



IRC Client Voice and Choice Initiative and Ground Truth Solutions

**Pilot Case Studies
Feedback Reports from the Ground Truth Surveys**

July 2016



IRC Client Voice and Choice Initiative and Ground Truth Solutions

Feedback Reports from the Ground Truth Surveys

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**GROUND TRUTH
SOLUTIONS**

Client Voice and Choice Initiative

iCCM Program / SOUTH SUDAN ROUND 1

January 14 – 18, 2016



Putting people first in humanitarian operations.



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Background

In April 2015, the IRC launched the Client Voice and Choice Initiative (CVC) to meet the strategic commitment of becoming more responsive to its clients – people affected by conflict and disaster around the world. Under this DFID-funded initiative, the IRC has partnered with Ground Truth Solutions (GT), to collect feedback from clients and bring their perspectives more systematically into decision-making calculations. GT conducts regular micro-surveys to provide a stream of accurate data on client perceptions and concerns, and supports the IRC in analysing and responding to the feedback received.

In South Sudan, the first pilot country, GT is collecting three rounds of feedback on the IRC's protection programme in Juba, and on the iCCM (Integrated Community Case Management) program in Northern Bahr El-Ghazal. The iCCM program aims to reduce morbidity and mortality of children under 5 through a network of Community Based Distributors (CBDs) that deliver life saving treatments at the community level. Feedback on the iCCM program was collected from caretakers of children under the age of 5, who were asked about their perceptions of the services provided by the CBDs.

Reading the Charts

The bar charts in this report show the frequency (as a percentage) that each option was chosen for a particular question, with colours ranging from dark red for negative answers to dark blue for positive ones.

Questions 1 and 3 are multiple-choice questions, all others use a Likert scale of 1-5 to quantify responses. For all Likert scale questions, the labels on the left side of the bar charts show each of the answer options ('anchors'), from very negative (1) to very positive (5). A mean score was also calculated for each of these questions. The mean is displayed at the right side of the bar charts.

In subsequent rounds, the trend of average scores for each question will be visualized with a simple line graph.



Summary Findings and Recommendations – Round 1

This report analyses the first of at least three rounds of data collected from caretakers of children under 5 in Northern Bahr El-Ghazal (NBeG), Madhol payam, across four bomas (villages). For the first round of data collection conducted between January 14 and 18, 2016, by IMPACT, a contracted survey firm, a total of 322 caretakers were interviewed. For more information on survey development, data collection, sampling methodology, sample size, and demographics, see the *Methodology* section (pp. 14-17) of this report.

- **Overall positive perceptions of the CBD services:** Respondents had very positive perceptions about the CBDs, and 96% of those who had used the CBD were either 'very happy' (62%) or 'happy' (34%) about the services they received (question 7). This positive finding was further substantiated by the calculation of a general satisfaction score that combines information from three questions (4, 7 and 8) (see p. 12-13). The general satisfaction score was highest for respondents from War Baai boma. It might be worth exploring why CBDs in War Baai are scored so high, especially if this trend holds over subsequent rounds.
- **Shortage of drugs:** 81% respondents reported that their CBD runs out of drugs, with 31% answering that this is 'often' or 'very often' the case (question 4). Moreover, when respondents were asked what would prevent them from taking their child to the CBD when they were sick, most chose the answer: 'the CBD does not have (enough) drugs' (question 1). The problem may be caused by a shortfall of funding for the iCCM program, and be difficult to address, but this data might be used to advocate for increased funding and/or drug supplies. In light of limited resources, a prudent compromise might be to focus on areas most affected by drug shortages.
- **Safety concerns in accessing CBDs:** 55% of respondents answered that they have encountered danger or threats to their physical safety when accessing the CBD, and 21% of those faced danger 'always' or 'very often' (question 2). It might be worth exploring what are the dangers associated with visiting the CBD, as it seems to be a major obstacle to the uptake of the service. This could be done with village elders, during ongoing outreach work or in community focus groups.
- **Importance of respect & dignity:** 85% of all respondents answered that the CBD treats them with respect and dignity 'very often' or 'always' (question 5). Of the 12% who reported they are only 'sometimes' treated with respect and dignity, more than half are located in the Amerjal boma. Statistical analysis shows that ensuring people feel treated with respect and dignity would increase their overall satisfaction with the CBD services, as well as the perceived responsiveness of the IRC in the area (question 6).



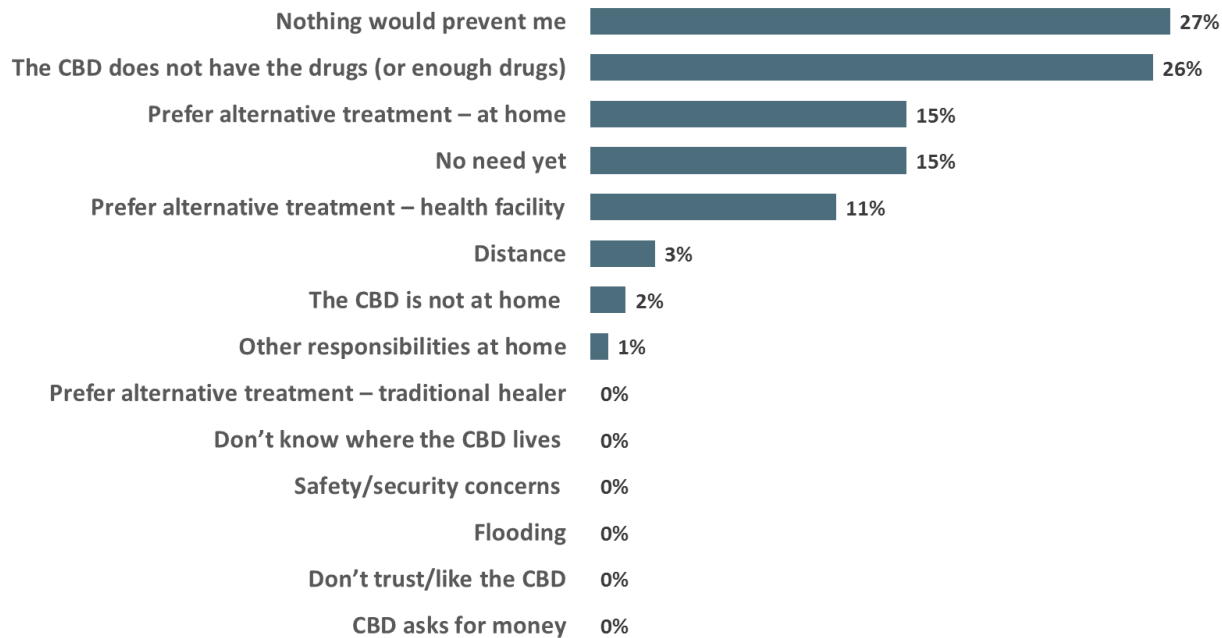
- **Limited trust in IRC's responsiveness to feedback:** More than half of all respondents are undecided ('maybe') on the question whether IRC will respond to their feedback (question 6). An additional 10% indicate they 'don't know'. It will be instructive to see whether respondents answer more positively after in subsequent rounds of data collection, when IRC staff have gone back to their clients to communicate and respond to their feedback.
- **Location & distribution of CBDs:** In all four bomas, respondents who said the next health facility was 'far' or 'very far' also said that their CBD was 'far' or 'very far'. Similarly, 97% of those who said they were 'near' to a health facility also said their CBD was 'near'. The distances provided by respondents do not refer to an objective measure, but could indicate that the CBDs may fail to reach into the areas that are distant from health facilities. Perhaps IRC should review the location of CBDs and health facilities to make sure that caretakers do not have to travel far to get treatment for their children under 5.



Survey Questions

Question 1: **If your child was sick, what would prevent you from taking him or her to the CBD?** (multiple-choice)

This question aims to find out what obstacles caretakers of children under 5 face in accessing the CBD:

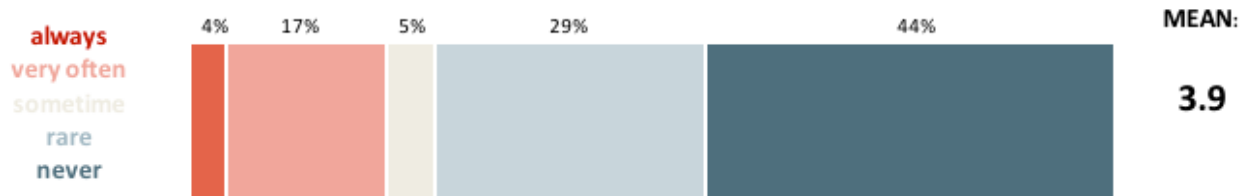


When respondents were asked what would prevent them from going to the CBD if their child was sick, the most common answer was that the CBD does not have (enough) drugs (26%). This problem is not new to IRC, and is due in part to funding shortfalls. The feedback data might be used to advocate for increased funding and/or drug supplies. Based on respondents' feedback, all bomas seemed to be affected by drug shortages, particularly Amerjal, Mabok Tong, and Ajiep. Another 26% of responses indicated that an alternative treatment (at home or at the health facility) was preferred to going to the CBD. IRC should enquire why this is the case, and ensure it is not a reflection of the CBD service, or related to a misunderstanding about the medical conditions they treat. Interestingly, only 3% of respondents said that distance would prevent them from visiting their CBD, although 23% of caretakers that participated in this survey indicated that their CBD is either 'far' or 'very far' from their home. It is also interesting that no respondent said that safety or security concerns would prevent them from taking their child to the CBD. Nonetheless, statistical analysis suggests that if caretakers think they might face dangers when visiting a CBD (question 2), they are less likely to go (see *Additional statistical analysis*, p. 12-14).



Question 2: **Have you faced any danger or threats to your physical safety when accessing the CBD services?**

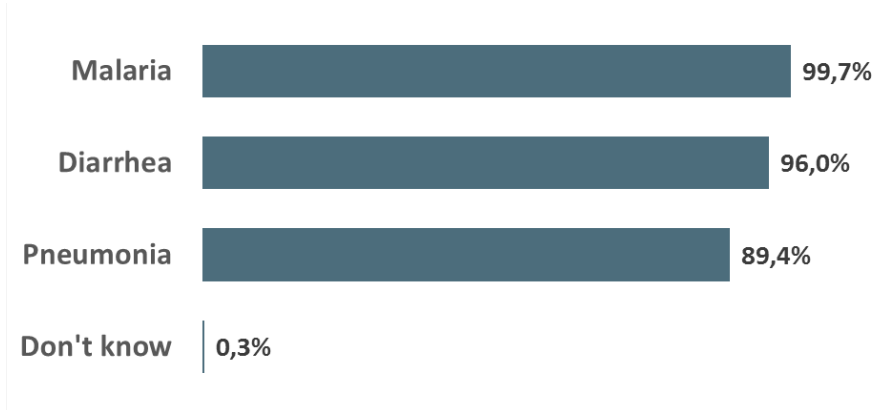
This question looks at the issue of safe access, by asking respondents how often they have faced danger or threats to their physical safety when accessing the CBD services.



55% of all respondents answered that they have encountered danger or threats when accessing CBD services. Some 21% of those faced danger 'always' or 'very often'. These respondents came from all four bomas (28% of Mabok Tong, 17% of Amerjal, 17% of Ajiep and 20% of War Baai chose 'always' or 'very often'), and some lived near and some far from the CBD. IRC should try to find out more about what sort of danger or threats to physical safety caretakers face when accessing the CBD services. These threats may be outside of IRC's control, but understanding them can still enable IRC to ensure the CBD service is as effective as possible.

Question 3: **What diseases does the CBD treat?** (multiple-choice)

This multiple-choice question examines whether respondents know about the three diseases that the CBDs treats. This is an expected outcome of IRC's iCCM program.



The vast majority of respondents knew that the CBD treats Malaria (99,7%), Diarrhea (96%) and Pneumonia (89,4%). Some 86% of respondents knew all three diseases treated by the CBD, some 13% knew only two (malaria and pneumonia or malaria and diarrhea) and 1% knew only one disease (Malaria). This indicates that iCCM's awareness-raising work is having the desired impact.

Question 4: **Does the CBD ever run out of drugs?**

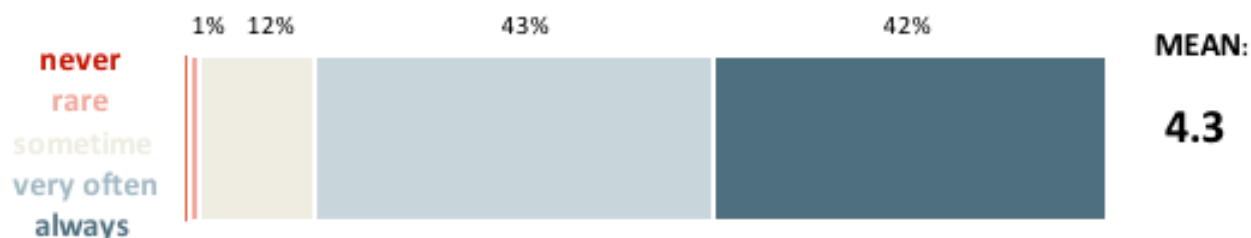
This question refers to access to and quality of services provided, by asking how often the CBD runs out of drugs to treat malaria, diarrhea, and pneumonia children under 5.



97% of respondents said that their CBD runs out of drugs, with 31% answering 'often' or 'very often'. This translates into the lowest mean score (2.5) of all questions. It also links to question 1, where 26% of respondents reported that the fact that the CBD does not have (enough) drugs would prevent them from taking their child to the CBD. Respondents who answered that the CBD runs out of drugs came from all bomas (96 % of respondents in Amerjal, 99% in Mabok Tong, 95% in Ajiep, and 88% in War Baai). Three respondents (7%) in War Baai were the only ones to answer 'never' to this question.

Question 5: Does the CBD treat people with respect and dignity?

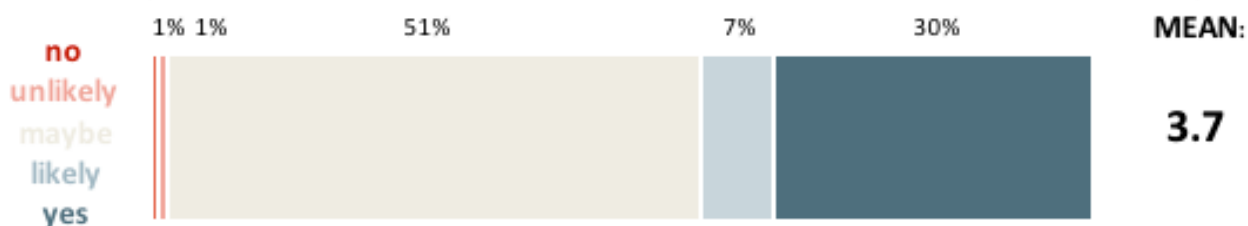
This question enquires into the relationship between caretakers of children under 5 and the CBDs. By asking respondents about their perception of whether the CBD treats people with respect and dignity, it also sheds light on the quality of services provided.



Respondents were mostly very positive on this question. Only 1 respondent in War Baai whose CBD was male answered 'never'. Of the 39 respondents who said that the CBD treated people with respect and dignity only 'sometimes', 22 were located in Amerjal (18%), and 7 in War Baai (17%). Their CBDs were both female and male. Statistical analysis reveals that if people feel they have been treated with disrespect, they are less satisfied with the CBD services (see the *Additional statistical analysis* section below, p. 12-14).

Question 6: Do you think the IRC will respond to the feedback you provide today?

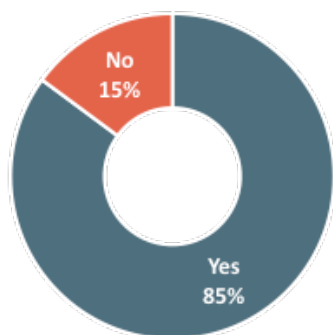
This question looks at the relationship between caretakers and the IRC. It aims to reveal whether respondents trust the IRC responds to their feedback.



Most respondents were unsure about whether IRC will respond to their feedback, with 51% answering 'maybe' (48% of respondents in Amerjal, 55% in Mabok Tong, and 51% in Ajiép and War Baai). Interestingly, statistical analysis reveals that people who had felt disrespected by their CBD

found it less likely that the IRC would listen to their feedback (see the *Additional statistical analysis* section below, pp. 12-14). It would be good if IRC could communicate the results of this survey back to communities as part of a broader effort to improve their reputation for listening and responding to feedback from clients.

Additional questions to those that have used the CBD before



Of the 322 respondents interviewed for the survey, 85% (274) had used the CBD before. These respondents were asked two additional questions about their experience with the CBD services.

Question 7: **Where you happy with the service you received at the CBD?**

This question asks about the satisfaction of respondents who have used the CBD services before.





96% of respondents who had been to the CBD before were either 'very happy' (62%) or 'happy' (34%) with the services they received. The 4 respondents that chose 'unhappy' all came from Ajiep and all had a female CBD. Those who were neutral came from all three of the other bomas, and had complained of distance to the CBD or lack of drugs in question 1.

Question 8: How often have you received information from the CBD that will help prevent your child from getting sick again?

