government by (1) generating awareness through training and communications outreach; and (2) facilitating service providers' utilization of feedback and local management of ICT4SA.

Stage 3: Forward Planning focused on responding to NSHIP's interest in continuing ICT4SA within Wamba and replicating in other geographies. As of publication, scaling activities were underway with the goal of ICT4SA implementation across NSHIP LGAs in Nasarawa State over the next year.

KEY PRINCIPLES

1. Build deep contextual understanding and stakeholder trust by embedding in the local context.

The consultant team lived among ICT4SA's target communities in Wamba LGA for the project duration and experienced firsthand various issues that would affect project design. Living in Wamba also helped build stakeholder trust in the project. As a result, later attempts to build institutional capacity were positively received by government counterparts.

2. Encourage institutional buy-in by tailoring to existing incentives and processes.

ICT4SA aligned with existing NSHIP designs and operational procedures to make it easy for service providers and policymakers to incorporate citizen feedback into their work. ICT4SA incentivized institutional participation by appealing to the professional and personal motivations of stakeholders across the service delivery chain and responding to their information needs. It also reduced barriers to adoption by integrating ICT4SA data and processes into key NSHIP management mechanisms.

3. Optimize design and implementation through early, field-based prototyping and continuous iteration.

A responsive, agile development approach enabled ICT4SA to optimize the technical and programmatic design based on user feedback. This approach also strengthened key counterparts' ownership over project outcomes. Prototypes were developed early in the project and tested with both citizen and government users. After product and program features had been refined based on testing feedback, a new prototype of higher fidelity was produced and then tested. This loop of test-refine-repeat was foundational to ICT4SA's design and implementation approach and was used through the end of the pilot.

4. Enable sustainability by respecting local capacity and building local ownership.

ICT4SA's design was highly sensitive to considerations of NSHIP's capacity and resources. Institutional ethnography and ongoing engagement with service providers and policymakers helped develop a holistic, empirically grounded understanding of NSHIP's current and planned design, operational processes, and human and financial resources. This resulted in a program that was politically attractive and operationally realistic. As a result, at the end of the ICT4SA pilot, NSHIP elected to continue My Voice in Wamba and to support its replication in other geographic regions.

5. Guide institutional change with tailored, just-in-time training and support.

For government to receive, process, and respond to citizen feedback required institutional process and cultural change. ICT4SA worked with NSHIP actors to navigate these changes by providing custom, hands-on support throughout the process. Recognizing their lack of prior experience in using patient feedback, ICT4SA provided on-site technical assistance and custom guides for NSHIP actors on how to interpret feedback reports, identify priority issues, explore root causes, and determine appropriate responses.

▼ Prototypes created for My Voice brand identity and promotion materials.

THE MY VOICE SYSTEM

My Voice is comprised of two integrated and mutually-reinforcing components: an open source technology platform and a programmatic model. Together, they enable My Voice to collect, manage, and analyze citizen inputs, and to support governments in providing meaningful responses to citizen needs.

The My Voice technology platform collects citizen feedback and presents it to service providers and policymakers in formats tailored for their specific needs, technical capabilities, and operational resources: an online dashboard, print reports, or in-person meetings. My Voice's programmatic model then works to integrate citizen feedback into service providers' management processes and community fora to encourage and facilitate timely, responsive service improvements.

KEY FEATURES

A free, easy-to-use SMS platform for collecting citizen inputs

Simple user interactions and intuitive content accommodate literacy and language barriers among target user groups. A reverse-billed shortcode ensures the system is free for all users, addressing financial barriers to participation.

Two models for feedback collection

Institutionally-supported (through interactive surveys) and community-driven (through free-form reports), address individual preferences, capacities, and circumstances that may impact citizen participation. Both channels are integrated into familiar institutional processes or trusted community venues, helping encourage citizen use.

Custom data reporting

A web dashboard presents citizen feedback to service providers and policymakers in custom formats and frequencies. By presenting tailored and easily accessible real-time intelligence, My Voice helps government actors use citizen feedback in their day-to-day work.

