

What is the impact of SEMA's presence at public institutions?

Background

SEMA holds public institutions accountable to provide good services to citizens. We gather real-time feedback from citizens on services received with the goal of improving public services. Since 2018, SEMA has been delivering feedback reports based on citizen input to different institutions in the justice, health and administration sectors in Uganda. This has led to various improvements at these offices: first and foremost with regards to **the behaviour of the public officers** (coming on time, friendlier service, not taking bribes), but secondly also with regards to some of the **policies and infrastructure that affect service delivery** (training on client care, improved navigation signs, improved waiting areas).

Citizens can give feedback on the service that they have received through in-person interviews or a feedback device. Through the first way, citizens who have just made use of a public service where SEMA is active are approached by a SEMA interviewer to share anonymously how the citizen felt about their experience at the office. These interviews can only be done once a week at most offices, hence, many citizens not getting the opportunity to speak up during an interview. Therefore, SEMA also places feedback devices at each office. This is a device that makes use of the emoji rating system whereby a citizen can press a button based on how satisfied they feel with the service interaction that they have had at a public institution (on a scale from 1-5). These devices are always connected to our online database, and hence, feedback can be registered at any point in time.

These systems can and have been employed together, or separately depending on the prevailing conditions at the given institution. In particular, SEMA was affected by the lockdown measures in 2020. This led to the pause of in-person data collection in certain months leaving only the feedback devices at public institutions.

Insights from the feedback devices

In order to ensure proper sanitation of the feedback device for citizen use, each device was equipped with a sanitizer which was regularly renewed. However, in light of the Covid 19 outbreak, citizen use of the feedback devices was greatly affected by negative perceptions of both citizens and public officers viewing the device as a possible point of contact in acquiring the virus. Devices were often not taken out of storage by public officers but were also often avoided by citizens visiting the public offices.

Results from device usage at health centres do not show significant changes in the public service delivery rating during the lockdown (when SEMA data collectors were not present) compared to before and after the 2020 lockdown (when SEMA data collectors were present) with results remaining within the range of 60% to 70%.

Results from police device use show a significant increase in the public service delivery rating during the lockdown compared to after the lockdown. There was a 21.7 point decrease in the citizen satisfaction rating between July 2021 (during the lockdown) and August 2021 (after the lockdown). However, this was largely attributed to the reduced number of citizens getting services from the police stations as opposed to the lack of SEMA data collectors.

Insights from in-person interviews

We took this opportunity to conduct a small study on the effect of SEMA's presence has at these public offices. Firstly, we analysed the (device) data trends in periods when SEMA was not present physically. In doing this data analysis, we also compared feedback data from 2019 to 2020 to see if we could find any differences. Secondly, we conducted interviews with staff at police stations and health centres to look at the value that different public officers attach to SEMA's services and which changes they noticed during our absence.

In this short report, we want to share the findings of this impact study. We will do so broken down by the two institutions we analysed: police services and health services.

Methodology

We had in depth discussions in September 2021 with 12 public officers from 3 police stations and 4 KCCA health centres around Kampala city.

4 police officers - 66.7% male public officers 8 health workers - 33.3% female public officers

Of the public officers we talked to 6 were department heads while 6 were regular workers within the department.

Police Stations

SEMA has been active at 12 police stations around Kampala city since 2018. Prior to an established partnership between SEMA and the Justice Law and Order Sector (JLOS) in Uganda in 2021, this presence was largely influenced by external funding.

Activity period

Year	Both data collectors and feedback devices	Only feedback devices
2021	• May	• Jun
	• Aug	• Jul
2020	• Jan - Apr	• May - Jul 02
	• Aug - Dec	'



The outbreak of the COVID 19 virus in 2020 created a situation that led SEMA activities to be put on hold in accordance with the countrywide lock down put in place by the government. Even with the lifting of the lockdown, SEMA activities were not immediately resumed as the organization considered the safety of its team.

During SEMA's absence, all the police officers mentioned that they continued to collect citizen feedback on service delivery. Feedback was not sought out from each citizen but rather collected by way of conversing with the citizens who felt the desire to give feedback on the services that they received. According to the police officers, this was easier since the number of citizens accessing the services directly from the police stations reduced due to the lockdown. This also led to a reduced pace of service delivery as the usual rush of people was not present.

However, following up the service delivery towards improvement was also difficult as the usual method of sharing information with all the police officers (the officers' parades) were suspended to avoid situations that could lead to the spread of Coronavirus.