This question investigates whether CBDs do prevention work with caretakers – one expected outcome of the iCCM program – by asking respondents how often they have received information that will help prevent their child from getting sick again.



Some 75% responded 'always' or 'very often', whereas 17% received information on prevention only sometimes, and 8% rarely or never. Those who said 'rarely' or 'never' came from all bomas.

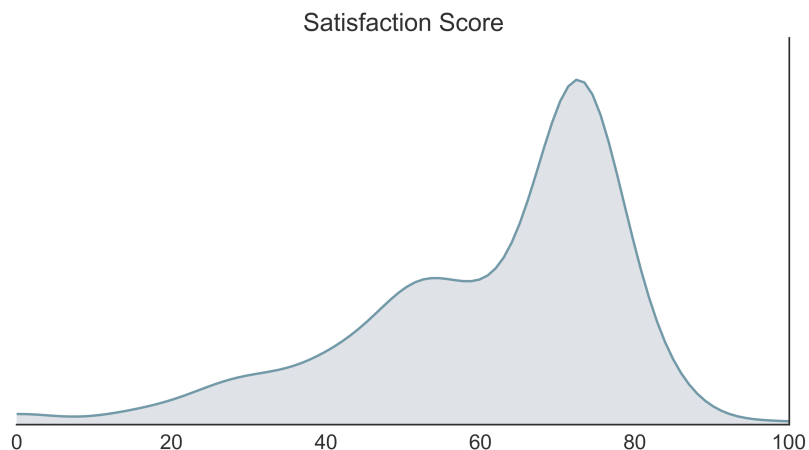
Additional Statistical Analysis

General Satisfaction Score

To get a more sensitive measure of respondents' perceptions of the CBD services, we have combined information from three different questions in a general satisfaction score:

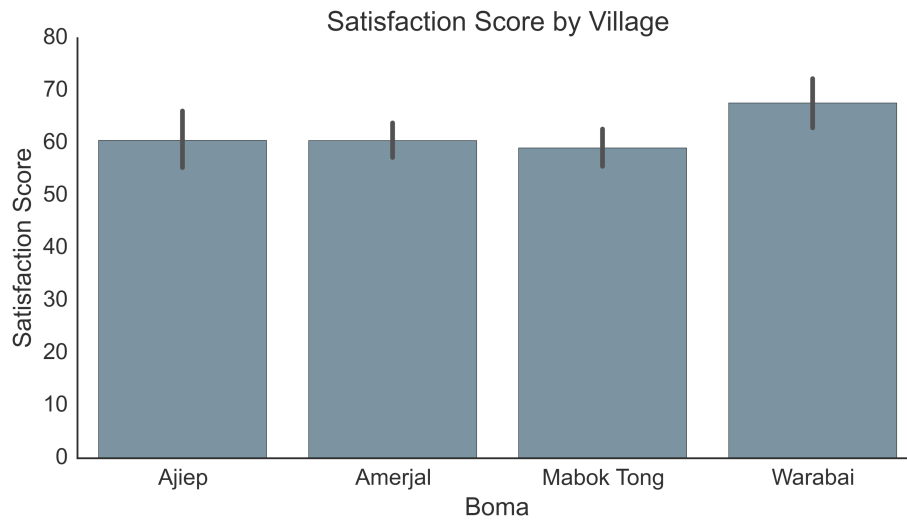
- Question 4: Does the CBD ever run out of drugs?
- Question 7: Were you happy with the service you received the last time you went to the CBD?
- Question 8: How often did you receive information from the CBD that will help you prevent your children from getting sick again?

Because questions 7 and 8 were only asked to those 274 respondents that had visited the CBD, the satisfaction score was only created for those who have used the CBD service.



The satisfaction scores were standardized between 0 and 100, so that the least satisfied person in the sample received a score of 0, and the most satisfied person in the sample got a score of 100. As the distribution in the graph above shows, most people gave a score between 60 and 80, illustrating that most people are happy with the CBD.

People in the War Baai boma were slightly more satisfied with the CBD services than in other bomas, as can be seen by looking at the mean satisfaction scores for each boma:



Factors predicting whether caretakers use the CBD services

To predict what factors determined whether people had used the CBD, we ran a statistical model (hierarchical linear regression model):

- As expected, the more children in the household, the more likely a person was to have used the CBD.
- People in Amerjal and Mabok Tong bomas were slightly less likely to have used the CBD than those from the other two villages, even when distance to CBD, distance to a health facility, perceived danger of visiting the CBD, were all statistically controlled for.
- If caretakers thought they would be in danger from visiting the CBD (question 2), they are less likely to go, and if people feel they have been treated with disrespect (question 5), they are less satisfied with the service.



Methodology

Survey Development

The survey questions and methodology were developed by GT, in close collaboration with IRC staff working on the iCCM program in NBeG, South Sudan, and from the CVC initiative. The questions were designed to gauge the perceptions of caretakers of children under 5, the main beneficiaries of the iCCM program, with a focus on the services provided by the CBDs. All questions combine perceptual factors as well as more factual elements. Questions 1 and 2 investigate issues of access to the CBD. Questions 4, 5, and 7 relate to the quality of services provided by the CBD. Questions 3 and 8 look at two intended outcomes of the iCCM program: whether caretakers know the three diseases the CBD treats, and whether they receive information about prevention. In addition to the questions concerning the CBD services, question 6 investigates caretakers' perceptions of IRC by asking them how likely they think it is that the IRC will respond to their feedback. While questions 1-6 were asked to all respondents that participated in the survey, questions 7 and 8 were only asked to those who had been to the CBD before, and relate to their actual experience with the CBD's services.

In designing the wording of the questions, the goal was to ensure, on the one hand, that each question makes sense to the respondent and, on the other hand, that their answers provide IRC staff with the basis for improving performance.

The survey questionnaire was provided in English and Dinka, and the same Dinka translation was used by all enumerators.

Data collection

The first survey was administered between January 14 and 18, 2016, with data collection services provided by IMPACT, an international research organization contracted by GT. The IMPACT team consisted of an Assessment Manager and an Assessment Assistant/Database at IMPACT's branch office in Juba, South Sudan, as well as 6 enumerators. Enumerators conducted face-to-face interviews, presenting themselves as working for an organization independent from the IRC, and using smartphones with an ODK application to record responses.

Apart from the need to deviate from the proposed sampling methodology (see the next section), IMPACT did not report any major issues related to data collection. Enumerators reported that the questions were generally clear and well understood, as was the use of a Likert scale of 1-5 (with enumerators prompting all five response options or 'anchors').



Sampling Methodology

The sampling methodology proposed for this survey could not be fully executed, due to changing conditions on the ground. The proposed methodology was for enumerators in each boma to gather in the centre of a settlement and disperse in the cardinal and primary inter-cardinal directions, selecting every other household for interview. The target was a roughly equal number of complete and usable surveys for each of the four bomas selected for assessment, and a total of 200 complete and usable surveys.

Three factors caused minor deviations in sampling methodology: Firstly, the new Governor of Aweil East State was being sworn in on the second day of data collection, causing many people from outlying villages to travel to town for the event, leaving their homes vacant. Secondly, some homes were found vacant as their inhabitants had moved from their villages into towns or cities at the end of the harvest season. Thirdly, the spatial arrangement of villages, with many being concentrated in strips along roads, did not lend itself to the methodology originally proposed.

Instead of the proposed methodology, enumerators therefore sampled every home that they found inhabited. Based on viewing the distribution of collected surveys over satellite imagery of the bomas, however, a thorough coverage of the target areas was nonetheless achieved. The final sample consisted of 322 complete and usable surveys.

Sample Size

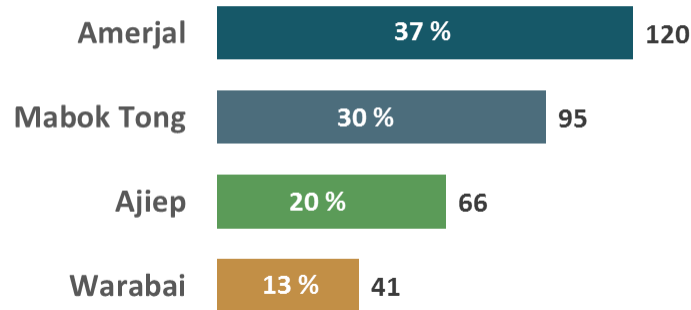
The sample size was 322 respondents for questions 1-6, out of which 274 (85%) said that they had been to the CBD and were hence also asked questions 7 and 8.

Round	Dates of data collection	No. of respondents	No. of respondents who have used the CBD
1	January 14-18, 2016	322	274

The sample was drawn from four bomas (villages) in Madhol payam (administrative division) in NBeG state. The four bomas were selected on the basis of their different proximity to the IRC's offices in Maluakon. The four bomas were: Amerjal, Mabok Tong, Ajiep, and War Baai.



Location (boma)



The estimated population size in 2015 (based on a 2008 census with a projected population growth of 3%) of the four selected bomas was 17,378, out of which 3649 were children under 5. In light of these demographics, the survey represents an indicative sample of the population.

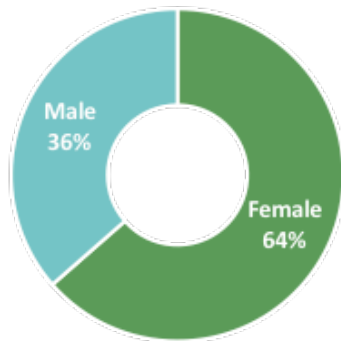
Payam	Boma	Total population (estimate - 2015)	Total < 5 population (estimate - 2015)
Madhol	Ajiep	2564	539
Madhol	Amerjal	2198	462
Madhol	Mabok Tong	7710	1619
Madhol	War Baai	4906	1030

Demographics

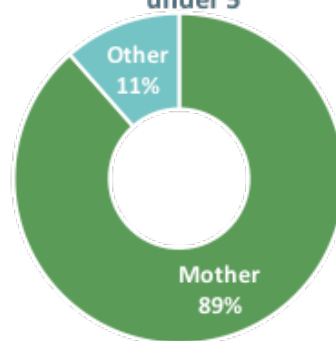
The following graphs provide additional information from questions posed to all respondents at the beginning of the survey: about the gender of the CBD they go to, or might go; the relationship of the respondent to these children (mother / other caretaker); the perceived distance of the next CBD and the next health facility ('near', 'far' or 'very far'); and the number of children living in the household.



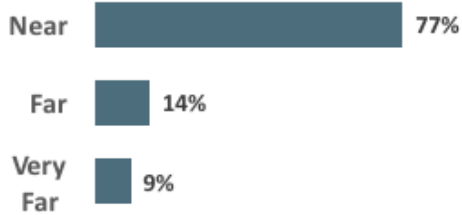
Gender of respondent's CBD



Relationship of respondent to child(ren) under 5



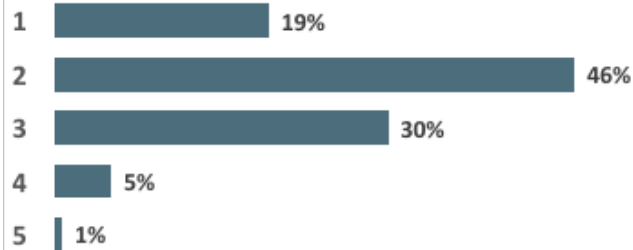
Distance to CBD



Distance to health facility



No. of children under 5 living in household



The findings and recommendations in this report represent the analysis and views of Ground Truth Solutions. They do not necessarily reflect the views of the IRC or DFID.



**GROUND TRUTH
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Client Voice and Choice Initiative

iCCM Program / Aweil East/ South Sudan

ROUND 2

March 8 – 13, 2016



Putting people first in humanitarian operations.

Question 1: Were you happy with the service you received the last time you went to the CBD?



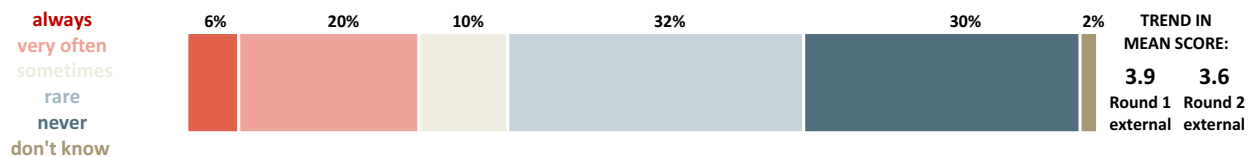
In all bomas, between 85 and 95% of mothers and other caretakers replied that they feel 'happy' or 'very happy' with the service received.

Question 2: How often did you receive information from the CBD that will help you prevent your children from getting sick again?



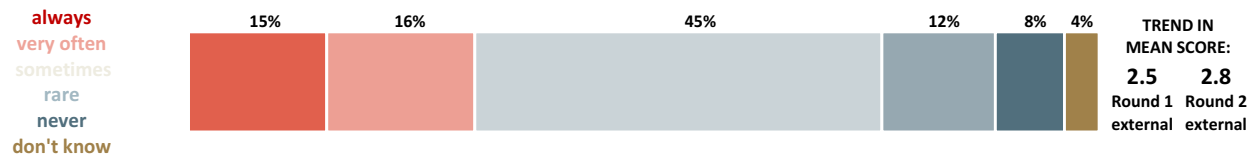
More mothers responded that they received information than other caretakers (67% compared to 52%). Respondents from Mabok Tong answered more negatively than those from other bomas.

Question 3: Have you faced any danger or threats to your physical safety when accessing the CBD services?



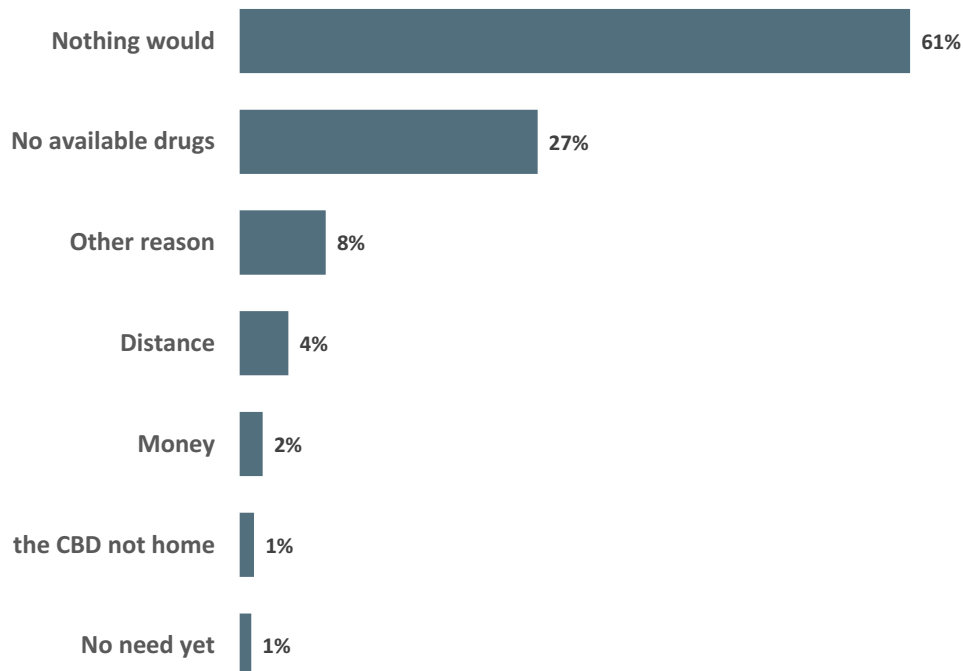
Almost one third (28%) of respondents from Mabok Tong and Ajiep indicated that they 'always' or 'very often' feel endangered when accessing CBD services.

Question 4: Since the last rainy season, did the CBD run out of drugs (Nov)?

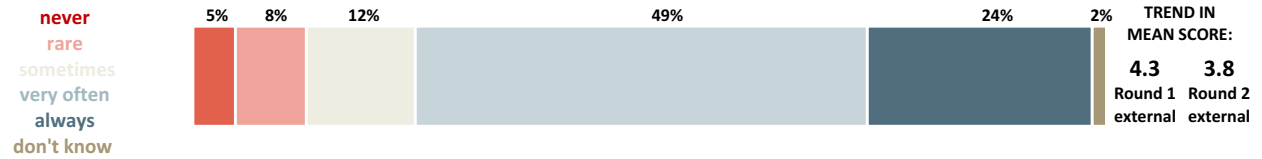


The mean score remains the lowest of all questions, though it is also the only mean score that has increased from Round 1. More than one third of respondents from Mabok Tong and War Baai indicated that their CBD ran out of drugs 'always' or 'very often'.

Question 5: If your child was sick, what would prevent you from taking them to the CBD?

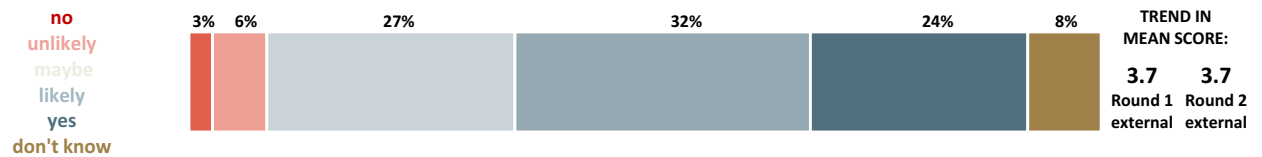


Question 6: Does the CBD treat people with respect and dignity?