Training, guidance, and on-site support

Training builds institutional capacity to provide timely, appropriate responses to citizen feedback. Helping government integrate citizen feedback into its program management channels and processes also supports My Voice's long-term sustainability.
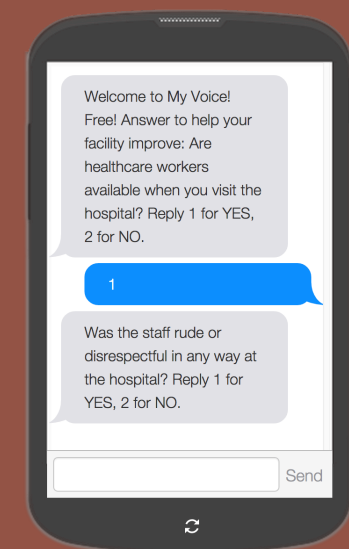
SURVEY AT-A-GLANCE

Patients respond to a six–nine question survey that includes the following multiple-choice questions:[26]

- Are healthcare workers available when you visit the hospital?
- Was the staff rude or disrespectful in any way at the hospital?
- Did staff explain your sickness and treatment at the hospital?
- Did the hospital overcharge you?
- How long did you wait for treatment?
- Do you have any other praise or complaints?

USER SCENARIO: CITIZEN

Upon her arrival at the clinic, a staff member asks Zainab for her phone number and the reason for her visit. The staff tells her that she will receive a survey on her mobile phone, and that she should answer the SMS messages honestly to give the facility feedback on how it can improve. All messages sent, the staff member says, are free. She provides her husband's mobile number.

The wait for treatment is not long. Zainab is given several tablets and remembers the health worker saying something about an infection and antenatal care (ANC) vitamins, but she doesn't understand what her illness is, what the pills do, or why she is charged NGN 1,450 (~USD $8.00). Usually, she is not charged at the facility or the cost is less than NGN 500 (~USD $2.75).

After they leave the clinic, her husband, Ali Musa shows her the message that comes to his phone—"Welcome to My Voice! Free! Answer to help your facility improve: Are healthcare workers available when you visit the hospital? Reply 1 for YES, 2 for NO. "—and helps her respond to the series of questions.

Ali Musa has also heard about another way to send their thoughts about the clinic where they can just text "start" to 55999 at any time. He is comforted to know that if anything bad should happen to Zainab in future visits, they can continue to send in comments without relying on the clinic staff to initiate a feedback survey.

USER SCENARIO: SERVICE PROVIDER

When My Voice first launched in Wamba, Lanta, facility manager of the Kwarra PBF facility, was worried. She wondered if her patients would report fairly and honestly and if negative comments might reflect poorly on her hard work.

On Thursday, a staff member comes to deliver and review this week's My Voice report. There are several patient comments about being overcharged for services. While Lanta has long suspected that some staff inflate prices when she is not around, she also wonders if patients understand the services they have received, and the cost of each. They discuss how Lanta might address this sensitive issue with her staff. She's pleased that the LGA representative treats her with respect and notes that there is no blame assigned for the negative feedback.

In the next staff meeting, Lanta raises the issue of perceived overcharging and cites specific examples from the report. At first, her staff are defensive. They say that patients often come to the clinic thinking they have one illness, but tests suggest that they have another which requires more expensive treatment. Lanta uses the My Voice problem-solving framework to discuss the issue and what may be done about the issue, rather than continuing to accuse patients of being ungrateful or lying. After some conversation, staff agree that they could take more time to explain to patients what exactly they are being treated and charged for. Together, they complete the problem-solving framework and submit it to the government director. He commends Lanta's approach to addressing the issue and says he will check in periodically to see how the clinic is advancing on addressing this and other challenges.

Although My Voice first seemed like one more task on top of an already sizable workload, Lanta now sees the benefits. The local government has indicated that part of its funds will be used to support facility improvements surfaced through citizen feedback, and she has heard that there may be additional payments based on their My Voice performance.

USER SCENARIO: POLICYMAKER

Dr. Aliyu, an NSHIP official, is preparing for the upcoming Quarterly Technical Review meeting. He knows that one of the key conversations will be around success factors for the facility. While he and has colleagues have various theories and anecdotal evidence, they have struggled to explain why certain clinics perform better than others. Answering this question will help the local government strengthen those elements in high-performing clinics and work with low-performing facilities to address their challenges.

