

ENABLING CITIZEN-DRIVEN IMPROVEMENT OF PUBLIC SERVICES

**Leveraging Technology to Strengthen
Accountability in Nigerian Healthcare**



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THE WORLD BANK

REBOOT



Field coordinator tests early ICT4SA messaging prototypes at Wamba General Hospital.

EXECUTIVE SUMMARY

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.

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.



▲ Facility signboard for the Wamba Model Health Center, a primary healthcare facility located on Wamba town's main road.

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.

DESIGN AND IMPLEMENTATION 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.

THE MY VOICE SYSTEM

One of the most visible project outputs is the My Voice platform through which ICT4SA enables social accountability for public services.

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

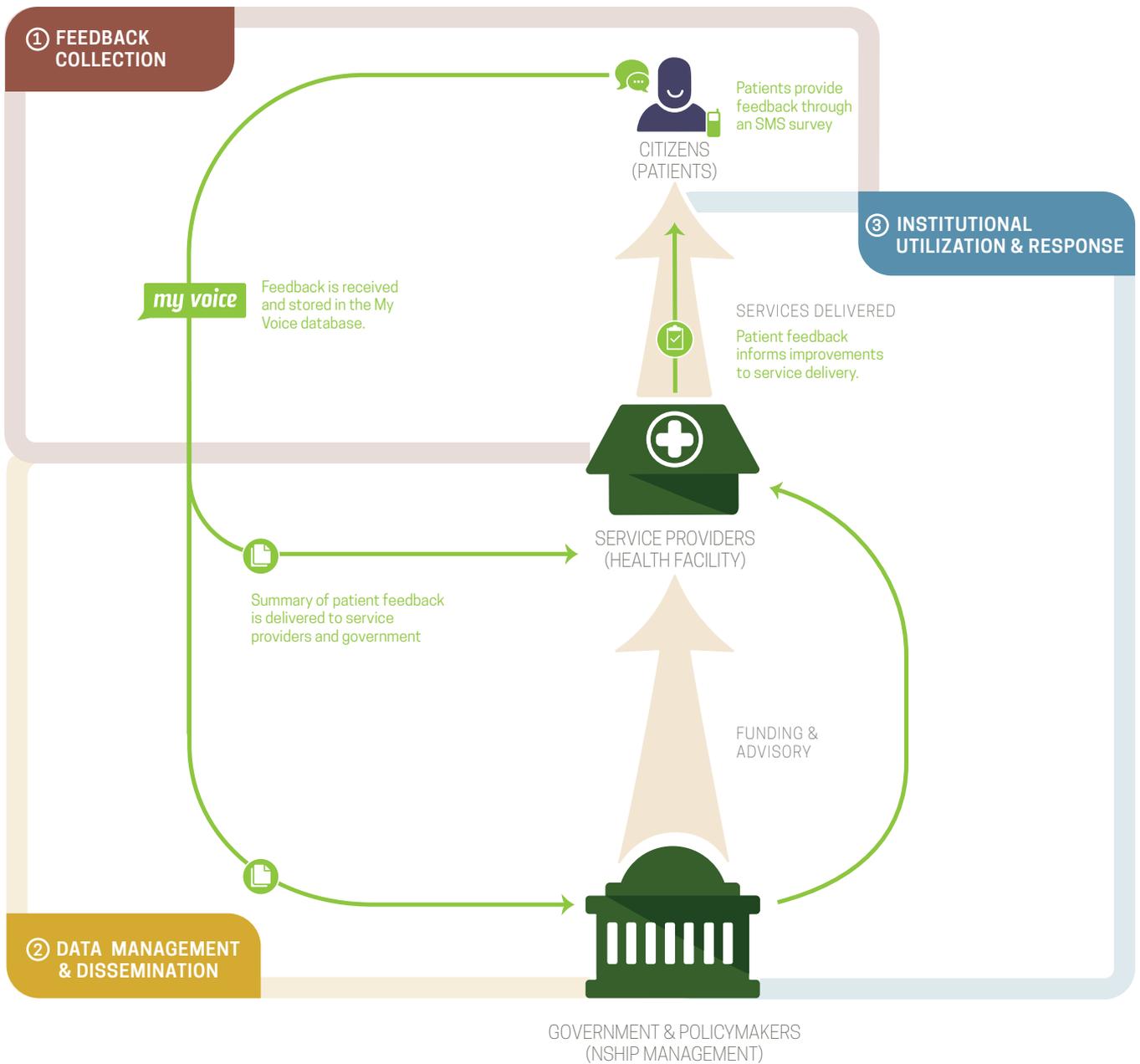
Institutionally-supported (through interactive surveys) and community-driven (through free-form reports), address individual preferences, capacities, and circumstances that may impact citizen participation. Both channels are integrated into familiar institutional processes or trusted community venues,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