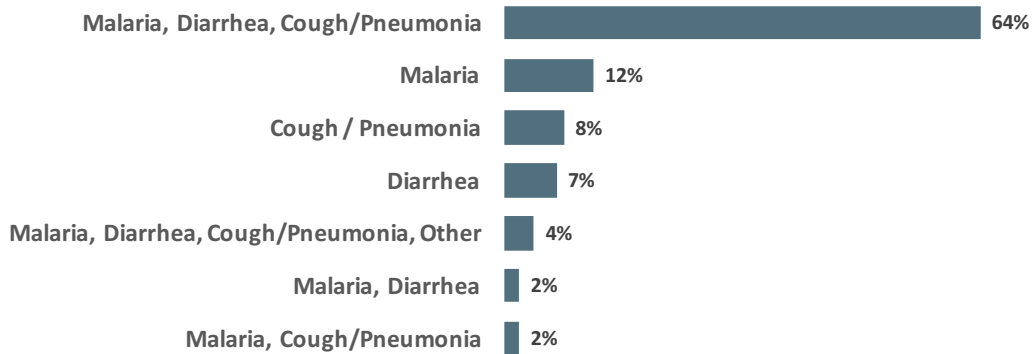
More mothers said they felt treated with respect and dignity than other caretakers (76% over 59%). Respondents from Mabok Tong gave the most negative answers, the most positive results came from War Baai.

Question 7: The community has raised some concerns during this survey. Do you think IRC will respond to these concerns?

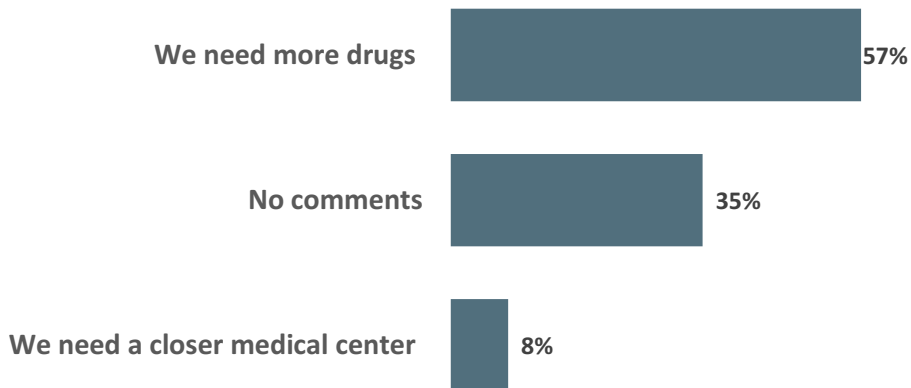


The most positive responses were received from the location of Amerjal, where 63% of the people felt confident the IRC would respond to their concerns.

Question 8: What does the CBD treat?



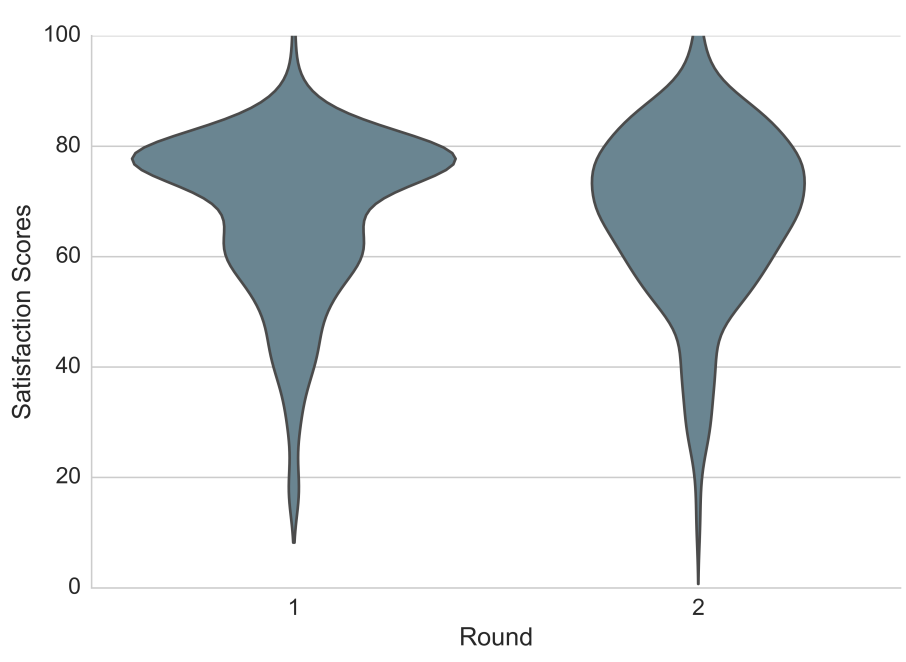
Question 9: Is there anything else you want to tell us about the CBD services?



Additional Statistical Analysis: General Satisfaction Score

To get a more sensitive measure of respondents' perceptions of the CBD services, we have combined information from three different questions in a general satisfaction score:

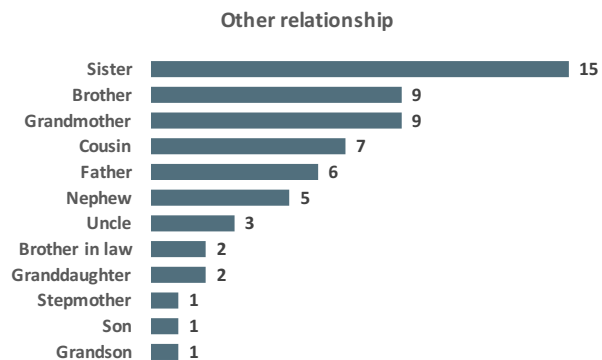
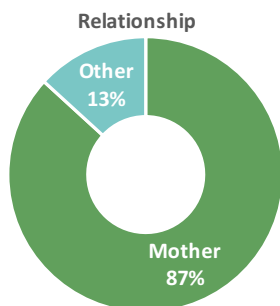
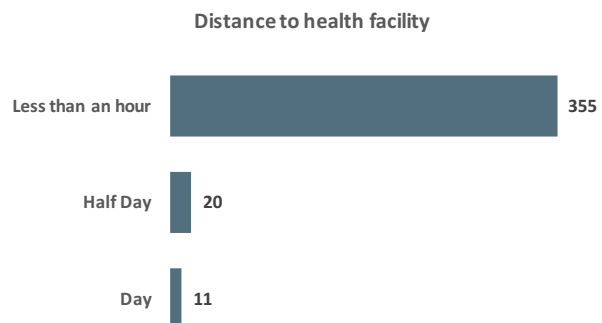
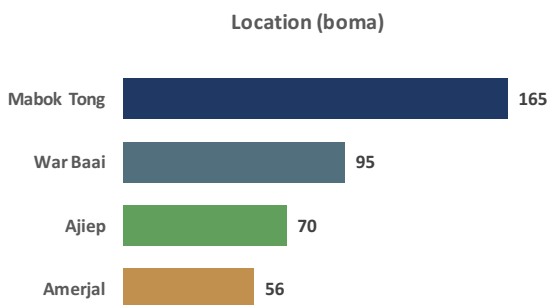
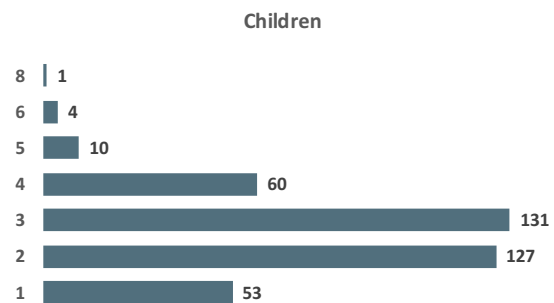
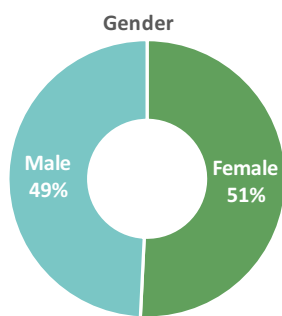
- Question 1: Were you happy with the service you received the last time you went to the CBD?
- Question 2: How often did you receive information from the CBD that will help you prevent your children from getting sick again?
- Question 4: Since the last rainy season, did the CBD run out of drugs (Nov)?



This graph shows the distribution of satisfaction scores for Round 1 and 2, with 0 on the scale indicating that a respondent is completely dissatisfied and 100 indicating that a respondent is completely satisfied. The thickest point for each distribution corresponds to the most common score for that round. The overall general satisfaction score for rounds 1 and 2 was almost the same (68 and 67).

Demographics

The following graphs provide additional information from questions posed to all respondents at the beginning of the survey: about the gender of the CBD they go to, or might go; the relationship of the respondent to these children (mother / other caretaker); the perceived distance of the next CBD and the next health facility; and the number of children living in the household.





**GROUND TRUTH
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Client Voice and Choice Initiative

iCCM Program / Aweil East / South Sudan

Round 3 External – May 25th, 2016



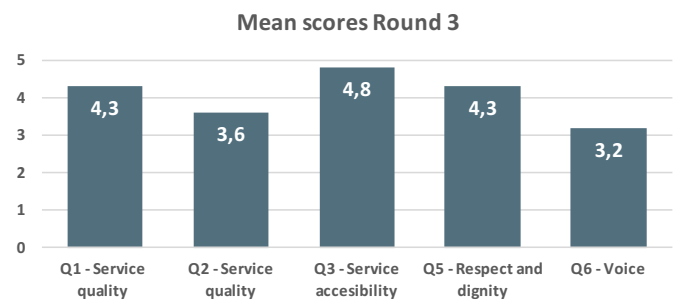
Putting people first in humanitarian operations

Summary findings

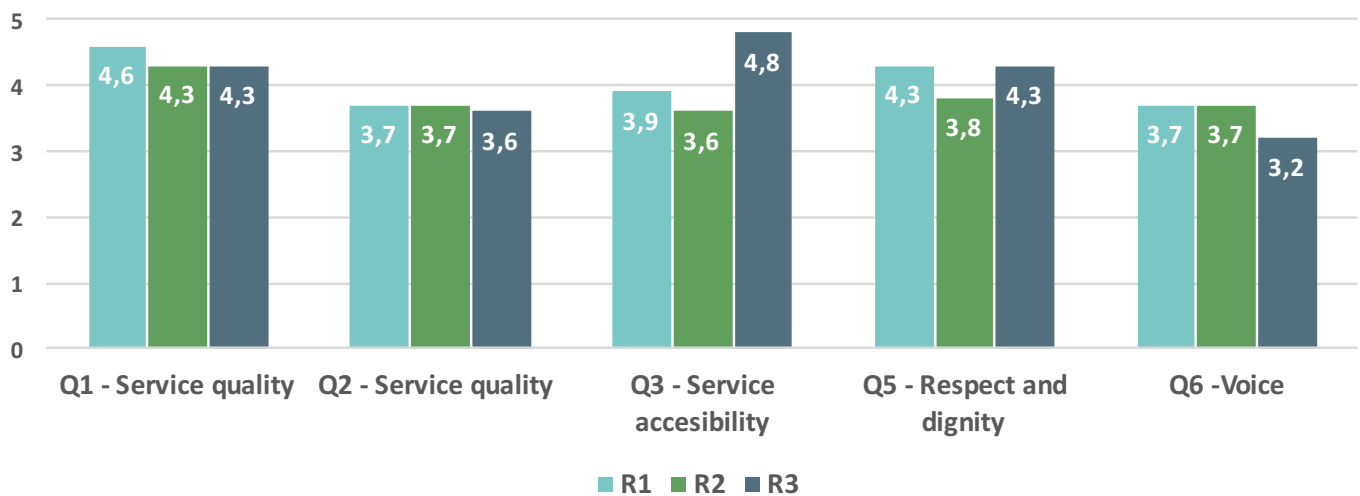
As part of the IRC Client Voice and Choice Initiative (CVC) to meet the strategic commitment of becoming more responsive to its clients, GT had been collecting feedback on the IRC’s iCCM programme in Northern Bahr el Ghazal (South Sudan). This report represents the 3rd and final feedback on the programme.

Overall, scores are similar to previous rounds. As the overall satisfaction score shows (on p.5), however, there is a slight continual downward trend in satisfaction that should be addressed. In addition to the survey data presented below, the data collectors reported concerns about the coming wet season and the increase in malaria. There were suggestions from all four bomas to distribute mosquito nets to help counter malaria, especially during periods of drug shortages.

Several CBDs claimed they required new rubber boots and torches as previous supplies were either worn or broken. CBDs also requested ID badges and or a specific T-shirt / uniform would make it easier for them to be identified by the community.



Trend of mean scores



Survey Questions

Q1. SERVICE QUALITY

Were you happy with the service you received the last time you went to the CBD?



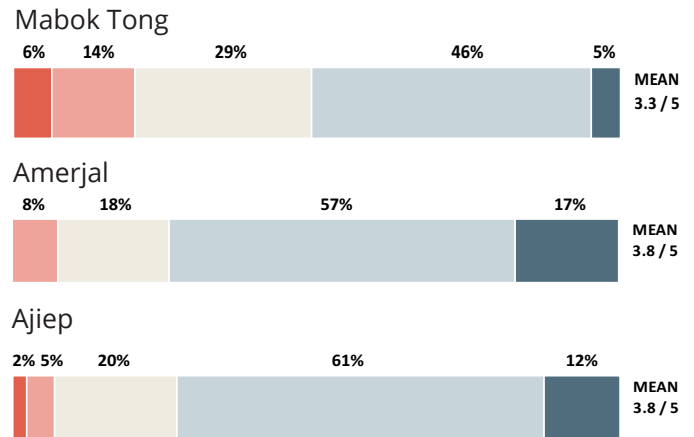
Mean scores for this service quality question are the same as in round 2, with no significant differences among demographic groups.

Q2. SERVICE QUALITY

How often did you receive information from the CBD that will help you prevent your children from getting sick again?

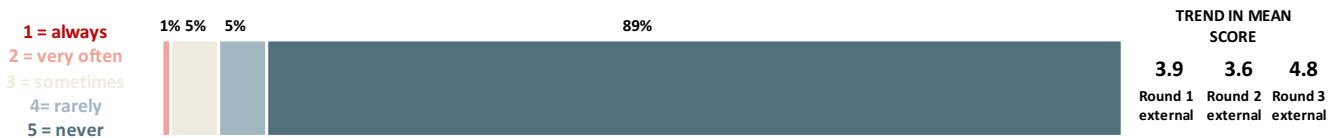


Similar to above, the mean scores for this question on information provision has remained similar across all three rounds. There is still room for improvement here, and we would expect to see scores slowly rise over time. Respondents from Amerjal and Ajiep were more positive than those from Mabok Tong.



Q3. SERVICE ACCESIBILITY

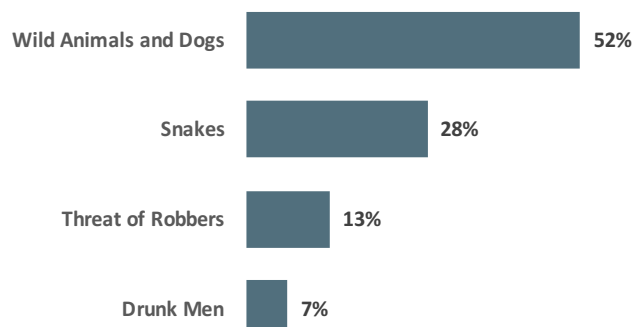
Have you faced any danger or threats to your physical safety when accessing the CBD services?



Scores for this safe access question show a positive trend, with mean scores rising from 3.6 in round 2 to 4.8. There was no significant differences among demographic groups. Only 24 people answered that they face threats either sometimes or very often. These threats are predominantly environmental factors.

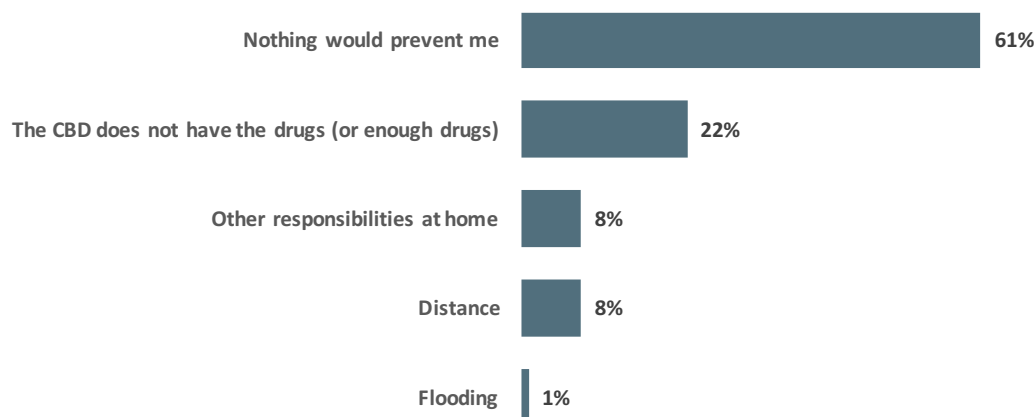
Q3.1. Follow-up question

What kind of danger or threat have you faced?



