

Concept and Inception Process

August 5 2016

Piloting *Constituent Voice* to support a CARE-wide culture of feedback, learning, and accountability

Part 1 Concept and Overview

CARE International, in the **CARE Global Network Concept** adopted in December 2015, envisages *'a common mission and governance structure...collective accountability mechanisms and shared strategies to achieve greater impact.'*

Accountability is a complex concept. And in CARE's context the concept of accountability must embrace at least three important relationships:

Certainly it includes staff and contractual partners at all levels **accounting honestly to donors and senior managers** for how money is spent, how commitments to principles and values are fulfilled and how effectively work is carried out. While there is always room for improvement, there are effective financial and general management systems in place to ensure this kind of 'upward accountability'. These are effective because donors and those in authority have the power to enforce accountability.

However, as an organization with a *developmental* mission and values, CARE also sees its success as how well it contributes to other people's efforts to improve their lives and societies. This means that those people – CARE's **'impact populations'** in whose name it raises money and commits to benefit – must also be able to hold CARE accountable for what it does and how it relates to them. Indeed, this principle is embedded in CARE's Governance Programming Framework, which sees unequal power relations as a major underlying cause of poverty, and accountability to impact populations as a fundamentally important part of any developmental intervention.

However, because these people seldom have the power or confidence to demand accountability, special systems and mechanisms must be put in place to ensure that their voices are heard wherever it matters. If CARE is serious about balancing power in its relationship with impact populations, then their voices must be heard routinely and formally in ways that enable them, in their specific context, to **meaningfully influence how success is defined, how CARE's performance is managed and how the progress and impact of program activities are measured and reported.**

Thirdly, those program managers, staff and partners who are tasked with carrying out the work on the ground can be enabled or disabled in their work by the decisions and actions of those in authority above them. **They too need a meaningful voice** – an easy, safe way of raising problems (and expressing ideas) so that solutions can be found together.

While CARE has many mechanisms in place to ensure upward accountability, the mechanisms for driving a more inclusively accountable practice within CARE are generally weak – although there are pockets of interesting experimentation, typically stronger in emergency response than in long-term development programming.

What CARE needs is a system that ensures a more balanced accountability across **all** CARE's most important relationships. It must be a simple and practical system that can be easily adapted so that it generates real value at all levels – on the frontline in individual projects and programs in different countries – but has a degree of standardization so that it can be applied right across the CARE network to enable a truly CARE-wide culture and practice of accountability and learning.

Comparable perceptual evidence collected from those on the ground where it matters most, as well as from partners and frontline staff, can be easily aggregated to give CARE the best possible understanding of its overall performance and impact (at all levels from specific projects to Country Offices and right up to Member Portfolios and CI itself) as it is seen by those in whose name it claims to work.

This kind of accountability is about far more than just compliance. More mutually accountable relationships enhance trust, shared commitment and learning. They motivate and energize people. Where they are effectively integrated into monitoring, evaluation and performance management systems, they contribute to better performance and better outcomes for all stakeholders.

But where to start? There is no ‘off the shelf’ methodology that CARE can simply launch across the organization. But there is a significant and growing body of experience, both within and outside CARE to draw on.

Keystone Accountability and Constituent Voice

Keystone Accountability¹ has been working for the last 8 years with many different development partners to develop a practical methodology and cost-effective technologies for systematically collecting, analyzing, reporting and using *ongoing feedback* from the most important, but often least powerful and least heard constituent groups in development programs. It calls this method ‘Constituent Voice’.

By capturing perceptions and turning these into reliable *performance data*, Keystone’s partners get clear and reliable evidence, from the perspective of those intended to benefit, on how well they are performing, and what impacts their programs are having. This includes evidence on:

- The importance and quality of services they receive,
- The quality of their relationships with CARE staff and partners as well as with other stakeholders, and
- The changes that are taking place in respondents’ lives – both positive and negative.

In addition to collecting feedback, Keystone and its partners have experimented with different ways of uploading this data into databases and presenting it through interactive ‘databoards’ that make it easy for any authorized person to analyze the data themselves to see what respondents (collectively – not individually) are saying about an issue. Patterns and meaning in the feedback are revealed by comparing the perceptions of different groups of respondents across different places as well as over time.