▲ The diagram illustrates how My Voice operates within the NSHIP model.

PILOT OUTCOMES

Through intentional, contextually-informed programmatic and technological design, My Voice was able to integrate citizen feedback into existing NSHIP service delivery and management structures.

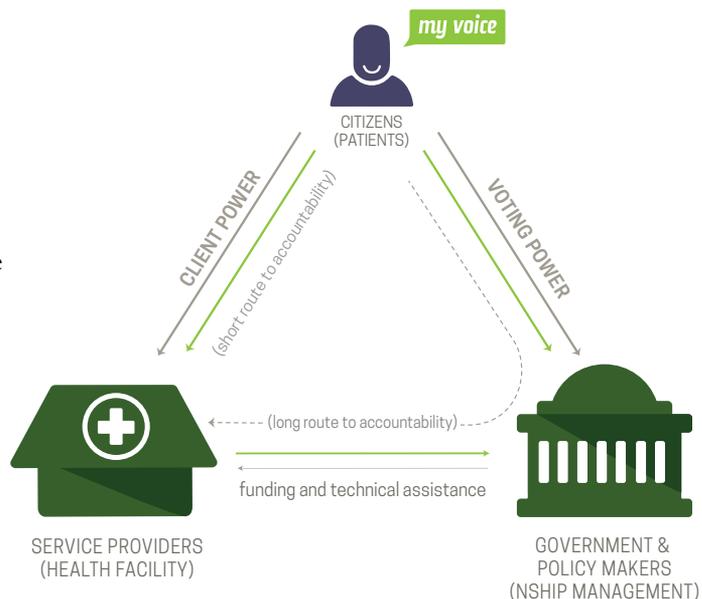
My Voice was piloted in Wamba LGA across all NSHIP health facilities from July to September 2014. Although the pilot was only nine weeks in duration, results suggest that even in this limited period, My Voice enabled unprecedented constructive dialogue around quality of care between patients, service providers, and public health officials.

Patient feedback from the pilot has led to changes in operational practices of Wamba's PBF health facilities and Department of Primary Healthcare.

Through intentional, contextually-informed programmatic and technological design, My Voice was able to integrate citizen feedback into existing NSHIP service delivery and management structures. Beyond channeling citizen voice to NSHIP service providers and policymakers, My Voice also highlighted the potential benefits to each stakeholder in responding to citizen feedback and provided the technical assistance to help them do so. In working with service providers, My Voice enabled a more direct, 'shorter' path toward increased accountability in public healthcare. By providing policymakers with previously hard-to-access citizen perspectives, My Voice has helped them provide more effective oversight of service delivery; this, in effect, also strengthens the 'long' route to accountability.

During the pilot, My Voice registered 60 percent (2,122) of total patients who visited Wamba's PBF facilities and received 460 completed reports of patient feedback.

The volume of citizen participation in the My Voice pilot was significant given the historical lack of citizen trust in government in Wamba and citizens' limited engagement with the state. Other barriers include low citizen capacity to use mobiles and SMS, high rates of illiteracy, and poor telecommunications infrastructure in Wamba, which negatively influenced user experience.