Q4. SERVICE ACCESIBILITY

If your child was sick, what would prevent you from taking them to the CBD?



As with previous rounds, people are generally positive about visiting CBDs, and many of the possible answer options were never selected (e.g. 'Don't trust the CBD' or 'CBD asks for money'). Respondents answering that the distance is a prohibitory factor has doubled since round 2.

Q5. RESPECT AND DIGNITY

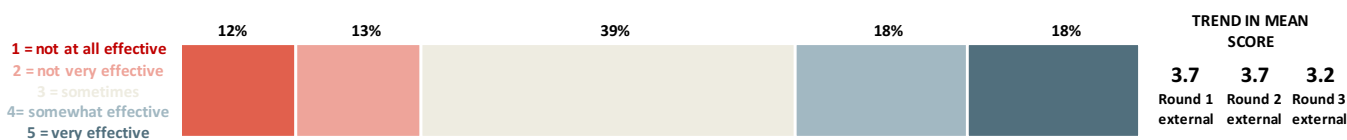
Does the CBD treat people with respect and dignity?



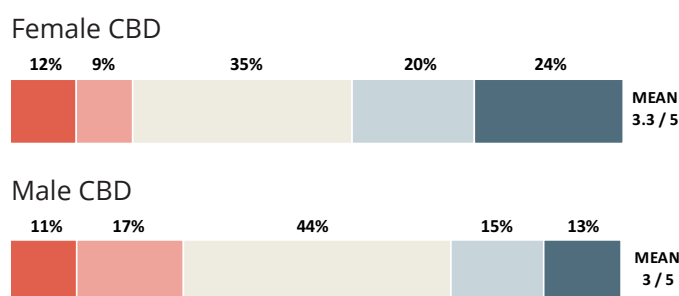
On the question of respect and dignity, scores have return to the round level, with a mean of 4.3. Respondents with a female CBD were slightly more positive than those with a male CBD: 92% responded 'always' or 'very often', 87% for male CBD.

Q6. VOICE

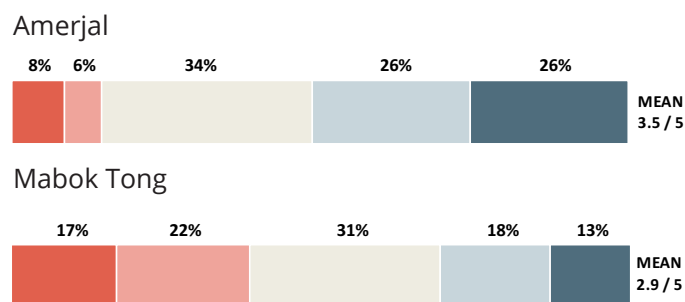
Do you feel you have an effective platform to voice your concerns to the IRC?



This voice question was rephrased since the previous rounds. Overall, as with the previous wording (*"The community has raised some concerns during this survey. Do you think IRC will respond to these concerns?"*), there is a mixed picture.



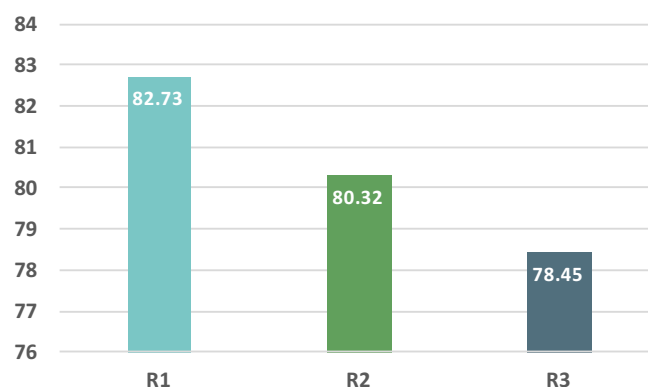
Respondents with a female CBD were more positive. As with question 2, respondents from Amerjal were more positive and those from Mabok Tong were less positive.



Satisfaction score

As with the previous two rounds, we have created a composite score for satisfaction. Having removed the question about drug availability, we have recalculated this on the basis of Question 1 (Service Quality) and Question 2 (Service Quality -Information provision).

Over the three rounds, we can see a slight, but statistically significant downward trend in satisfaction. Having removed the question on drug availability, the overall scores are much higher, suggesting that again that issue continues to dominate. That said, this downward trend should not be ignored and the iCCM team should not become complacent.



Recommendations and next steps

Some next steps are suggested below, which may be useful for the iCCM programme to consider:

a) **Follow the Ground Truth cycle** despite this being the third and final round. Discuss the main findings with your own staff and partners to verify and deepen the analysis and demonstrate that feedback is taken seriously. These “sense-making” dialogues should focus on three main themes: (i) the areas where the iCCM programme needs improvement; (ii) questions arising from the findings that need more interpretation to understand; and (iii) specific corrective actions.

b) Beyond this specific pilot, **continue to champion a culture of continual improvement**, mutual respect and open dialogue among iCCM staff, CBDs and communities. This may include continuing regular surveys on aspects of the programme, but should always include responding to whatever you hear – be that formal survey data or any other type of feedback or input.

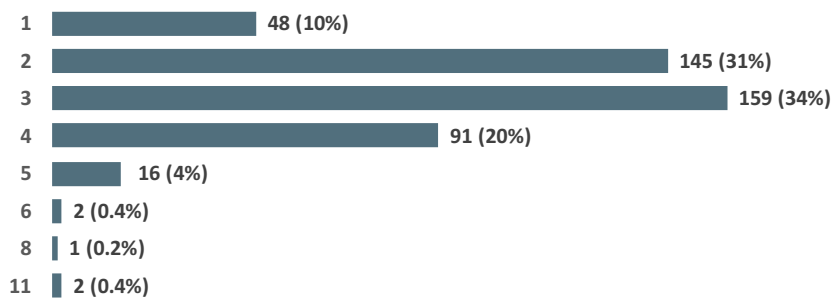
c) Empower CBDs, CBD monitors and others to **systematically collect and report up any feedback** they receive to the iCCM senior management. This can result in ongoing feedback at no extra cost or effort, and can provide valuable information about aspects of the programme. Simultaneously, they can be empowered to close the feedback loop themselves, by communicating changes or updates on drug availability. An effective communication channel

could also improve the programme, as some feedback received during the data collection from CBDs suggests that there is an information disconnect between CBD supervisors and CBDs regarding drug supplies. Ground Truth would be happy to discuss these next steps with you and offer advice and guidance about how to implement them.

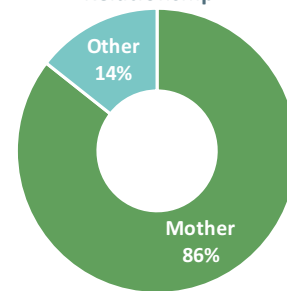
Demographics

The following graphs provide additional information from questions posed to all respondents at the beginning of the survey:

Number of children



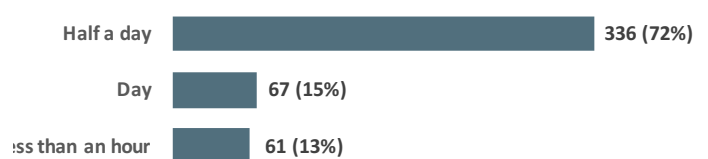
Relationship



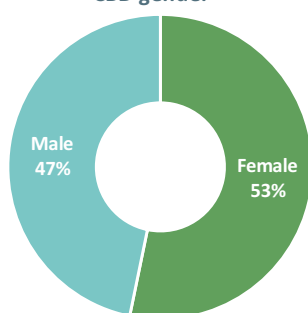
Distance to the closest CBD



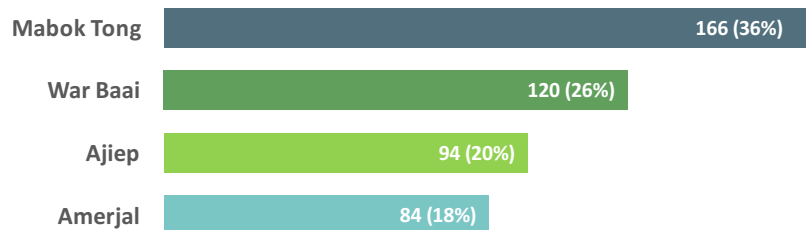
Distance to health facility



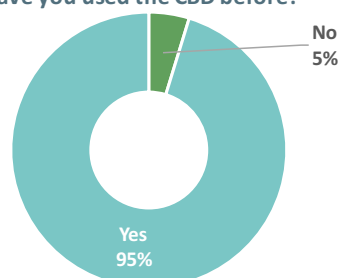
CBD gender



Location (Boma)



Have you used the CBD before?



Methodology

• *Survey development*

The survey questions and methodology were developed by GT, in close collaboration with the IRC iCCM staff and staff from the CVC initiative. Some questions were changed from the previous two rounds – including the question on drug availability which staff felt they now fully understood.

• *Data collection*

The third round of data was collected between May 9th and May 13th, 2016 by IMPACT, an international research firm that was contracted by GT for this purpose. It was collected in Ajiep, Amerjal, Mabok Tong and War Baai. Enumerators conducted face-to-face interviews, presenting themselves as working for an organization independent from the IRC, and using smartphones with an ODK application to record responses.

• *Sample design*

The survey used a random sampling methodology targeting carers of children under 5. The total sample size was 464. Of those, 442 reported having used the CBD before. This suggests that our sample results reflect the opinion of the population, with a confidence level of 95% and a 5% margin of error.

BOMA	EST POP	EST POP <5	Target SAMPLE	ROUND 1 SAMPLE	ROUND 2 SAMPLE
Ajiep	2564	539	52	66	70
Amerjal	2198	462	44	120	56
Mabok Tong	7710	1619	154	95	166
War Baai	4906	1030	98	41	95
Total	17378	3650	348	322	387

Annex

Relevant breakdowns

Q1: Were you happy with the service you received the last time you went to the CBD?					
Boma	Very unhappy	Unhappy	Neutral	Happy	Very happy
Ajiep	0	3%	8%	52%	37%
Amerjal	1%	0	2%	63%	34%
Mabok Tong	1%	0	7%	54%	38%
War Baai	0	2%	2%	62%	34%
Q2: How often did you receive information from the CBD that will help you prevent your children from getting sick again?					
CBD gender	Never	Rarely	Sometimes	Very often	Always
Female	3%	7%	25%	53%	12%
Male	3%	14%	25%	47%	11%
Boma	Never	Rarely	Sometimes	Very often	Always
Ajiep	2%	5%	20%	61%	12%
Amerjal	0	8%	18%	57%	17%
Mabok Tong	6%	14%	29%	46%	5%
War Baai	1%	12%	27%	43%	17%
Q3: Have you faced any danger or threats to your physical safety when accessing the CBD services?					
Boma	Always	Very often	Sometimes	Rarely	Never
Ajiep	0	2%	6%	4%	88%
Amerjal	0	0	1%	3%	96%
Mabok Tong	0	0	6%	4%	90%
War Baai	0	1%	5%	8%	86%
Q5: Does the CBD treat people with respect and dignity?					
CBD gender	Never	Rarely	Sometimes	Very often	Always
Female	1%	1%	7%	46%	45%
Male	3%	7%	3%	47%	40%
Boma	Never	Rarely	Sometimes	Very often	Always
Ajiep	0	1%	9%	44%	46%
Amerjal	0	1%	2%	69%	28%
Mabok Tong	4%	5%	4%	38%	49%
War Baai	0	6%	5%	46%	43%
Q6: Do you feel you have an effective platform to voice your concerns to the IRC?					
CBD gender	Not at all effective	Not very effective	Sometimes	Somewhat effective	Very effective
Female	12%	9%	35%	20%	24%
Male	11%	17%	44%	15%	13%
Boma	Not at all effective	Not very effective	Sometimes	Somewhat effective	Very effective
Ajiep	9%	7%	46%	15%	23%
Amerjal	8%	6%	34%	26%	26%
Mabok Tong	17%	21%	31%	18%	13%
War Baai	9%	11%	49%	14%	17%
Relation	Not at all effective	Not very effective	Sometimes	Somewhat effective	Very effective
Mother	12%	14%	41%	16%	17%
Other	8%	5%	29%	29%	29%



**GROUND TRUTH
SOLUTIONS**

Client Voice and Choice Initiative

iCCM Program / Aweil South / South Sudan

ROUND 1

March 7-11, 2016



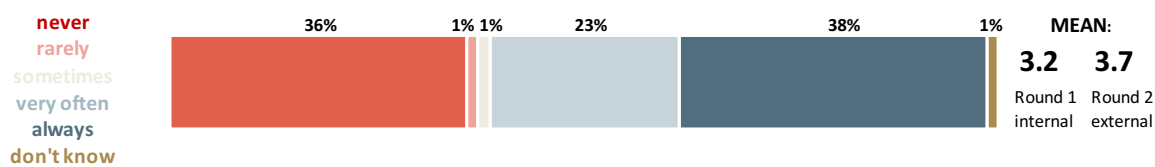
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Question 1: Were you happy with the service you received the last time you went to the CBD?



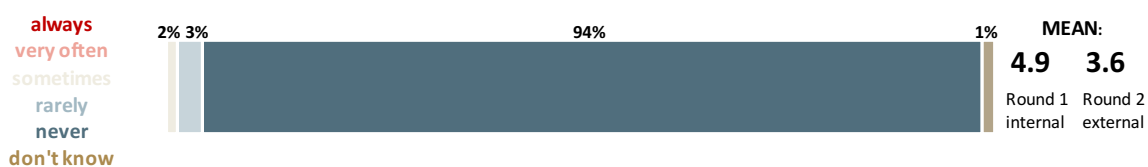
Responses from all three locations were very positive.

Question 2: How often did you receive information from the CBD that will help you prevent your children from getting sick again?



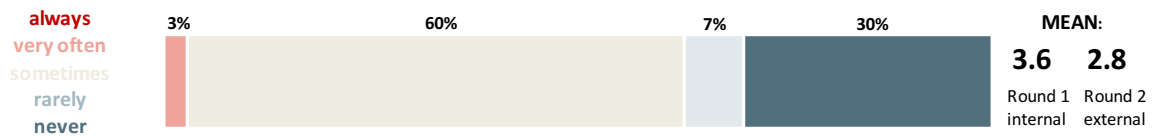
9 respondents from Hong Wekdit, 9 from Mabior, and 7 from Mayomlac said they had never received information.

Question 3: Have you faced any danger or threats to your physical safety when accessing the CBD services?



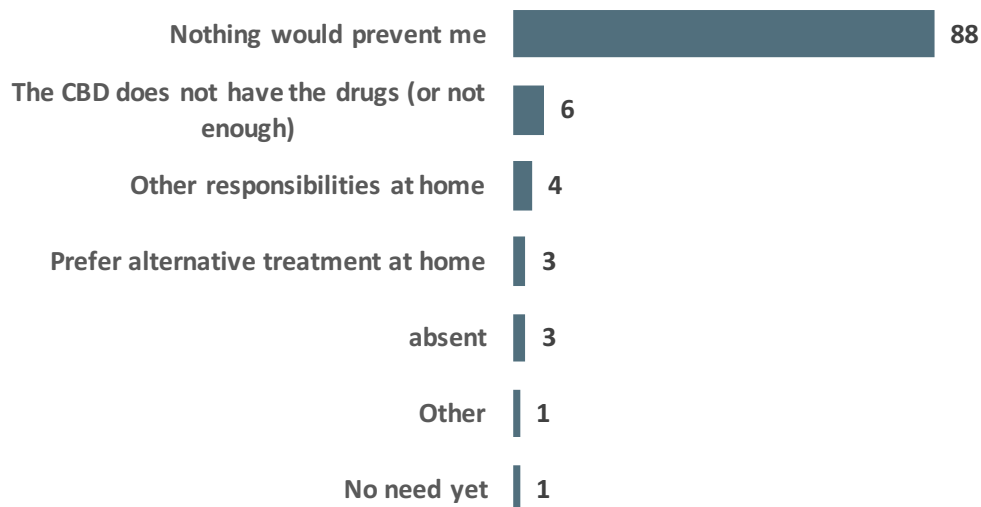
The vast majority of respondents from all locations said that they 'never' feel endangered when accessing the CBD services.

Question 4: Since the last rainy season, did the CBD run out of drugs (Nov)?

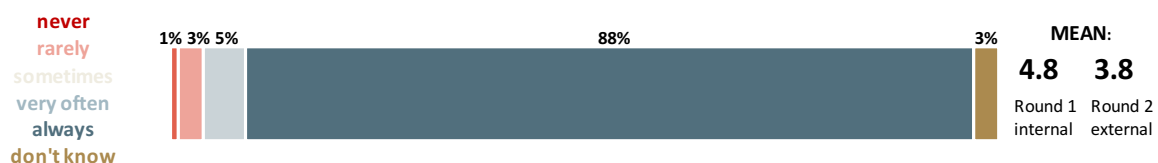


More than half of respondents from all locations indicated that the CBD 'sometimes' ran out of drugs. Respondents from Mabior were more positive than the rest.