Most important of all, the CV method enables simple and safe ways of reporting and sharing feedback – using *feedback data* to foster open discussion between program managers, staff, implementing partners and impact groups. These discussions *about data* are often very exciting learning events at which problems are identified and solutions proposed. They empower constituent groups by enabling them to generate and use real performance data. Often they generate ideas that no-one had thought of before and enable participants to make mutual commitments to improve.

¹ Keystone is a non-profit innovator with offices in London, Washington DC and Cape Town. For the past 8 years Keystone has focused exclusively on exploring feedback and accountability systems in the development sector. It has worked with government departments, international development agencies (like USAID and DFID), INGOs (like CARE, Oxfam and many others), private foundations (like Ford, Rockefeller, Gates, Hewlett, Omidyar and others), private companies, local NGOs, producer cooperatives, youth and women’s empowerment projects and more... helping them design and operate feedback-based performance management systems.

Keystone approaches all its client engagements as learning partnerships to discover what tools, methods and systems work best for each client. Keystone offers ideas, experience, technologies and support, but the systems and the data are owned by the client to develop further.

In this pilot, the CIUK governance team and Keystone Accountability will work with four select CARE Country offices to adapt and pilot the CV methodology. The purpose of the pilot is to apply CV principles, tools and methods in a sample of CARE’s programs and in the management levels that support them to see if this can form the basis of a CARE-wide integrated learning and accountability practice.

It will specifically focus on the feedback loop between CARE program implementers (staff and local partners) and those intended to benefit directly.

Components of the Constituency Voice methodology to be piloted

While we will encourage some degree of standardization, the actual activities and methods to be used in each country will be decided together with all relevant local stakeholders. By “some standardization”, we mean that we will aim to have some data that can be compared across similar units within programs, between similar programs, across countries and can be aggregated to give results for CI as a whole (in the future). But we will only do this for data that can usefully be compared. The systems will also attempt to capture data that is useful but unique to different contexts, and will not seek to make all data collected comparable across countries/programmes (in the interest of keeping data collection very contextually specific).

The system that we envisage will have the following features:

1. *Collecting feedback*

Under this pilot, programs will use the most appropriate methods (paper, mobile or web) to collect anonymous feedback from selected constituents on how they perceive and experience the performance of specific program units/staff/partners, etc. Some feedback may be collected continuously to an ongoing story of these perceptions and

The screenshot shows a survey interface with a blue header titled "Types of questions". It contains three questions:

- 3. Do you plan to apply what you learned on your farm?**
Response options: 1. Not at all, 2. I'm not sure, 3. Yes certainly.
- 4. How strongly would you recommend this training to other farmers?**
Response options: A scale from 0 to 10. 0 is labeled "NOT at all recommend" with a sad face icon. 10 is labeled "Strongly recommend" with a happy face icon. The number 5 is underlined.
- 5. Please give reasons for your choice?**
A large empty text box for providing reasons.

tell

experiences, so that CARE can track changes in perception over time. Other feedback will only be collected periodically – every few months or every year.

In deciding what data to collect and how to collect it, we will have to ensure that: a) it is affordable and easy to apply; b) that it is as reliable as possible; c) that it is simple and easy to understand; and d) above all, that it is USEFUL to a wide range of people. Surveys used in this approach are very short – from a single question to a maximum of 4-5 questions. Methods could include individual surveys using traditional paper tools, focus group discussions, mobile phones or the internet. It depends what will work best, and we will rely on the participating CARE country offices to work with us to make the best decisions in this regard.

Both quantified and open/qualitative feedback will be collected. An example of closed, quantifiable data is: to ask people to express their opinion using a rating scale or to choose an option from a numbered list. An open question allows them to use their own words. Data from paper surveys can be captured using a digital camera and dropbox. Data collected on phones or online are uploaded automatically.

