



CASE STUDY

Co-creation in service redesign: from an experiment to a “must”

Words of the day put into action

There is nothing more interesting and enriching in our professional activity than applying a new approach to an old problem. *Design Thinking, co-creation, citizen-driven service re-design, behavioral science, social gamification* are the **words of the day** in the innovators' environment. Our team – the [Moldova e-Government Center](#), and the [Social Innovation Lab “MiLab”](#), with [UNDP Moldova](#) and State Chancellery's support, had the opportunity to apply them in Moldova for the first time. This is an exquisite opportunity to test, learn, and set the background for escalating public service reengineering based on Design Thinking.

Since 2011 [e-Government Center](#) embarked on an ambitious e-Transformation Agenda.

From the very beginning of this journey we have ascertained that an e-service can truly generate the estimated economic and social impact only after thorough reengineering.

This is the only way to avoid transferring inefficiency and burdens from offline to online, and truly generate efficiency, effectiveness, high-quality digital products for the user, smart investments in IT for the public service provider.



Redesigning FOR and WITH the customer

Our first effort to redesign a public service not only FOR, but also TOGETHER WITH the customers went *beyond a professionally enriching experience and experiment*. It required from our pilot institutions' public servants openness, and willingness to empathize and co-create: to ask for, to hear, to respond to customers' feedback with an improved service.

The redesign based on co-creation is the most secure way to produce usable, useful, and massively used reengineering solutions and products.



The pilot-service

A first effort to inform on and build selected public authorities' capacity in applying Design Thinking in public service redesign was made within the workshop led by our partners from [Mindlab](#), Denmark in December 2013, organized on Day 2 of the First Forum on Innovation in the Public Sector in Moldova.

After processing the results of our in-house online surveys on prioritizing public services for further redesign and digitization, and brainstorming with

the group of public authorities participating to the Forum, the pilot service was selected: **the monthly childcare benefit**.

This is a high-impact public service for employed and non-employed parents, meant to guarantee to both categories a minimum coverage of childcare-related expenditures until child's 3 or 1.5 years.

Roughly 71,000 parents per year benefit of this social allocation, and the single childbirth benefit, after applying to the National House for Social Insurance (NHSI), through its territorial chambers.

The "26 steps" to the benefit

From the very first meetings with the focal points from the NHSI, we ascertained how complex and burdening the service was for both the customers, and the service provider.

On the applicants' side, it was particularly burdening for the employed parents, as they had to collect, and bring to the territorial chamber documents from the Employers.

On the service provider's side, it was burdening particularly for the understaffed territorial chambers which received daily requests with application sets, verified, registered, transmitted them monthly to the NHSI for examination, approval, payment orders processing etc.

In parallel, as ascertained during observation sessions, the front-office servant was obliged to answer phone calls while the customer at the window was waiting for its application to be processed.

Service Mapping outlined 26 steps—some passed by the citizens, the others/the majority - by the service provider until the final lists of beneficiaries are handled to the Bank and money are allocated.



Six steps in the back-office were redundant, performed both on paper and in the information system or meaning the same activity performance in a slightly different format.

The need for redesign, based on simplification and digitization was obvious, unanimously accepted by the redesign team and awaited by the customers.

ReSEARCH - ReALIZE - ReDESIGN

After internal research with the NHSI (process mapping, legal and regulatory framework analysis, setting reengineering objectives and targets etc.), an “external” research was performed.

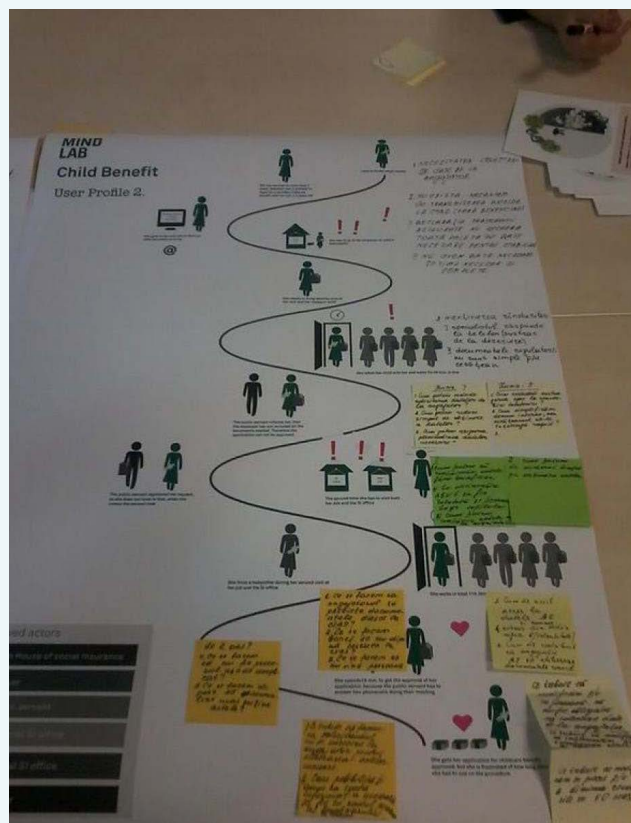
Observation sessions, interviews with citizens and territorial offices’ public servants, comprehensive online survey among customers generated an impressive volume of valuable data on the current and desired service journey.