Question 5: If your child was sick, what would prevent you from taking them to the CBD?

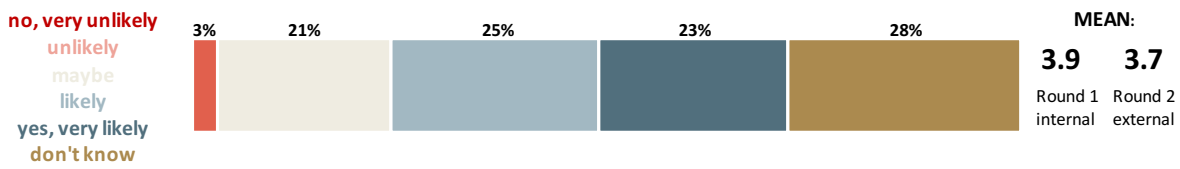


Question 6: Does the CBD treat people with respect and dignity?



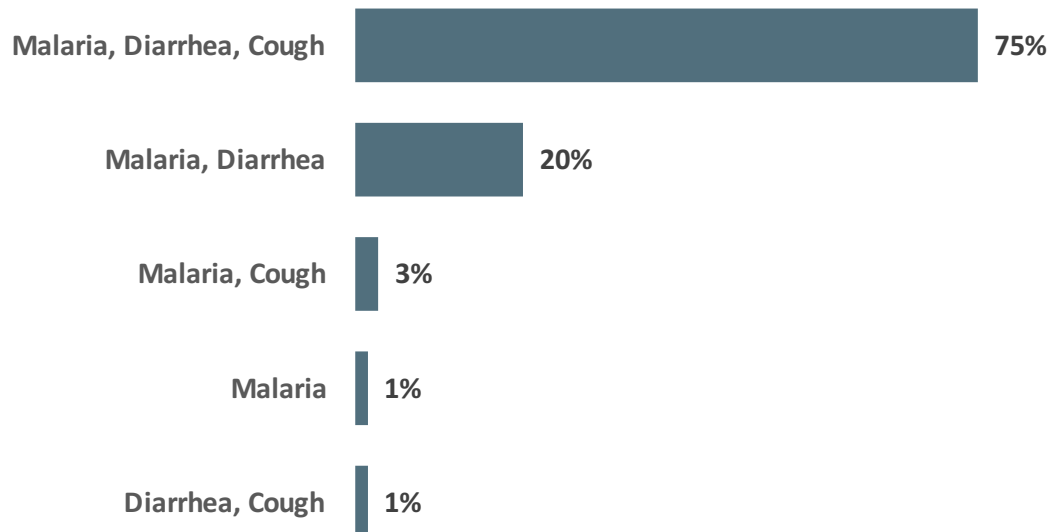
Respondents from all locations were very positive on this question.

Question 7: The community has raised some concerns during this survey. Do you think IRC will respond to these concerns?



The most positive responses came from Mayomlac, where 81% were confident that they will get a response. Respondents from Mabior seemed least confident, with 44% answering 'maybe'.

Question 8: What does the CBD treat?



Question 9: **Is there anything else you want to tell us about the CBD services?**

80% said 'no'. Other responses given were:

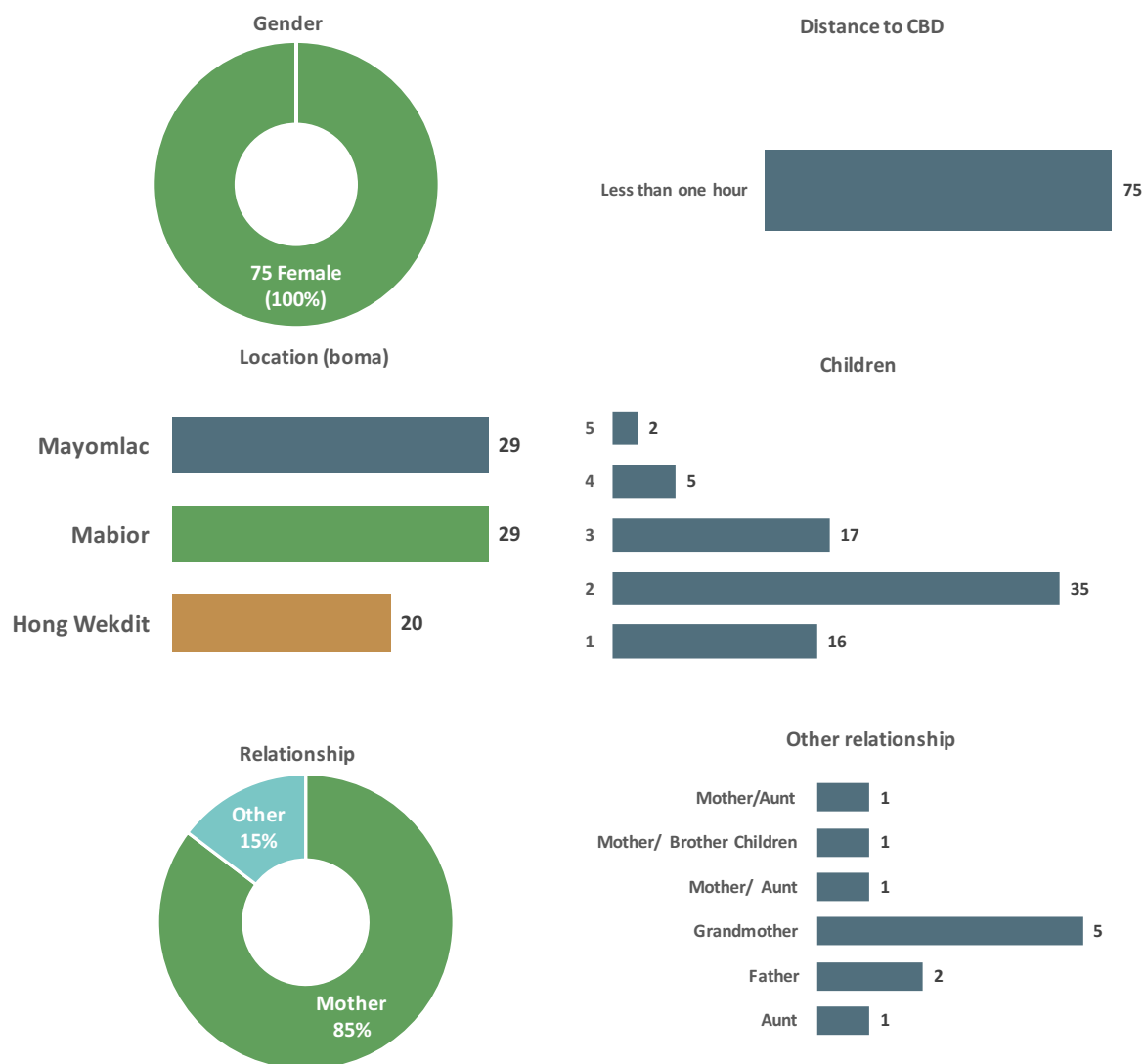
- "The CBD is our only source for getting drugs"
- "very happy with services"
- "thank you to IRC"

Background

Under the IRC's Client Voice and Choice Initiative (CVC), the IRC has partnered with Ground Truth Solutions (GT) to collect feedback from clients of the iCCM (Integrated Community Case Management) program in Northern Bahr El-Ghazal. The iCCM program aims to reduce morbidity and mortality of children under 5 through a network of Community Based Distributors (CBDs) that deliver life saving treatments at the community level. Feedback on the iCCM program was collected from caretakers of children under the age of 5, who were asked about their perceptions of the services provided by the CBDs.

This report covers the findings of the first round of data collected internally by an IRC staff member on the iCCM program in Aweil South. The data collection in Aweil South ran in parallel to the second round of data collection through a third party contractor in Aweil East. This report compares the mean scores of the first round of internal data with the second round of external data.

Demographics





**GROUND TRUTH
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Client Voice and Choice Initiative

iCCM Program / Aweil South / South Sudan

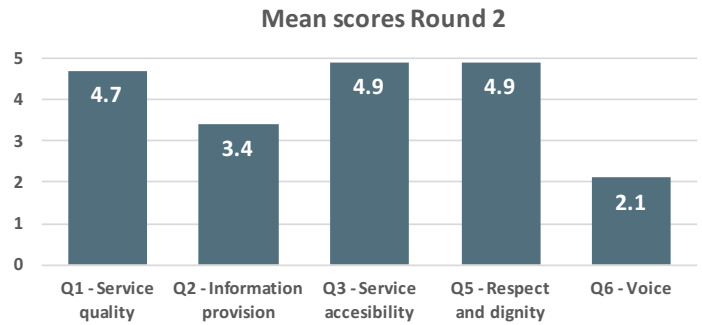
Round 2 Internal – June 13th, 2016



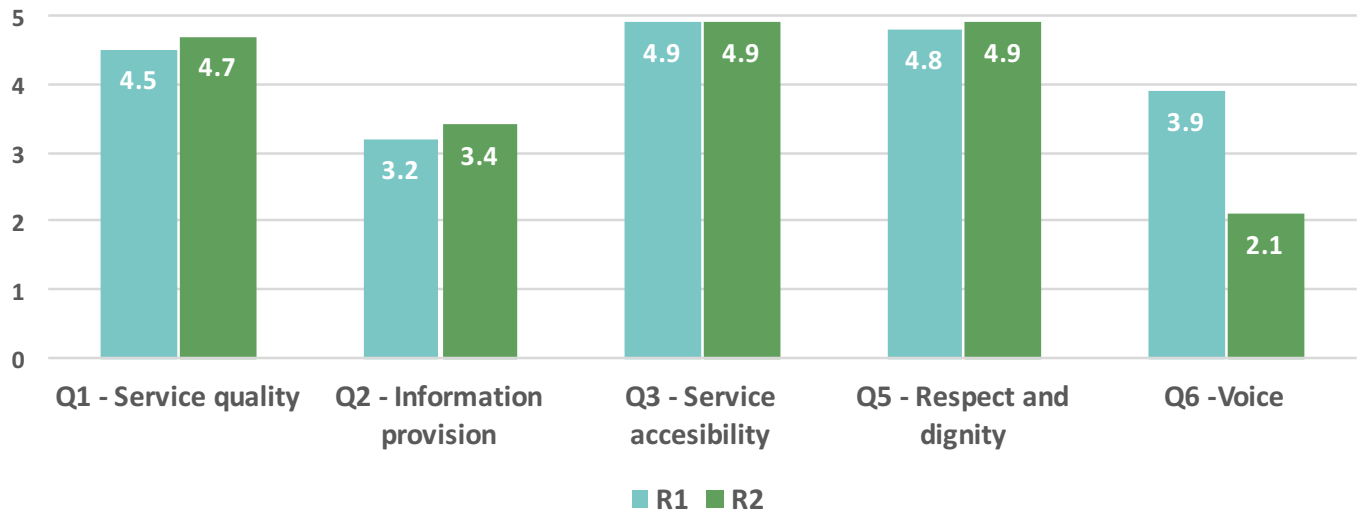
Putting people first in humanitarian operations

Summary findings

As part of the IRC Client Voice and Choice Initiative (CVC) to meet the strategic commitment of becoming more responsive to its clients, GT had been collecting feedback on the IRC’s iCCM programme in Northern Bahr el Ghazal (South Sudan). This report represents the 2nd and final internally collected feedback on the programme. Overall, scores are similar to previous rounds, and remain generally high. The one notable exception is for Q7 (Voice). While the wording of this question has changed, it did not result in such a significant drop in the externally collected data, and should be investigated and addressed.



Trend of mean scores



Survey Questions

Q1. SERVICE QUALITY

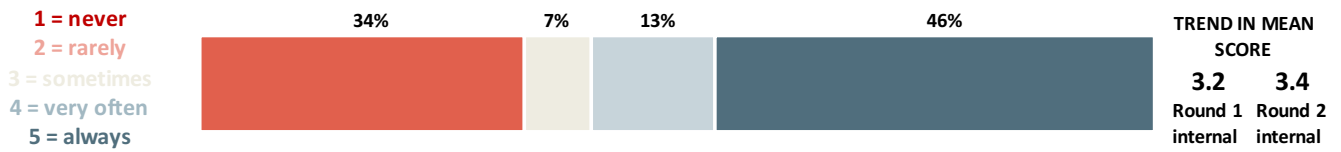
Were you happy with the service you received the last time you went to the CBD?



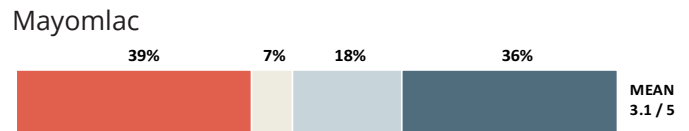
Mean scores for this service quality question are slightly higher than round 1, with no significant differences among demographic groups.

Q2. INFORMATION PROVISION

How often did you receive information from the CBD that will help you prevent your children from getting sick again?

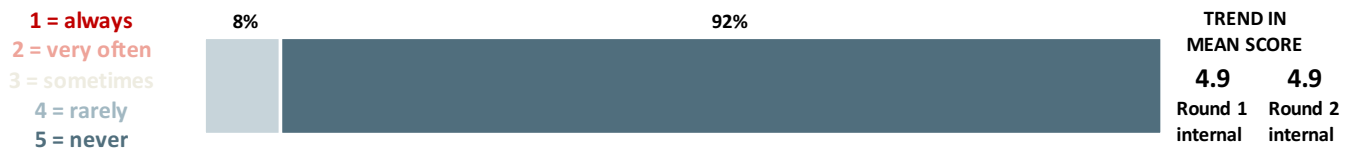


Similar to above, the mean score for this question on information provision has remained largely similar between rounds. There is still room for improvement here, with 34% reporting they never receive information from the CBD. Respondents from Mayomlac boma are the least positive with a mean score of 3.1 compared to an average score of 3.5 from all the other bomas.



Q3. SERVICE ACCESIBILITY

Have you faced any danger or threats to your physical safety when accessing the CBD services?



Scores for this safe access question remain very positive. The mean score of 4.9 is comparable to the improved mean score for the external collected data (4.8). There were no responses to the follow up question "What kind of danger or threat have you faced?" as no-one reported facing any dangers.

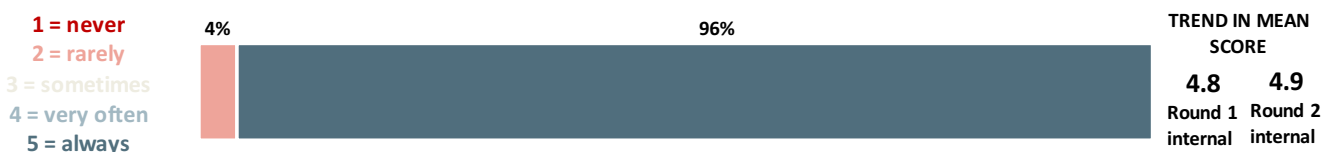
Q4. SERVICE ACCESIBILITY

If your child was sick, what would prevent you from taking them to the CBD?

There were only two responses to this question, so no conclusions can be drawn. In round 1, the vast majority (83%) answered that nothing would prevent them going to the CBD. This round, one person answered 'distance/other responsibilities at home' and one other answered 'the CBD does not have the drugs'.

Q5. RESPECT AND DIGNITY

Does the CBD treat people with respect and dignity?



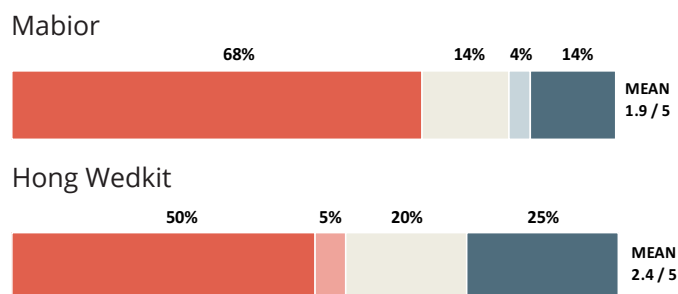
Respondents from all locations were very positive on this question, with mean scores remaining high.

Q6. VOICE

Do you feel you have an effective platform to voice your concerns to the IRC?



This voice question was rephrased since the previous round. Overall, compared to the previous wording (“The community has raised some concerns during this survey. Do you think IRC will respond to these concerns?”), scores are markedly lower – mean of 2.1 compared to 3.9 in round 1. Respondents from Mabiior provided the most negative responses; 68% responded ‘very unlikely’, with a mean score of 1.9. Respondents from Hong Wedkit were the most positive with a mean score of 2.4.



QUESTION 7

What diseases does the CBD treat?



QUESTION 8

Is there anything else you want to tell us about the CBD services?

Four comments received mentioned the shortage of drugs, while one respondent mentioned that the CBD was their only source for child healthcare.

Internal vs. External Data Collection

There is a mixed picture when looking at how internally collected scores differ from externally collected scores. There is no clear consensus that internally collected data presents a bias. With any data – be it internally or externally collected – the process of validation through dialogue is key to a) understanding the true perceptions of constituents and b) identifying possible course correction action. The key is changes over time, and responding to the data received.