Quantified perception data allows us to apply the powerful tools of statistics to see patterns within peoples' perceptions. We can aggregate it to show patterns over large areas. We can also disaggregate it to compare the perceptions and experiences of specific groups and sub-groups such as women and men, young and old, wealthy and poor, etc. It allows us to establish benchmarks and targets to drive improvement in a wide variety of ways, regularly and cheaply. This will be well-suited to understanding CARE's individual or/and collective performance in supporting long term, sustainable solutions to poverty.

Qualitative responses to open questions can also be analyzed and linked to the quantified data. It is also possible (though this will not be automated initially) to link feedback results to purely qualitative evidence such as stories of change and case studies – provided that the same standard meta-data categories are used.

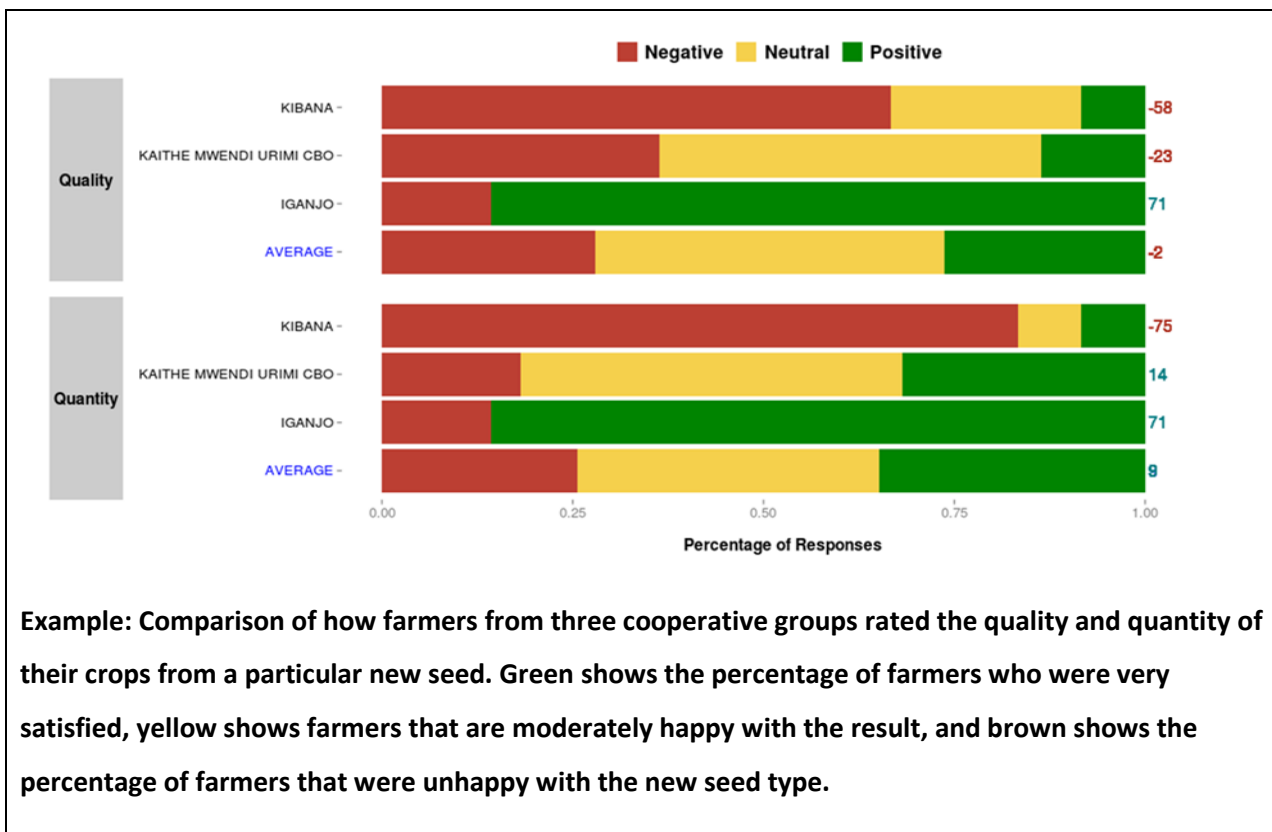
II. Analyzing and reporting

Keystone has developed and tested ways of asking questions informed by the audience, and informed by how the analysis and reporting on data would be carried out. In the beginning, simple manual ways of analyzing and reporting feedback can be used. The idea is to generate really simple graphic reports from the feedback, in a form that anyone can understand, discuss and use.