Besides working directly with the customers and their survey journey experiences and “wishes”, we made use of the Design Thinking empathizing techniques with the public servants, before and after the ethnographic research.

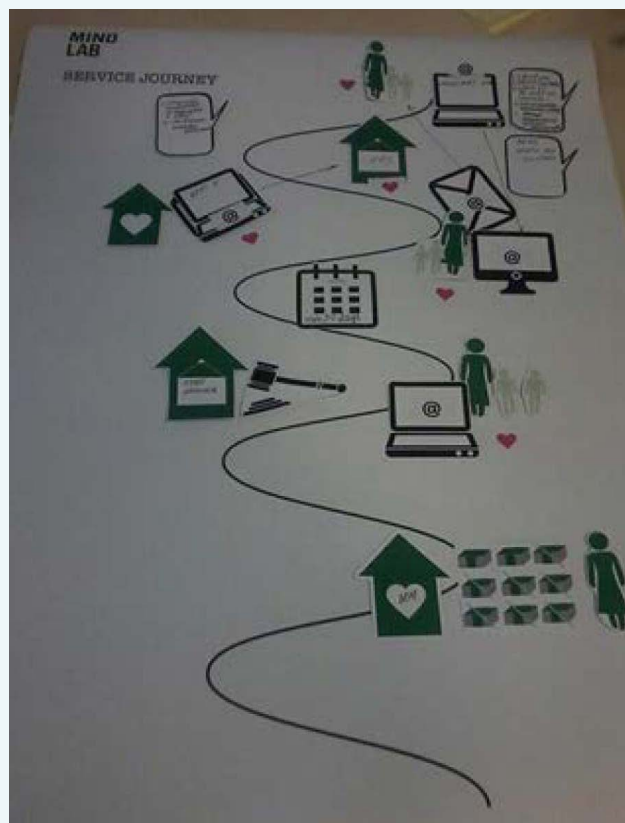
It was crucial seeing what do public servants think of customer’s main areas of concern, frustration, expectations related to a service, and compare them with the real customers’ insights and observation findings.

Public servants are no mind-readers, but in the end a high quality service has to be for the customer so simple, efficient, and intuitive like if they were ones. 😊 In their answers on some service journey-related aspects or areas of frustration, **customers** and **public servants** had different perceptions, as the results of the research showed.

We stepped into the solutions identification and implementation stages with a clear understanding of these two main actors’ burdens, feelings, and expectations.



before



after

Graphical service journey before and after redesign

From customer to co-creator of a better service

Most frequent citizens' reactions to us approaching them at the selected territorial chambers or asking to respond to our online questionnaire was first, being surprised, then- glad. It is quite unusual for them being asked how they feel about the service journey, how much they spent to pass through it, and – very important – how would be the “ideal” service journey. The most open-minded ones responded with enthusiasm to our research efforts, more than 75% of the citizens we approached being collaborative and full of ideas.

A young mother, after answering to our interview questions, said: *“Changing, together with the service provider, the public services is totally new and unexpected for me. This is motivating; for me this means **there is a real intention to improve public services for us, even more - together with us, to come up in the end with something we, the customers, would feel as a good service**”.*

Implementing the redesign solutions

After processing the results of the ethnographic research among customers, and internal research among public servants and field experts, a range of solutions were mapped: some proposed by citizens, others by us – “the redesign team”, based on the service journey experiences reported by citizens during the research.

For a range of problems ascertained the optimal solutions were found practically from the first solutions mapping session with our focal points from the Social Insurance authority. They have been validated within a [second workshop](#) led by [MindLab](#) in December 2014.

A high repetitive visits rate (47%), the need for the public servants to answer to the phone calls from citizens while serving other customers at the window, 25% of documents from the

A young father and applicant for benefit told us with a smile: *“It is a discovery for me. I've never imagined a public institution asking me how I see this service today, and how I would like to see it tomorrow. It means I can **directly participate to improving it**, and it feels very good, although I will probably not have the occasion to benefit from the new, optimized service, as I would need to become father for the third time!”*



Employers on the employed parent wrong/inconsistent (causing repeated visits), 53% of citizens' perceiving as unclear the general data on the required application set for their specific life scenario, redundancy nodes at some of process' stages in the back-office, lack of specific conditions for children at the premises (25% of customers coming to the territorial chambers with children), were just some of the findings of the research which were the departure point for mapping the redesign solutions.

Lucky for us, all parties involved – citizens, Social Insurance bodies, partners – were opened, eager to experiment, identify, test and implement the redesign solutions.

The use of digital platforms was from the very beginning seen as the most efficient approach to solve 7 out of 9 main issues related to the as-is service journey.