Question	Difference
Q1 service quality	Internal scores are more positive across all rounds
Q2 information provision	External scores are more positive across all rounds
Q3 service accessibility	Internal scores are more positive across all rounds
Q5 respect and dignity	Internal scores are more positive across all rounds
Q6 voice	Mixed (different between rounds)

Recommendations and next steps

Some next steps are suggested below, which may be useful for the iCCM programme to consider. They mirror the recommendations included in the external data 3rd round report:

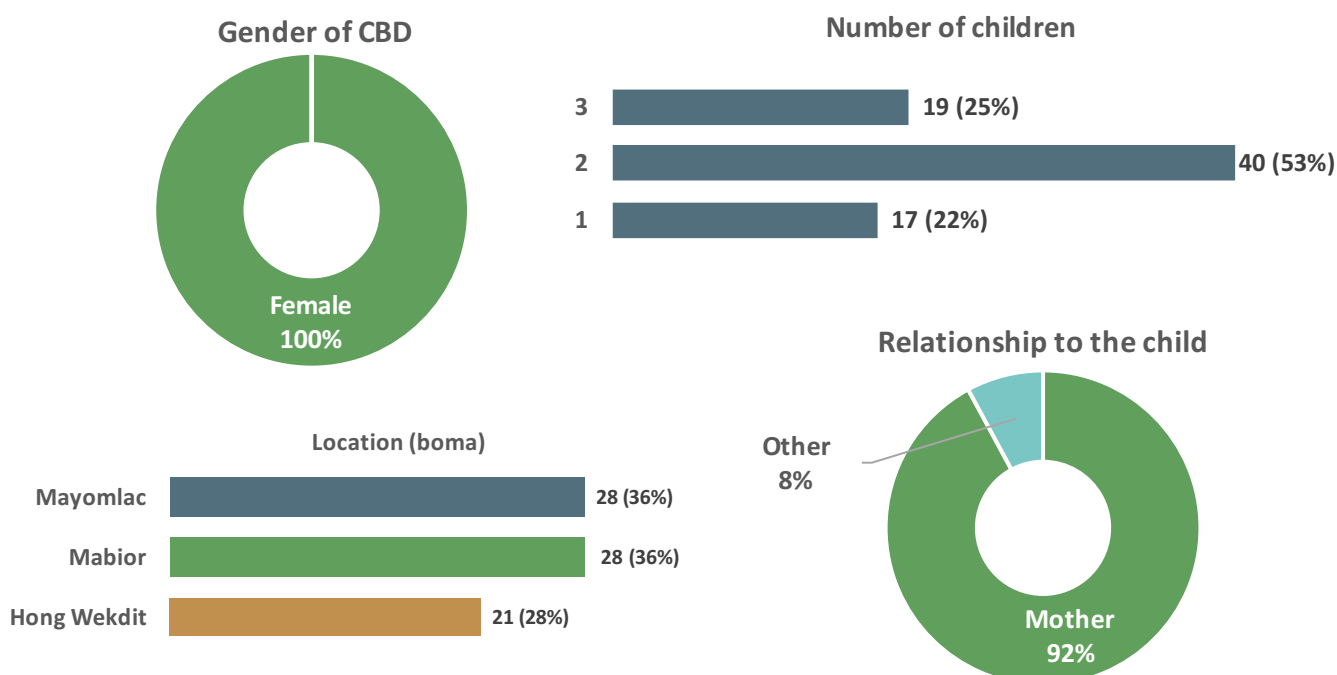
a) **Follow the Ground Truth cycle** despite this being the final round. Discuss the main findings with your own staff and partners to verify and deepen the analysis and demonstrate that feedback is taken seriously. These “sense-making” dialogues should focus on three main themes: (i) the areas where the iCCM programme needs improvement; (ii) questions arising from the findings that need more interpretation to understand; and (iii) specific corrective actions.

b) Beyond this specific pilot, **continue to champion a culture of continual improvement, mutual respect and open dialogue** among iCCM staff, CBDs and communities. This may include continuing regular surveys on aspects of the programme, but should always include responding to whatever you hear – be that formal survey data or any other type of feedback or input.

c) **Empower CBDs, CBD monitors and others** to systematically collect and report up any feedback they receive to the iCCM senior management. This can result in ongoing feedback at no extra cost or effort, and can provide valuable information about aspects of the programme. Simultaneously, they can be empowered to close the feedback loop themselves, by communicating changes or updates on drug availability. Ground Truth would be happy to discuss these next steps with you and offer advice and guidance about how to implement them.

Demographics

The following graphs provide additional information from questions posed to all respondents at the beginning of the survey:





Methodology

• *Survey development*

The survey questions and methodology were developed by GT, in close collaboration with the IRC iCCM staff and staff from the CVC initiative. Some questions were changed from the previous round – including the question on drug availability which staff felt they now fully understood.

• *Data collection*

This data was collected between May 29th and June 3rd, 2016 by the IRC. It was collected in Mayomlac, Mabior and Hong Wekdit. Enumerators conducted face-to-face interviews.

• *Sample design*

The survey used a mixed sampling methodology – using both random household sampling and convenience sampling at markets and boreholes - both targeting carers of children under 5. The total sample size was 76. Of those, 74 reported having used the CBD before.



**GROUND TRUTH
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Client Voice and Choice Initiative

JUBA / SOUTH SUDAN ROUND 1

November 18 – 24, 2015



Putting people first in humanitarian operations.

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Background

In April 2015, the IRC launched the Client Voice and Choice Initiative (CVC) to meet the strategic commitment of becoming more responsive to its clients – people affected by conflict and disaster around the world. Under this initiative funded by DFID, the IRC has partnered with Ground Truth Solutions (GT), to collect feedback from clients and help to bring their perspectives more systematically into decision-making calculations. GT conducts regular micro-surveys to provide a stream of accurate data on client perceptions and concerns, and supports the IRC in analysing and responding to the feedback received.

In South Sudan, the first pilot country, GT is collecting three rounds of feedback on the IRC's protection programme in the UN bases/PoCs in Juba, with a focus on the IRC's Information and Counselling Centres (hereinafter: IRC centres) in PoCs 1 and 3. The IRC centres constitute a key platform to conduct awareness-raising activities and provide information about available services in the PoCs.

Reading the charts

The bar charts in this report show the frequency (in percent) that each option was chosen for a particular question, with colours ranging from dark red for negative answers to dark blue for positive ones. For questions 3-9, there are two bar charts to display the responses collected in PoC 1 and 3 respectively.

Questions 3-8 used a Likert scale of 1-5 to quantify responses. The labels under the bar charts show each of the answer options, from very negative (1) to very positive (5). A mean score was calculated for each of these questions, by adding all scores between 1-5 that were chosen by all respondents, and dividing them by the number of valid responses. The mean is displayed at the right side of the bar charts.

In subsequent rounds, the trend of average scores for each question will be visualized with a simple line graph.

Summary Findings and Recommendations – Round 1

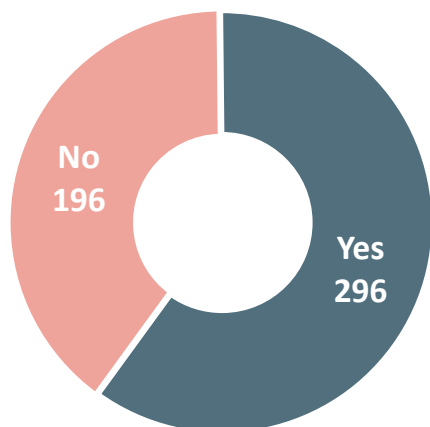
This report analyses the first of at least three rounds of data collected from internally displaced persons (IDPs) living in PoCs 1 and 3 about their perceptions of the IRC centres. The first round was conducted between November 18 and 24, 2015. For more information on survey development, sampling methodology, sample size and demographics, and the data collection process, see the *Methodology* section (pp. 12-15) of this report.

- **Knowledge of the IRC centre could be increased:** The majority (60%) of respondents knew about the IRC centre, but still 40% did not. The process of engaging with clients and communicating back the results of the feedback (see the GT Guidance on Conducting Dialogue) could serve as a useful awareness building tool, reaching out to particular groups who do not know about the centre, for instance those having arrived prior to 2015 (for details, see p. 14).
- **Overall positive perceptions of the IRC centre:** The general perception of IRC's centre was positive (mean of >3 out of 5 across all responses). There was no significant difference in perceptions between respondents in PoCs 1 and 3. However, people who have been living in the PoCs for longer tended to be more positive than those who arrived more recently. It would be useful to inquire about the reasons behind this difference in more detail. This might suggest the need for more engagement work with new arrivals to better understand their needs.
- **Perceptions of actual users of the IRC centre were positive, but with room for improvement:** Respondents who have been to the IRC centre were positive about their experience overall, and the majority (63%) would recommend the centre to a friend (question 7). However, around 14% were negative, and 24% undecided. Similarly, around 14% were negative and 24% neutral when asked whether they received an appropriate service or information from the centre (question 8), and more than one third of people stated that the IRC had not followed-up with them (question 9).
- **Least positive results on empowerment question:** Out of all the questions, the most negative responses (around 20%) were given to the question whether the IRC centre helps people make informed choices about which services they can access (question 5). It would be good to explore the reasons why. For instance, is it not clear what the IRC centre offers, or was the advice provided not helpful? Perhaps some of this negativity stems from the end-services provided, too, which needs to be understood.



- **Respect and dignity could be further increased:** Though around 70% of respondents answered that the IRC centre treats people with respect and dignity, around 30% are still neutral or negative on this important question.
- **Trace results of feedback question over time:** Around 40% of all respondents were undecided (“maybe”) on the question whether IRC will respond to their feedback, which gives the question the lowest means of all in the survey. Reasons may be the survey fatigue in the PoCs, or that this is the first of such surveys on the centre. It will be interesting to see whether respondents answer more positively after the next rounds of data collection, when IRC staff have gone back to their clients to communicate and respond to their feedback.

SECTION I – PEOPLE WHO KNOW THE IRC CENTRE

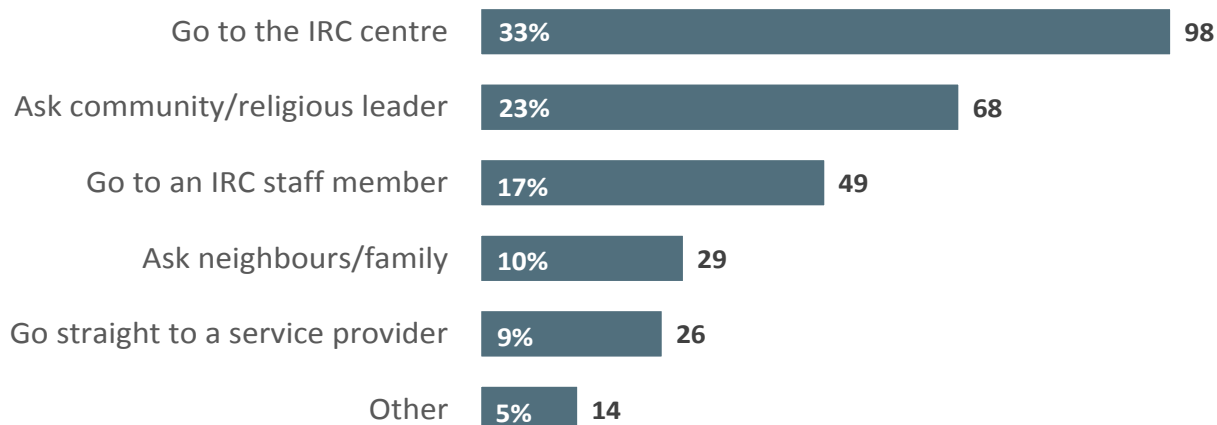


Do you know the IRC centre?

The following seven questions were **only asked to the 60%** (i.e. 296) of all 492 respondents who said that they **knew about the IRC centre**.

To learn more about the demographic breakdown of the ones who know the centre and those who don't, please go to the *Sample Size and Demographics* section on pages 13 – 15.

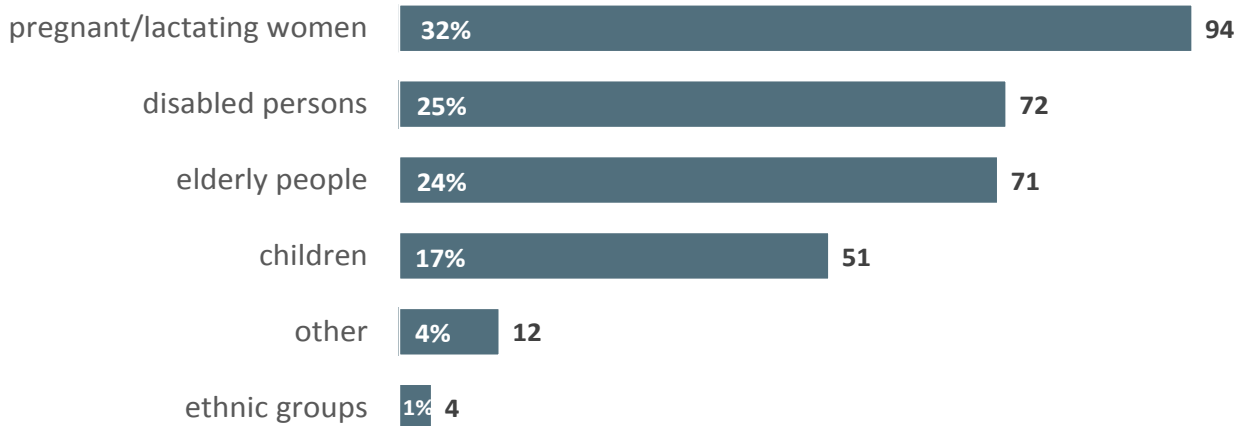
Question 1: If you need something, or help in finding a service in the camp, what would you do?



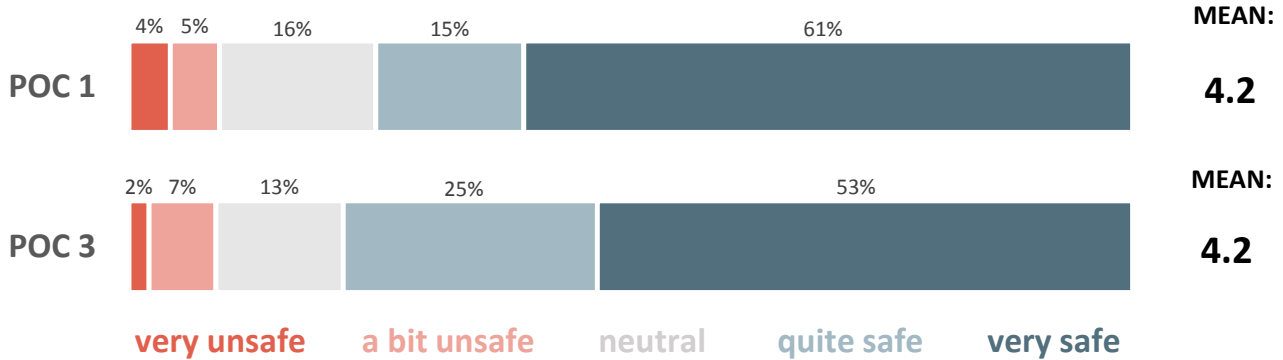
One third of the respondents said they would go to the IRC centre. Those respondents who indicated that they had special needs (see p. 15) were more likely to go to the IRC centre than those that did not indicate that they had special needs, which most frequently chose to ask a community or religious leader (please note that this is a small proportion of the sample; 17 respondents or 3% of the whole sample). It makes sense for IRC to engage with community/religious leaders to enquire why. One possible explanation is that the IRC centre or staff are strongly associated with providing services to vulnerable groups.



Question 2: Are there specific groups who cannot access services in this camp? [multiple choice question]



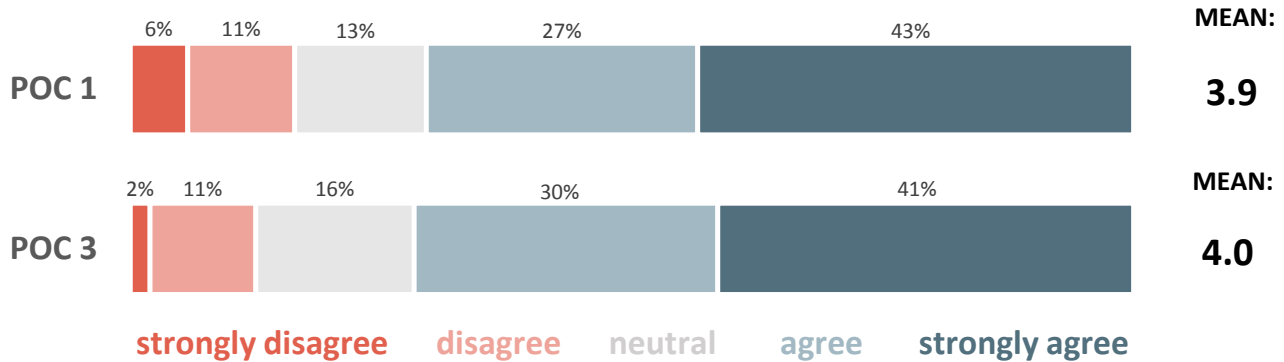
Question 3: Do people feel safe using the IRC centre?