Dr. Aliyu goes to the My Voice dashboard to see performance in the last quarter. While he finds the standard summary reports to be a useful starting point, he is soon slicing and sorting the data in different ways and digging deep into the comments section of each facility report to try and identify patterns that may explain performance.

He sees that many clinics struggle to stay open due to lack of staff capacity and that patients are not receiving clear explanations of their treatment and charges for services. He observes how facility availability directly correlates with the amount of revenue facilities bring in. He also notes other patterns that raise questions around the performance of certain facilities. Given the Wamba General Hospital consistently receives a high quantity score, he is surprised to see that its patient comments are largely negative. He sees that patients are complaining of the same issues as last quarter: long wait times, disrespectful staff treatment, and high charges. He knows that the Nasarawa Hospital Management Board (HMB) has refused to lower their pricing structure for drugs, but this patient feedback provides the support he needs to advocate for reductions for certain critical treatments.

Dr. Aliyu has to rush off to an appointment, but his quick skim through the reports has convinced him that it will be worthwhile to add a session to the upcoming review meeting to discuss how funding to the General Hospital can be used to improve quality of care. He also asks one of his project officers to add it to the agenda and to set up a meeting with the HMB to discuss their drug pricing policies.

[Phone survey screen]

Welcome to My Voice! Free! Answer to help your facility improve: Are healthcare workers available when you visit the hospital? Reply 1 for YES, 2 for NO.

1

Was the staff rude or disrespectful in any way at the hospital? Reply 1 for YES, 2 for NO.

Send

HOW MY VOICE WORKS

FEEDBACK COLLECTION

IN-CLINIC REPORTING
Registered patient responds to questionnaire

During the patient intake process at the health facility, staff members register patients by collecting their unique ID number, mobile number, and purpose of visit. Staff send this information in one SMS to the free My Voice shortcode.

OUT-OF-CLINIC REPORTING
Patient sends feedback via mobile

Any person can send open-ended feedback on a health facility experience to the free My Voice shortcode at any time, regardless of whether they are registered with My Voice. Select community groups and leaders are also encouraged to send feedback reported to them by local citizens.

DATA MANAGEMENT & DISSEMINATION

Patient feedback is stored in database

All received comments are organized and stored in the My Voice database. Authorized users can access a back-end administrative viewing panel to sort and download data by clinic, date of report, service delivered, and other relevant categories.

Analyzed patient feedback data is displayed in summary reports on the My Voice web dashboard.

Program executives and policymakers from the relevant state, national, and World Bank bodies view patient feedback via the My Voice dashboard (www.myvoicenigeria.com) which is updated in real-time.

Printed reports are delivered weekly to service providers and local level NSHIP management

Reports on each facility are printed and delivered weekly by government health staff to each facility's management and the director of primary health care for the local area.

INSTITUTIONAL UTILIZATION & RESPONSE

Patient feedback is used to improve service delivery

Local government uses patient feedback to supplement data from other facility evaluation instruments and develop more holistic analyses of what drives or constrains health service delivery.

Community leaders advocate for service delivery improvements

Community leaders—in this case, the local Ward Development Committees—use the My Voice reports to develop recommendations for improvements in health services and advocate for these improvements with local facilities and government.

Facilities develop action plans to address identified challenges

Facility management and staff jointly use a problem-solving framework to discuss possible causes of challenges surfaced by patients. Based on this, they then develop action plans to address identified issues. The plan is shared with the local director of primary health care.

Facilities discuss patient feedback and reflect on own practice

Facility management and local government health staff discuss the patient feedback from the weekly reports. They reflect on practices contributing to patient satisfaction that should be continued, and identify incidences of patient grievance that require further examination. The same process is repeated with facility staff.

my voice

USER PERSPECTIVES

HEALTH OFFICIALS REFLECT ON THE MY VOICE EXPERIENCE

At the end of the NSHIP pilot, several service providers and staff shared their reflections on the project. Two perspectives are provided below with consent; they have been edited for length and clarity. The comments illustrate how, over time, My Voice has helped shift perspectives on the value of citizen feedback.

"My Voice reminded me that I needed to communicate better with my patients."