With continuous flows of performance data being collected, it is vital that it is captured into, and managed via, an electronic database. For the pilot, we could use Keystone’s online tool called *the Feedback Commons*,² where the feedback data will be accessible through simple online performance dashboards. In this kind of dashboard, any authorized user can access a simple web site and analyze the data to give them the information that they are most interested in. They will always have access to the latest data.

Users will also be able to copy graphs from the web site and use them to make reports, or print posters that can be discussed in dialogue groups.

Such a system can provide CARE and its stakeholders with timely and accessible performance data from the perspective of key constituents on the quality of CARE’s services, the quality of relationships (such as data on confidence, trust and responsiveness), as well as emerging outcomes and impacts – both intended and unintended. Any program staff or CI staff will be able to access and analyze the feedback data.



Example: Comparison of how farmers from three cooperative groups rated the quality and quantity of their crops from a particular new seed. Green shows the percentage of farmers who were very satisfied, yellow shows farmers that are moderately happy with the result, and brown shows the percentage of farmers that were unhappy with the new seed type.

III. Dialogue and learning

² Details on this will be provided in further communication.

Just collecting and reporting feedback is not enough. Meaningful learning and accountability depends on how feedback is used.

A feedback loop is completed when the findings are reported back to respondent groups – as far as possible in a dialogue situation where participants can make sense of it together, decide what it means and agree on solutions.

Keystone will help program and CO staff design the most appropriate form of feedback dialogue – all dependent on things like what kind of media they have at their disposal, how easy or difficult it is for constituents to reach the venue, levels of literacy, etc. Keystone will produce detailed guidelines for planning, organizing and facilitating these feedback dialogues.

The nature of the dialogues will be determined together building on what projects do already – through interface meetings, public hearings and other gatherings. Findings from feedback can also be printed and displayed at public places, with a wider public dialogue happening over the radio where appropriate.



Farmers in Kenya discussing a feedback report in groups as the facilitator captures their comments and suggestions.

It is in dialogue about feedback data that information becomes insight, that relationships transform, and that new solutions are forged. Feedback from Keystone clients and partners consistently affirms that *dialogue centered around data that people have generated themselves is a powerfully generative process.*

Dialogue around feedback data, together with groups who gave that data, highlights potential problems early, generates ideas, improves relationships and helps manage expectations. People feel safer talking about difficult issues because these are reflected in the data – they do not have to express personal views.

Continuous feedback allows you to see if problems and solutions that were highlighted in previous cycles have been addressed, and if progress is being made.

In this pilot, Keystone and CARE staff will ensure that the dialogue options we choose are practical and easy to implement – and that we learn together which methods are most effective.

IV. Course correcting and repeating

It will be important to see the system as a continuous and iterative learning process. Something that blends almost seamlessly into the way CARE goes about its work, and not as an additional extra burden. This pilot is just the beginning of a much longer and wider process. We will find ways of documenting the experience of this pilot using a range of media – and stimulating discussion on the lessons learned in various forums across the CARE network.

In this pilot we will follow a creative cyclical process of innovate – test – reflect – learn – revise. We will also be collecting feedback from participants to understand their experience of the process and how useful they have found it to be. We will hold reflective dialogues at which we will discuss the feedback.

Expected benefits at project, program and country level

It is expected that the CV pilot will have great benefits to projects and COs that will implement it. A sample of these will include:

- More regular and diverse information in the form of DATA directly from project beneficiaries (capturing perceptions from impact groups, and enabling all stakeholders to analyze it and engage with it in ways that traditional M&E systems often do not).
- Being able to analyze data that impact groups have created, and discuss it with program managers and staff, is greatly empowering for beneficiary groups, and fosters more meaningful accountable relationships.
- Including feedback from other feedback loops (e.g. from implementing partners and frontline staff) makes them feel that their voices are also heard, and often helps to identify and fix bottlenecks within management structures. It makes senior managers more accountable for the impact of their decisions, policies and actions as well.
- It will help build the trust of beneficiaries, thus improving CARE's relationship with impact populations.
- Project teams will benefit from visual aids and more digestible information that helps influence planning and prioritization more readily. We can craft questions that relate to performance outcomes and indicators. This will provide readily available visualizations that can easily be included in reports to funders.
- CARE Country Offices will benefit from better relationships with partners, as partner organizations are likely to appreciate this approach and view this model as a move towards more progressive and creative INGO/CSO partnerships. COs will also benefit from useful visual tools to demonstrate performance to donors and other stakeholders. They will be able to compare themselves against other COs based on feedback from partners and impact groups – and better able to see what issues are unique to their context, and what problems they share with other COs.
- At all levels, regular and timely data will enable the decision-makers to take corrective action and adapt the project activities before a problem becomes too large and entrenched.
- Over time, we expect that these benefits will contribute to better decisions, better relationships, higher motivation and greater demonstrable accountability. CARE's reputation should be strengthened as a principled, ethical and effective organization.

Benefits for CI

At the CI level, the pilot will come with additional benefits as well. These will include:

- Providing a tested model that can be shared and scaled up across the CARE network. It will generate timely, accurate comparable performance data, in clear, visual and manageable form, on how well different units and levels (including senior management) are performing against key values and

outcome indicators from the perspective of those below them and from CARE's primary impact groups. This standardized data can become an integral part of CARE's performance management and accountability systems.

- Data is generated on the ground – and is primarily useful at that level. However, being able to aggregate and/or disaggregate the data will enable managers to get a real sense of how performance compares across regions, countries and ultimately, for CI as a whole. CARE will be able to visually and simply demonstrate its performance to donors and other stakeholders.
- It will establish CARE's reputation as a sector leader in accountability and a leader in raising charity sector standards.

Part 2

Step by Step: The Pilot Process

Four countries have been selected for this pilot:

- Ghana
- Ethiopia
- Nepal
- Bangladesh

Timeline (see Annex 1 - Estimated time and level of effort table)

The timeline for this pilot is from July 2016 – December 2017. We expect it to unfold in 2-3 cycles of collecting-reporting-dialogue-course correct.

The first cycle, being the first one and involving much initial discussion, design and testing, we expect will run from September 2016 – March 2017.

Thereafter we will reflect on the process, make adaptations, and conduct a second feedback and reporting cycle from about April 2017 onward.

In some cases, depending on capacity, budget and need, a third cycle might be arranged for late in 2017.

Every step of the process will be worked through very closely with COs and project/program teams to ensure that the system that emerges from the pilot is practical, affordable in the long term, and delivers real value for them. We welcome questions, feedback and ideas at every step.

1. Initial selection of possible projects and/or programs for the pilot

The CARE UK pilot team have been working with the four participating country offices to identify possible projects and/or programs to participate in the pilot according to broad criteria. By the end of July this was more or less complete. A draft IPA or MOU will also be discussed and signed with participating COs.

2. An initial scoping, design and planning visit (4-5 days in each country - Sept 2016 – Jan 2017)

Between September 2016 and January 2017, the pilot team will visit each participating Country Office in order to:

1. Finalize the selection of participating projects – and, in the case of larger projects, identifying a subset of units/locations that can practically be included within the pilot budget and time frame.
2. We propose an initial half day meeting on the first day of the visit for general introductions and clarifications, etc. If possible, the following should attend:
 - Senior Country Office coordinating staff
 - CO M&E staff
 - Two senior managers from each pilot project (and possibly key implementing partners if relevant)
 - Any other interested staff or partners.
3. The rest of the week we would like to devote at least one full day per participating project for detailed planning for that specific project/program. Activities we will cover include:
 - Clarifying the theory of change.
 - If practical, visiting an area of implementation to get a practical sense of impact population locations, challenges, and local partners.
 - Identifying the most important feedback relationships that will offer the most useful perceptual feedback. Some feedback will be collected in an ongoing way (e.g. short survey tools that can be used at touch points such as meetings, trainings, market days, etc.), while others might only be collected periodically (e.g. once or twice a year).
 - Identifying the feedback loops to be covered in the first cycle. Propose draft survey tools and questions for testing.
 - Developing practical, cost-effective methods for collecting feedback in the first cycle.
 - Identifying a cost-effective and practical method of uploading feedback data.