Respondents answered this question very positively. Although the mean is the same in both PoCs, there were more respondents in PoC 3 who felt very safe. Also, a smaller percentage of women (75%) answered they felt quite or very safe than men (85%), and those who arrived in 2013 seemed to be more positive than those who arrived subsequently. Understanding the specific needs of women and new arrivals is key for the centre.

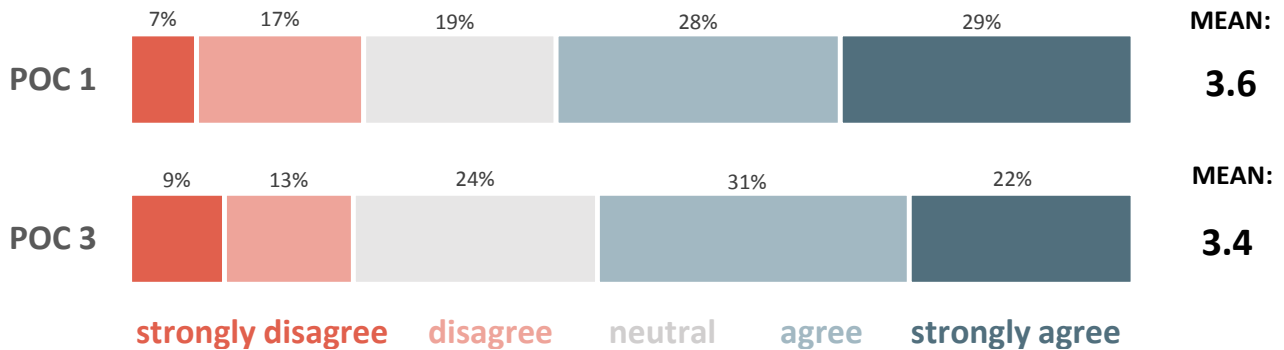


Question 4: Does the IRC centre treat people with respect and dignity?



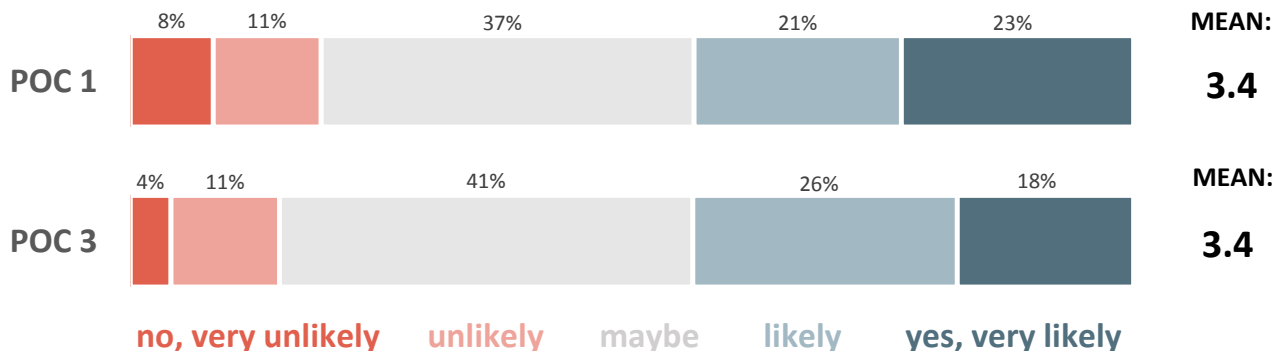
Most respondents were positive on this question. The older the respondents, the more positively they answered. It will be interesting to explore this link in the dialogue sessions. Female respondents were slightly less positive on this question than male respondents (mean of 3.9 vs. 4.1). Those who had been to the IRC centre were more positive than those who had not been (mean of 4.1 vs. 3.7). This is not surprising, and suggests that more outreach and awareness building work needs to emphasize how the centre treats people with respect and dignity.

Question 5: Does the IRC centre help people make informed choices about which services they can access?



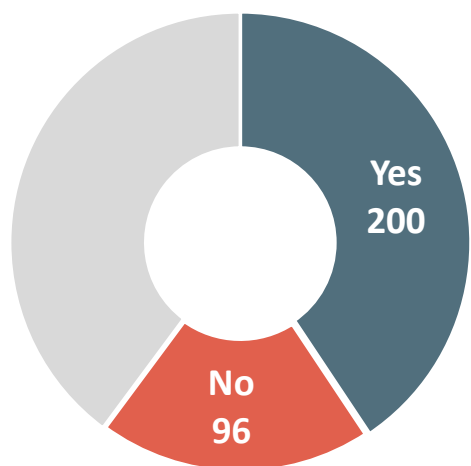
While there were more positive than negative responses to this question overall, in both PoCs, more than 20% of respondents said the IRC centre does not help them to make informed choices. Female respondents answered this question slightly more positively than male respondents (means: 3.6 vs. 3.4). The later they arrived in the camp, the more negatively the respondents answered this question. There was no big difference between those who have actually gone to the IRC centre and those who have not, and no big difference across age groups. Given the main aim of the centre is to allow people to make informed decisions, investigating this further is crucial; what can be done to further empower people? In doing so, the IRC might want to partner with direct service delivery agencies in the POCs to explore the quality of the end-services being provided.

Question 6: Do you think that the IRC will respond to your feedback?



Respondents seemed to be undecided on this question, with more than a third of respondents stating 'maybe'. It will be interesting to track the results for this question over time, as it could reflect the extent to which the IRC engages with respondents on the feedback collected in each round. Those who have been to the IRC centre were more positive than those who have not (mean 3.7 vs. 3.1). This suggests a certain level of trust amongst those that have used the centre, which is affirming.

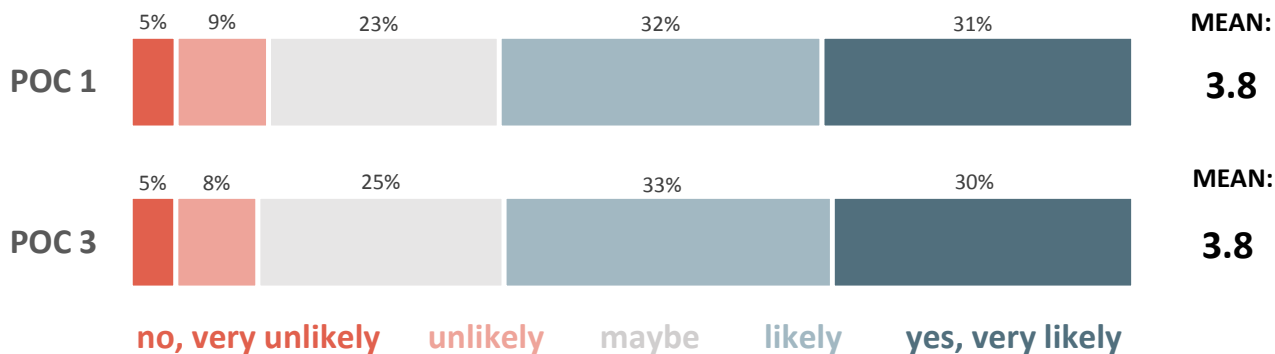
SECTION II – PEOPLE WHO HAVE BEEN TO THE IRC CENTRE



Have you gone to the IRC centre?

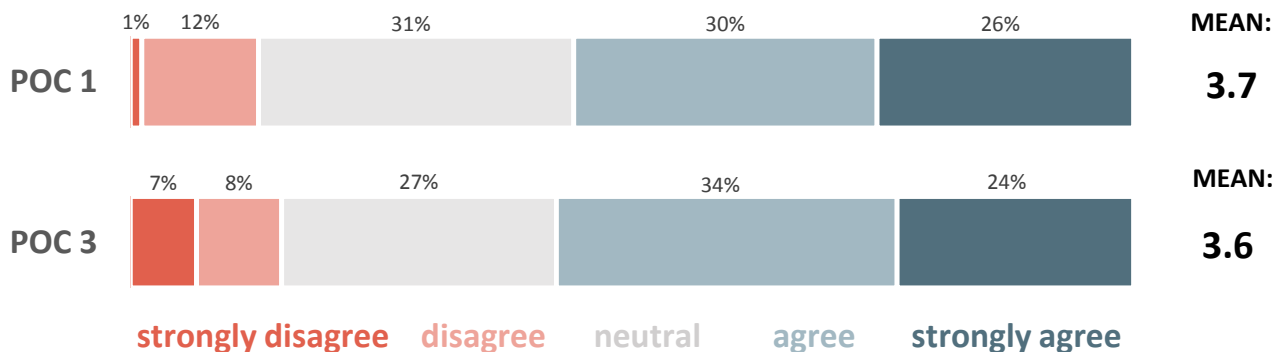
60% of the 296 respondents who said they knew the IRC centre **have actually visited it**, that is 41% of the total number of respondents (492) that were approached for this survey.

Question 7: Would you recommend the IRC centre to a friend or a family member?



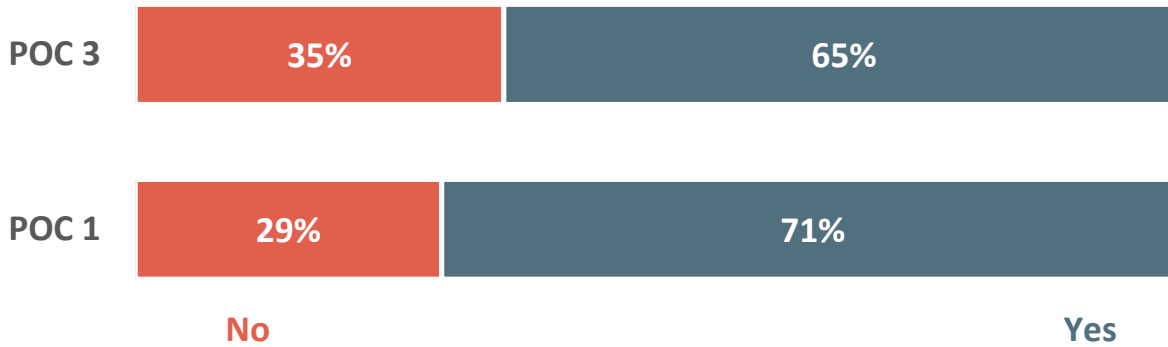
The majority of respondents said they would be likely or very likely to recommend the IRC centre to friends or family. The ones who have been living in the PoCs the longest (those who arrived in 2013) were most positive (mean: 4.0). That said, almost 40% were not active promoters, which needs to be explored further.

Question 8: Were you referred to an appropriate service or did you receive the information you wanted?



Answers were positive overall, but almost a third of respondents were neutral on this question. The oldest age group (above 35 years old) was most positive on this question. Again, around 40% were not in agreement, which needs to be looked at further. There are two underlying issues that could be investigated – the quality of the referral from IRC and the quality of the end-services administered.

Question 9: Did the IRC centre follow up to make sure you got the help you needed?



The majority of respondents said they were contacted to make sure they had received the service they needed after having been to the IRC centre for advice. But still about a third of respondents said they did not receive a follow-up from the IRC centre. The longer they have lived in the camp, the more likely they were to answer the question with yes. It will be interesting to discuss this data internally and to review protocols for follow-up visits.

Methodology

Survey Development

The survey questions and methodology were developed by GT, in close collaboration with the IRC protection staff in Juba and staff from the CVC initiative. Questions were designed to cover the IRC centre – in terms of quality, accessibility and importance – as well as perceived outcomes and relationship metrics which included the extent to which it treated people with respect and dignity. Service related questions (Q1-Q3, Q5 and Q7-9) were the questions local staff felt were key to improving the service itself, while the relationship questions (Q4 and Q6) spoke to the overall interaction between IRC and clients. Both sets of questions were discussed and agreed collaboratively and combine perceptual factors as well as more factual elements. In designing the question wording, it was ensured that each question a) would make sense to the respondent and that they could answer it, and b) that it would provide IRC staff with the basis for improving how it operates.

Most questions use a 1-5 Likert scale to quantify answers, while some are multiple-choice or yes/no questions. The survey questionnaire was provided in English and Nuer, and enumerators offered on-site translations into Classical or Juba Arabic as needed.

Sampling Methodology

The survey used a random sampling methodology. Enumerators sought to capture the views of different groups in PoCs 1 and 3, but did not enforce proportionality based on gender or the shelter count of each of the PoCs.

Data collection

The first round of data was collected between November 18 and 24, 2015 by IMPACT, an international research firm that was contracted by GT for this purpose. The IMPACT team consisted of an Assessment Manager and an Assessment Assistant/Database at IMPACT's branch office in Juba, South Sudan, as well as 10 enumerators. Enumerators conducted face-to-face interviews, presenting themselves as working for an organization independent from the IRC, and using smartphones with an ODK application to record responses.

One challenge during the data collection process was to get a larger number of men to respond to the questions. The majority (81% in both PoC 1 and PoC 3) of the 296 respondents were women, whereas only 49% of the total population living in PoC 1 are female, and 48% for PoC 3. More women answered the survey than men because they are the ones that are at home during the day. For this reason, women are the dominant information source in virtually all assessments conducted in the PoCs.

Sample Size and Demographics

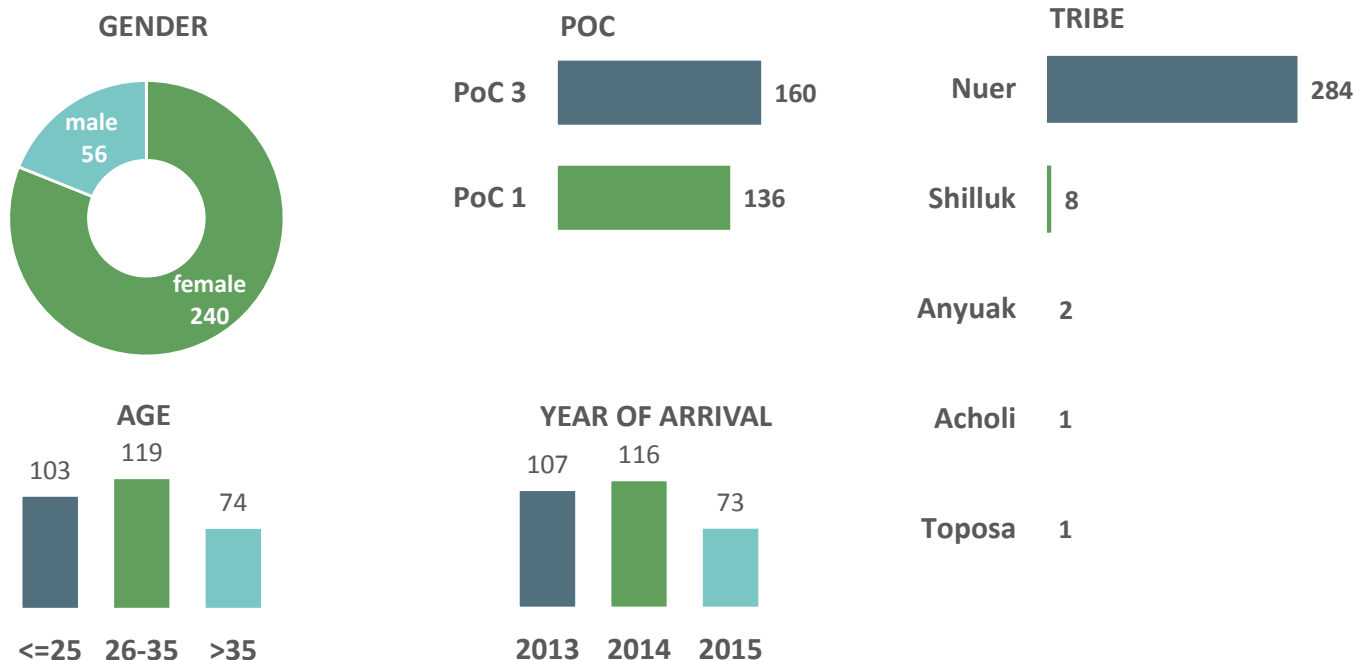
The sample size was 492 respondents out of a population of 27,990 in PoCs 1 (7,434) and 3 (20,556), which gives a representative sample at the overall level. 296 said that they knew about the IRC centre, and were hence asked the main questions of the survey instrument (questions 1-9).

As indicated before, the majority (81% in both PoC 1 and PoC 3) of these 296 respondents were women, whereas only 49% of the total population living in PoC 1 are female, and 48% for PoC 3. Moreover, the vast majority of respondents were Nuer by ethnicity, which is also by far the largest ethnicity in the PoCs.

Round	Date	No. of respondents	No. of respondents who know the IRC centre
Round 1	November 2015	492	296

RESPONDENTS WHO KNOW THE IRC CENTRE

The graphs below depict the demographic breakdown of the 296 respondents who know the IRC centre. The values state the count of respondents.

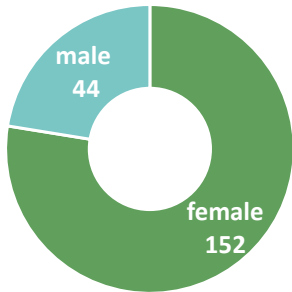




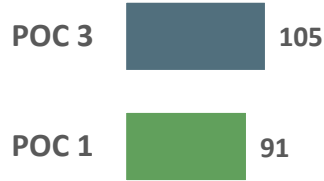
RESPONDENTS WHO DO NOT KNOW THE IRC CENTRE

The graphs below depict the demographic breakdown of the 196 or 40% of all 492 respondents who said they did not know the IRC centre. The values state the count of respondents.