Using already available digital platforms – e-Reporting to NHSI, internal automatized document management system, Governmental Interoperability was one of the first, most obvious and quickly implementable solutions, supposing some technical and legal framework adjustments to enable further redesign steps.

The e-reporting platform is used since February 2013 by the NHSI to collect online quarterly reports from Employers. The e-report REV5 was adjusted by adding 3 mandatory data categories related to maternity/paternity leaves subjects to be filled in by the Employers and submitted directly to the NHSI, as in Moldova reporting electronically to the NHSI is mandatory. After adjusting the legal framework, since January 1, 2015 all Employers, submit their reports monthly, in the adjusted format, covering all the data on ensured employed citizens subjects to maternity, childbirth, and childcare related benefits.

Besides eliminating the need for the customers to bring acts from the Employer, and spend unjustified resources, the risk of inconsistent or wrong data provision was minimized. This also enabled the NHSI starting the development of the next redesign solution – online application for the benefit, in a simple format, as citizens required, with minimal data requested from their part, as most of data is already in the system.

Another existing platform used to simplify, and improve the service journey is the **Governmental Interoperability Platform MConnect**, which is a core element in public service redesign. Piloted since July 2014 by 10, and today by 15 public organizations, it allows exchanging data securely, real-time, with minimum of resources, within well-defined legal and organizational frameworks.

The NHSI, as one of the piloting entities, fully benefits since fall 2014 of the data exchange based on MConnect, being able to access and validate real-time data on applicant' and her/his child's ID number, relation degree etc.

Another significant change expected from the pilot – the most desired product by the customers and the service provider is the **on-line application interface**. Its prototype is under development, and will be launched and tested in September 2015 by a selected customers group.

As citizens required, the interface is simple, minimalistic, supposing only online authentication, insertion of parent and child ID numbers, and the territorial office to which they pertain.

Depending on the tester-customers' feedback, the solution will be eventually adjusted and launched into operation nation-wide (until the end of 2015).

Among the other solutions included in the redesign concept are:

- Adjusting the communication pattern into a scenario-based, user-friendly service passport on the NHSI web site, and on the new version of the Governmental public services portal www.servicii.gov.md (currently under development);
- The NHSI currently works to prepare for the launching a centralized phone and online chat help line to answer to citizens' needs in information and guidance in their offline or online social insurance services journeys.

Our partners from MindLab have provided us with a valuable mentoring and capacity building assistance throughout the pilot implementation



Innovative public servants on board

Although the tools used were completely different from the public servants' usual approach, requiring more imagination, empathy, capacity to exit from their comfort zone, we haven't seen skepticism or resistance from the selected public servants; it felt rather as a challenging, but captivating and insightful exercise for them. It required willingness, competence, and honest openness to innovation. And our focal points showed them all.

Mrs. Elena Tibirna, Adviser of the NHSI President, Deputy Head of the General Internal Audit Department, one of our NHSI focal points, shared her thoughts:

*“Applying Design Thinking to reengineer a public service was a challenge for us, in the context of trying to think differently, from the customer's perspective, and propose innovative approaches to the way we deliver services. Until our involvement in this pilot-project, the National House for Social Insurance was working on improving the quality of its services focusing more on the institution's perspective (cut administrative costs, optimizing staffing arrangements etc.), without emphasizing the customers' level of satisfaction. Within this experience we managed, as public institution, to rethink the process of social insurance services' delivery. In this context, the NHSI will gradually reform the whole spectrum of services delivered to citizens and employers”*Note: In June 2015 we have already started working with the NHSI on the redesign of services Benefit for Maternity, and Benefit for Temporary Incapacity for Work.

Our pilot project entered into its finalization stage: we are eager to hear our customers' say after testing the online application prototype. We are eager to see customer and the service provider meeting within a much simpler and pleasant service journey.

We have seen in co-creation a model of healthy dialogue between the customers and the public service provider.



Only after the implementation of Stage 1 (first 5 redesign solutions), the fifth one under finalization currently, we have already reached and/or estimate to reach in the nearest future significant results, among which:

- availability for the customers of the online application and request status' tracking possibility
- elimination of 3 flows in the first stage of the service journey for the ensured and 1 flow for non-ensured parents/applicants
- elimination of 6 procedures in the back-office within the flows territorial chambers-NHSI, and NHSI-Bank-NHSI
- exclusive use of electronic regime within 4 internal institutional flows within the service journey (Territorial Chambers and NHSI)
- optimization in terms of resources spent by the customers to apply and track the status of their request: 86% in the online scenario, and 71% in the offline scenario
- a decrease by 45% in the front-office administrative burden on the territorial chambers in the first 2 years, and 69% in the years 3-5 after redesign
- a decrease of 62% of the back-office burden on the territorial and national level time, and many others.

We truly hope that today, when customers require innovative responses to their needs, and public servants are ready to hear and provide them, **co-creation will become more than an experiment: it will become a MUST.**



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