- Discussing some initial thoughts on data analysis and reporting, web databoards, report-back dialogues, etc.
- Developing a detailed budget to cover the direct local costs of the planned pilot activities.

4. A final wrap-up meeting with CO managers and staff.

A basic flexible outline is summarized in the table below:

Day	Meeting	Who should attend	Focus
1 (Mon/Sun)	Arrival and half day intro meeting	CO staff and managers from all pilot projects	Introductions, overview. Clarify hopes and fears.
2 (Tues/Mon)	Project 1 – all day	Key managers and staff from each pilot project. Including implementing partners where relevant.	Detailed planning of feedback loops and first cycle of feedback collection.
3 (Wed/Tue)	Project 2- all day		
4 (Thu/Wed)	Project 3 – all day		
5 (Fri/Thu)	Overflow and wrap-up	To be clarified	To be clarified

3. Refining tools and processes for collecting data and data collection processes

In the 2-4 weeks after the initial scoping visits, the pilot team, in close association with local COs and project teams, will refine the tools and systems for uploading the data.

Thereafter, data will be collected and uploaded over the following 2-3 months – probably until some time in the first quarter of 2017.

In this period, the pilot team will design the interactive web-based databoards to enable participants to access the data and analyze it themselves.

The major output after the initial scoping visits will be a short but comprehensive feedback strategy and operational plan for each participating project, together with sample tools.

4. Budget for local direct costs

The following budget principles apply:

- The pilot team will cover all its own local in-country costs. COs are not expected to cover any costs of the pilot team.
- There is a modest budget to cover **local direct costs** of collecting data, performing analysis, and holding sense-making dialogues. These could include: staff transport and subsistence costs for meetings, costs of collecting data (whether using mobile or traditional paper methods), costs of uploading data,

printing and distributing any reports or other media, organizing dialogue meetings (communications, venue, equipment etc.)

- Country Offices and project/program staff are expected to cover the time and (possibly) local travel and subsistence costs of their participating staff. This could include looking for cost-saving measures by combining the purpose of field visits in order to reduce travel costs, etc.

An approximate budget estimate has been made for each country to cover the local direct costs of the agreed pilot activities. This is as follows:

- Ghana and Tanzania GBP20,000 each
- Nepal and Bangladesh GBP16,000 each

The final allocations will be decided during and after the initial scoping visits when actual costs are better understood. But we do not expect it to vary too much.

Annex 1 - Estimated level of effort and staff time required from each pilot project (2-3 per country)

Activities	Estimated person-days per pilot project	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017
Preparation and design						
Remote engagement - sending project documentation, prep for visit etc.	1					
Participate in first scoping visit meetings, to design pilot and draft first question set	2 or 3					
Finalising tools, contact lists, engaging local independent data collection partner etc.	2 or 3					
Other interactions with pilot team	1					
Constituent Voice operational cycle 1						
First short period of data collection: preparing respondents, general observation of process etc.	1					
Internal review of feedback results (incl admin support - printing of reports etc)	2					
Organizing dialogue meetings with constituents	3					
Compiling project response to feedback, communications, decisions and changes, way forward etc.	2 to 3					
Attend Reflection meeting with all pilot projects and pilot team.	2					
Contribute to interim pilot report - case study development, revision of tools methods etc	2					
Ongoing operation of Constituent Voice system						
Second period of data collection	1					
Internal review of feedback results (incl admin support - printing of reports etc)	2					
Organizing dialogue meetings with constituents	3					
Project response to feedback, communications, decisions and changes, way forward etc.	2					
Contribute to second interim pilot report - case study development, revision of tools methods etc	2					
Third period of data collection (where appropriate)	2					
Final dialogues, responses and reflections on the experience	1					
Final reflection in London with all pilot projects/Programs	2					