FACILITY OFFICER-IN-CHARGE, YASHI MADAKI FACILITY

SALISU IBRAHIM

BIRTHPLACE:	YEARS AS OIC:
UKANBU, WAMBA	**12**

FAMILY:	EDUCATION:
2 WIVES, 7 CHILDREN	**COMPLETED SECONDARY SCHOOL, TRAINED AS COMMUNITY HEALTH EXTENSION WORKER (CHEW)**

What has been your experience with My Voice?

My experience was a good one with the coming of My Voice because I notice a great difference in the work I did before and the work I do now. People in the community are now thanking me for the work I do. My Voice has given me confidence to talk during our monthly OIC meeting. Before, the director always complained about my low performance, but I am [showing I can] improve in terms of quality performance. My Voice also gave me insight into what my patients are feeling about my services.

What did you think of My Voice when it was first introduced?

At the beginning, I was running from My Voice. Even when ICT4SA called for meetings, I usually dodged from it and sent my staff instead. The worst part of it was I didn't like seeing the ICT4SA team coming to my facility because their interviews were so long. I felt My Voice was a waste of time and there would be no benefit derived from it; I felt it was brought [to my facility] because of my low performance. But now I am the happier man when you talk of My Voice.

What surprised you most about My Voice?

What surprised me most was how it has helped me address particular issues or misunderstandings. I saw in a weekly report that a patient felt I overcharged him, and I realized that I had not explained anything to the patient after the treatment [about why I was providing additional services that would cost extra]. That was my mistake.

My Voice reminded me that I needed to communicate better with my patients.

How has My Voice helped you?

My Voice has reminded me to explain treatment to patients and discovered patients that my staff have treated without recording them. It helped [me realize that I should] employ staff to cover night shifts; I have now created three shifts in the facility when I had only one before. [This is] because all of my weekly reports [show complaints] about my facility being closed, especially at nights and weekends. [Seeing] this made me think of how to solve the problem, since none of my staff want to stay without light, so I decided to encourage them to stay by buying a generator from my PBF management account.

EZEKIEL MUSA JAGGA

BIRTHPLACE:
KLOGBA MBAKO, WAMBA

YEARS AS DIRECTOR OF DPHC:
18

FAMILY:
1 WIFE, 1 CHILD

EDUCATION:
MHM, BS.C, PGDM, ADHSSM, DIPLOMA IN PUBLIC HEALTH

What has been your experience with My Voice?

My Voice is a new innovation that brings us to the new technological world. It has brought change to the health sector in Wamba and Nasarawa State at large, because it help both [NSHIP] staffs and members of the communities understand how to text with their mobile phone. It has also brought positive change in the quality of healthcare services in Wamba.

What did you think of My Voice when it was first introduced?

I first thought of My Voice as an additional burden because I would have to organize my staff to comply with the program, and it would also add financial commitment. I thought it would take much time and might not yield any result.

Did you ever think the program wouldn't work?

Yes, because of the technology [component]. Some community members don't have mobile phones, even the literacy level of our people in communities [is low]. Also there are [mobile] network challenges in some of the communities where PBF facilities are located. And getting people to understand the importance of My Voice [seemed like it would be a challenge].

What surprised you most about My Voice?

I never thought people will participate in the survey because of the literacy level of our communities until I started seeing community responses about their facilities through the My Voice weekly report. Another thing that surprised me was when ICT4SA handed the project of My Voice to me [to continue implementing].

How has My Voice helped you?

It has helped me to plan for my supporting supervision to my staffs. When I get feedback comments, I am able to discuss them with OICs during our meetings to effect changes. My Voice also helps me to figure out one or two specific issues that will need to be addressed immediately when the LGA teams deliver the report each week. And it [allows me to have a] database where I can see and make reference for future plans [for example, by noting] the number of patient I see each facilities are registering.

What do you see as the potential for My Voice in the future?

I believe that My Voice in the future can help make a great improvement the our quality of service since the [patients'] comments are of benefit to me and the OICs and help us adjust to better services. OICs are bringing changes to their facility, [My Voice is] helping them to make decisions on what the patients are saying.

"My Voice is helping [health facilities] make decisions [based] on what the patients are saying."