75% of the police officers interviewed felt that the feedback device worked better when accompanied by the SEMA interviewers, since the interviewers explained the purpose of the device to citizens who would then confidently use it. Citizens and staff were noticeably more aware of the feedback devices and the presence of SEMA as a whole when SEMA interviewers were present at the police stations.

The remaining 25% felt that the feedback device worked well on its own as citizens made use of it both when the interviewers were present and when they were absent.

However, 75% of the police officers interviewed also reported that they found the feedback device, on its own, had a positive impact on the nature of the service delivery since police officers felt that citizens had a means to evaluate the services.

"SEMA's feedback device at the station has an effect on the station's staff since they still keep in mind that we are being evaluated." - police officer from Wandegeya police station.

Health centres

SEMA has been active at 6 KCCA health centres around Kampala city from May 2020 to April 2021. As this was during the time when there was a country-wide lockdown, in person interviews were only started in the month of August 2020. Prior to this, devices were deployed at the health centres.

Activity period

Year	Both data collectors and feedback devices	Only feedback devices
2021	• Jan - Mar	• Apr to date
2020	Aug - Dec	• May - Jul

We asked the public officers at these health centres to evaluate the difference of service delivery amongst themselves while in the presence of feedback collection devices versus in the presence of SEMA interviewers as well as in SEMA's absence.

87.5% Of the public officers we talked to mentioned they were collecting feedback from citizens even in the absence of SEMA. Of the methods that the staff used to collect citizen feedback, the most used mode was through the use of the suggestion box present at each institution. This was followed by staff interacting with citizens with the aim of getting feedback. Staff did not mention any increase in the use of the suggestion boxes during SEMA's absence.

"We mainly used the suggestion box though not all patients use it. But each time we found something, the doctor In-charge addressed it in our meetings."

- doctor at Komamboga Health Centre.

Staff stated that although the suggestion boxes are always present at the hospitals, not many citizens make use of them. However, all feedback received whether through the suggestion box or through direct conversation with the citizens was always addressed to the doctor in charge.

Civil servants who stated that they were not collecting citizen feedback during SEMA's absence, said that feedback was not collected by public officers in the individual departments but rather by the heads of the institution at administration level through in-person conversations.

Both the department heads and department workers mentioned the need to have both the feedback devices and the SEMA interviewers present at the institution as they felt the two modes of data collection compliment each other. This is to say, the staff felt that the interviewers received reasons for ratings from the citizens.

However, staff mentioned that the presence of SEMA interviewers had a greater impact on the staff performance than the feedback collection device on its own. This was often attributed to the fact that the staff feel that citizens can openly share all their concerns with the interviewers as compared to only providing a rating via the feedback device.

"The SEMA interviewers had more of an impact because I believe they gathered the information as was told by the clients and I remember in our meetings last year, they would say we were performing well so it was encouraging to know some people appreciated us."

- doctor at Kisugu Health Centre.

62.5% Of the staff we talked to felt that the feedback device on its own had an impact on the nature of service delivery provided by the institution staff. Staff mentioned that the device served as a reminder that citizens are evaluating the services provided and this keeps the staff keen to provide good services. This was especially the case because there were a number of citizens who internalized the use of the SEMA feedback device and rated the services whenever they visited the institutions. Staff who felt that the feedback device did not influence services provided (37.5%) stated that this was the case because staff at the health centre were originally committed and continued to carry out their tasks regardless of the presence of the feedback device.

Conclusions

From these interactions we found that public officers find the presence of SEMA important in motivating staff at public institutions to provide quality services. In particular, public officers preferred both SEMA feedback devices and data collectors to be present at the institutions as this not only provided explanation to the ratings obtained from the SEMA feedback devices through interviews with citizens, but also provided explanation to citizens on how to use the SEMA feedback device.

Although public officers preferred the deployment of both the feedback devices and data collectors, we found that the SEMA feedback devices were also effective in promoting a positive change in the delivery of service delivery.

We also found that public officers are interested in receiving citizen feedback and are willing to make changes in their service delivery based on this feedback. However, the suggestion box is not used as a means of collecting feedback as much as holding conversations with citizens.

Overall, public officers from both the police stations and health centres felt that SEMA services provided a convenient means to gather feedback from citizens often citing the ease in using the SEMA monthly reports in deciding on what to focus on towards improving the service delivery at the public institutions.