▲ My Voice strengthens routes of accountability between citizens, services providers, and government.

At all levels of NSHIP, the degree of institutional responsiveness to collected patient feedback surpassed expectations. By providing NSHIP actors with timely, relevant patient feedback and analysis, My Voice enabled responsive service improvements and evidence-based decision-making across the program:

- **At the health facility level, service providers began developing and implementing action plans to address a range of concerns raised by citizens.** These included new initiatives to address perceived or actual price inflations, poor staff attitudes toward patients, irregular hours and lack of facility availability, and other issues that diminished quality of care.
- **At the local government level, the Department of Primary Healthcare (DPHC) developed protocols to guide and monitor facility responses to citizen feedback.** These included new procedures to enable DPHC oversight of facility commitments on demand-driven service improvements and revised protocols for staffing at PBF facilities.
- **At the state level, NSHIP began exploring how it may provide resources to support facility improvements and incentivize deeper staff engagement with My Voice.** State leadership was highly supportive of My Voice and, at the time of publication, was exploring how it could help fund facility improvements surfaced by citizens. It was also assessing how NSHIP could incentivize greater facility engagement with My Voice by incorporating My Voice results into the calculation of bonuses for facility management and staff. A longer period and wider geographic range of My Voice implementation is therefore likely to positively impact this process.

- **At the national level, NSHIP policymakers began exploring how to expand use of My Voice across NSHIP and how to institutionalize citizen feedback as a program management tool.** Based on pilot results and support for My Voice from facility, LGA, and state counterparts, NSHIP leadership expressed interest in replicating My Voice in other regions and formally integrating its data and analysis within its program.

Both institutionally-supported and community-driven reporting models showed promise for citizen access to and use of My Voice.

Technical difficulties—including periodic network delays caused by unreliable mobile network signal, inconsistent prioritization of messages, and brief system malfunctions—delayed message delivery, impacting participation rates. While these technical challenges were not insignificant, ICT4SA and NSHIP agreed that the My Voice pilot utilization outcomes demonstrated that they were not insurmountable barriers to project success.

These results are significant, especially given the absence of formal programmatic integration between My Voice and NSHIP during the pilot. My Voice was quick to demonstrate value and produce visible results to citizens, service providers, and policymakers; this drove their increased and continued participation.

FORWARD OUTLOOK

Based on pilot outcomes, NSHIP is continuing implementation of My Voice in Wamba and expanding the program across Nasarawa State. Additionally, NSHIP has expressed interest in scaling My Voice nationally and commissioning a third-party impact evaluation to inform future decisions about how to leverage the model to advance NSHIP objectives.

Translating the successes and learnings from the pilot into a scalable program requires a continuation of the approach employed during the pilot. As part of its expansion in the coming year, the My Voice implementation model—currently tailored for Wamba LGA—will evolve to support replication across NSHIP’s diverse implementation contexts. Iterations to My Voice’s technical and programmatic designs were identified based on pilot lessons and priorities articulated by NSHIP. Refinements will help My Voice increase citizen participation; integrate patient feedback into NSHIP PBF implementation instruments and processes; increase utilization of facility PBF funding for improvements in quality of care; support NSHIP dialogue around

implementation adjustments; and strengthen institutional capacity, ensuring the sustainability of ongoing, locally-owned implementation.

ICT4SA’s pilot outcomes were promising, and My Voice’s ability to enhance constructive citizen-government dialogue is only expected to increase with time. As citizens observe facility improvements based on their input, their use of My Voice will grow. Once NSHIP develops clear policies on how My Voice participation and performance will impact facilities and local DPHCs—and, specifically, as relevant to PBF payments and/or other resource support—service providers will increase their engagement with My Voice. Heightened participation from both citizens and service providers will lead to richer, more useful intelligence for NSHIP policymakers; this, in turn, should strengthen their interest in and use of My Voice in program planning and management. In concert, these actors’ inputs and actions can help deliver public services that are more effective, efficient, and responsive to citizen needs.