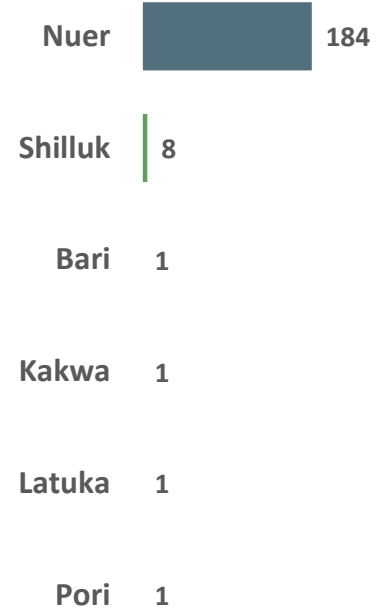
GENDER



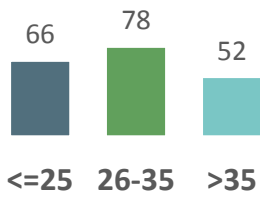
POC



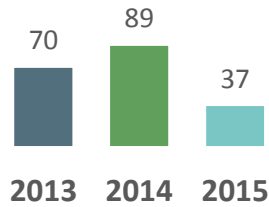
TRIBE



AGE

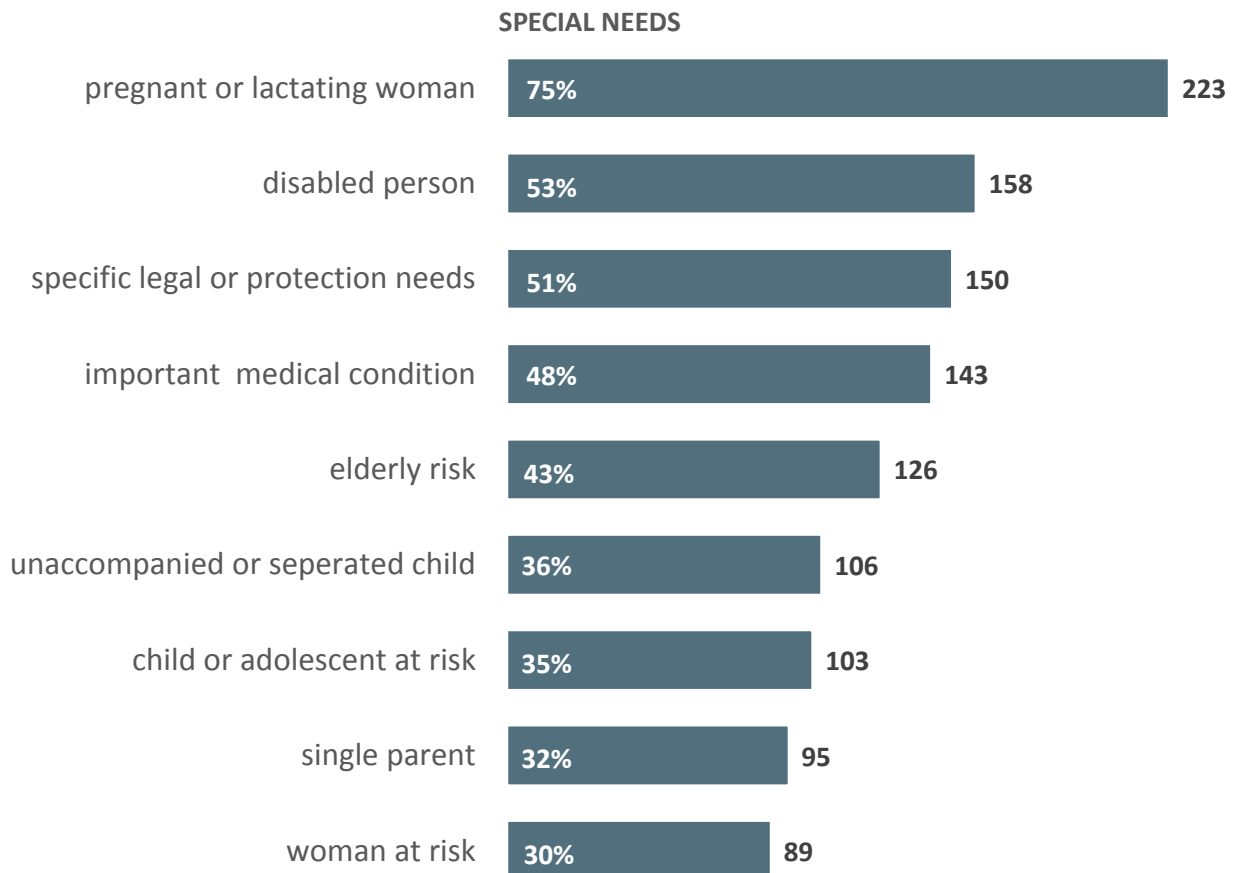


YEAR OF ARRIVAL





All 492 respondents were asked (i.e. self-identify) if they had any special needs, and were given multiple options to choose from. The graph below depicts the number of respondents who chose each option.



The findings and recommendations in this report represent the analysis and views of Ground Truth Solutions. They do not necessarily reflect the views of the IRC or DFID.



**GROUND TRUTH
SOLUTIONS**

Client Voice and Choice Initiative

JUBA / SOUTH SUDAN – ROUND 2

January 29 – February 4, 2016



Putting people first in humanitarian operations.

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Background

In April 2015, the IRC launched the Client Voice and Choice Initiative (CVC) to meet the strategic commitment of becoming more responsive to its clients – people affected by conflict and disaster around the world. Under this initiative funded by DFID, the IRC has partnered with Ground Truth Solutions (GT), to collect feedback from clients and help to bring their perspectives more systematically into decision-making calculations. GT conducts regular micro-surveys to provide a stream of accurate data on client perceptions and concerns, and supports the IRC in analysing and responding to the feedback received.

In South Sudan, the first pilot country, GT is collecting feedback on the IRC's protection programme in the UN bases/PoCs in Juba, with a focus on the IRC's Information and Counselling Centres (hereinafter: IRC centres) in PoCs 1 and 3. The IRC centres constitute a key platform to conduct awareness-raising activities and provide information about available services in the PoCs. The IRC protection programme in the PoCs in Juba is coming to an end after additional funding was not secured. Hopefully, the lessons learnt and recommendations can be applied to both similar programmes elsewhere and other programmes in South Sudan. With this in mind, the recommendations are kept relatively 'high-level'.

Reading the charts

The bar charts in this report show the frequency (in percent) that each option was chosen for a particular question. For all Likert scale questions (questions 2-9), the colours of the bars range from dark red for negative answers to dark blue for positive ones. The labels under the bar charts show each of the answer options, from very negative (1) to very positive (5).

We have calculated a mean score for each Likert scale question, by adding all scores between 1-5 that were chosen by all respondents, and dividing them by the number of valid responses. Mean scores are compared across rounds 1 and 2, with the trend of mean scores being visualized with a simple line graph on the right side of each question.

Summary Findings and Recommendations – Round 1

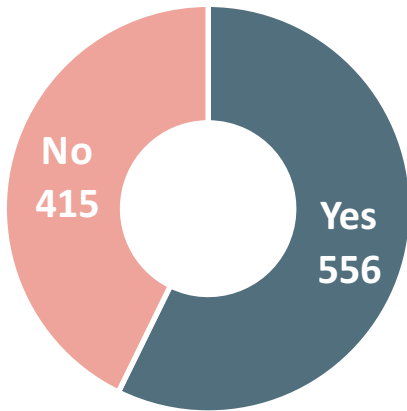
This report analyses the second of two rounds of data collected from internally displaced persons (IDPs) living in PoCs 1 and 3 about their perceptions of the IRC centres. The first round was conducted between November 18 and 24, 2015, and the second round was conducted between January 20 and February 4, 2016. For more information on survey development, sampling methodology, sample size and demographics, and the data collection process, see the Annex (pp. 15-19) of this report.

- **Knowledge of the IRC centre could be increased:** The majority (57%) of respondents knew about the IRC centre, compared to 60% in Round 1. In general, a robust dialogue process – engaging with clients and communicating back the results of the feedback – is a great way to increase awareness. It does not appear that awareness has improved, however, in this context, which might prompt a discussion on what dialogue activities were done, and which might be most useful in the future and in other programmes.
- **Overall positive perceptions of the IRC centre:** The general perception of IRC's centre was positive and 56% say they would go there if they needed information. That said, over a third of respondents consider the service of providing information unimportant. As IRC evaluates the success of the ending programme, perhaps this is a question that could be discussed further within the POCs, especially if it is a model that the IRC plans to apply to other contexts. Those agencies still providing services in the camp might also be interested in the underlying feelings towards information provision.
- **Safety an ongoing issue:** Safe access to the IRC centre is a concern, especially in POC 1. It is unclear whether this is specifically an issue in accessing the IRC centre, or a general security concern, but either way, it deserves detailed follow-up. The perceived safety of IDPs living in the PoCs is of relevance to other agencies as well, and IRC could use it to advocate for a safe camp.
- **Perceptions of actual users of the IRC centre less positive:** Respondents who have been to the IRC centre were generally positive about their experience, but only 49% would recommend the centre to a friend (compared to 63% in Round 1). IRC should enquire further on the reason behind this drop.



- **Static results on empowerment question:** The results of this important question have by and large not changed, and 23% of respondents found that IRC did not help them make informed choices. Ideally, the follow-up around the Round 1 data would have been an opportunity to explore the reasons why. Perceptions of empowerment are relevant for end service providers in the PoCs as well. They have a role to ensure people know how to access their services and that the services are appropriate. With the end of the IRC centre, that is more important than ever.
- **Respect and dignity could be further increased:** Though scores have increased overall since Round 1, there are discrepancies between various groups: male and female, length of time in the camp and whether or not they have used the service. In responding to such feedback, it is important to understand the reasons behind these variations, and to address them – ensuring any service is seen equally by all groups in a community.
- **Trace results of feedback question over time:** Around 49% of all respondents were undecided (“maybe”) on the question whether IRC will respond to their feedback, which gives the question the lowest means of all in the survey. We would expect an increase of scores for this question after Round 1, however, scores have decreased. It could be that without adequate follow-up and dialogue by the IRC, the survey contributed to survey fatigue in the PoCs. When collecting feedback, there is an obligation to use it and to inform respondents and communities how you are doing so. This move beyond data extraction to dialogue is key in developing the relationships that are necessary for programmes to be successful.

SECTION I – PEOPLE WHO KNOW THE IRC CENTRE



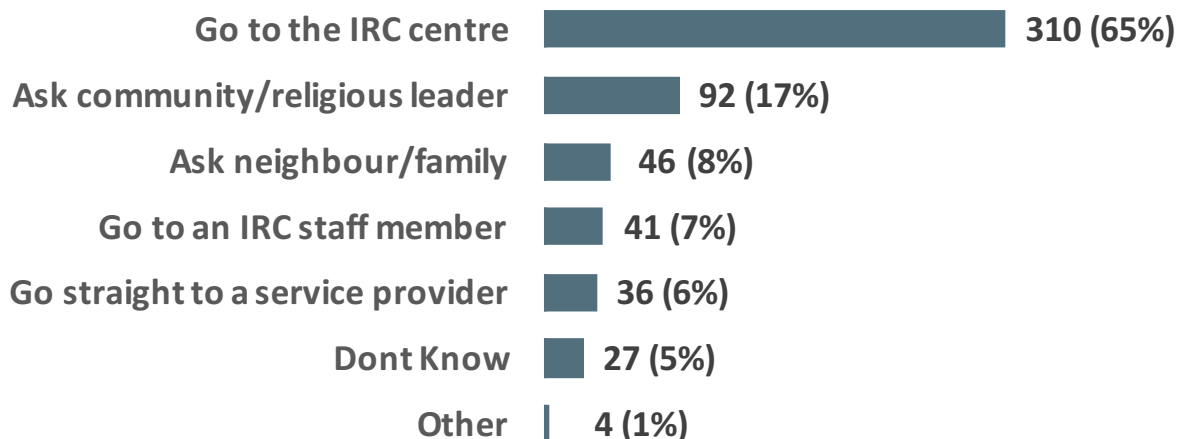
Do you know the IRC centre?

Out of a total of 971 respondents that were approached for this survey, 57% (556) said they knew about the IRC centre (61% from PoC 3; 44% from PoC 1). The following seven questions were **asked only to those 556 respondents who knew the IRC centre**.

To learn more about the demographic breakdown of the ones who know the centre and those who don't, please go to the Annex (pp. 15-18).

Question 1: **If you need something, or help in finding a service in the camp, what would you do?**

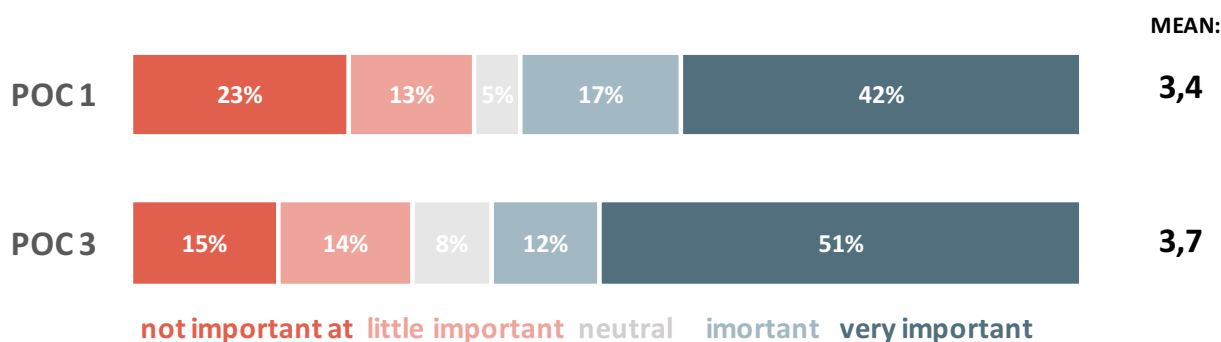
This question examines how many people turn to the IRC centre or staff when they need something or help in finding a service in the PoCs, and what are popular alternatives. It helps determine the relevance of the IRC service.



Almost two thirds of respondents said they would go to the IRC centre or approach IRC staff (70% of women and 59% of men), while 37% indicated they would seek help elsewhere. The 70% is more than in Round 1, where only one third of respondents had said they would go to the IRC centre or an IRC staff member. Those who had been to the IRC centre before were more likely to indicate that they would turn to the IRC centre/staff than those who had not visited it before. Of those that had not been to the IRC centre before, 26% would prefer to ask a community or religious leader and 14% would go straight to a service provider.

Question 2: IRC provides information about the services available at the PoCs. How important is this type of support to you?

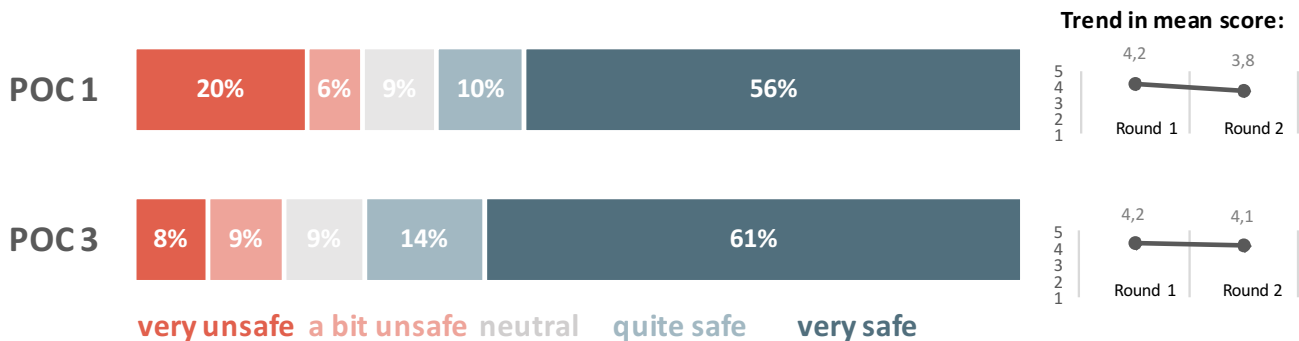
This question also asks about the relevance of the services offered by IRC, namely the provision of information about the services that different organizations provide in the PoCs. It was only added in Round 2 of data collection, as many respondents in Round 1 seemed to be unaware about the services provided by IRC.



More than a third of respondents considered the provision of information by the IRC in the PoCs as relatively unimportant (36% in PoC 1; 29% in PoC 3). Fewer men found the services provided important than women (51% of men compared to 66% of women). Interestingly, but perhaps not surprisingly, respondents who had arrived in the PoCs in 2015 found IRC's support much more important than those who had arrived earlier (72% found it 'very important', compared to 36% of those who arrived in 2013).

Question 3: **Do people feel safe using the IRC centre?**

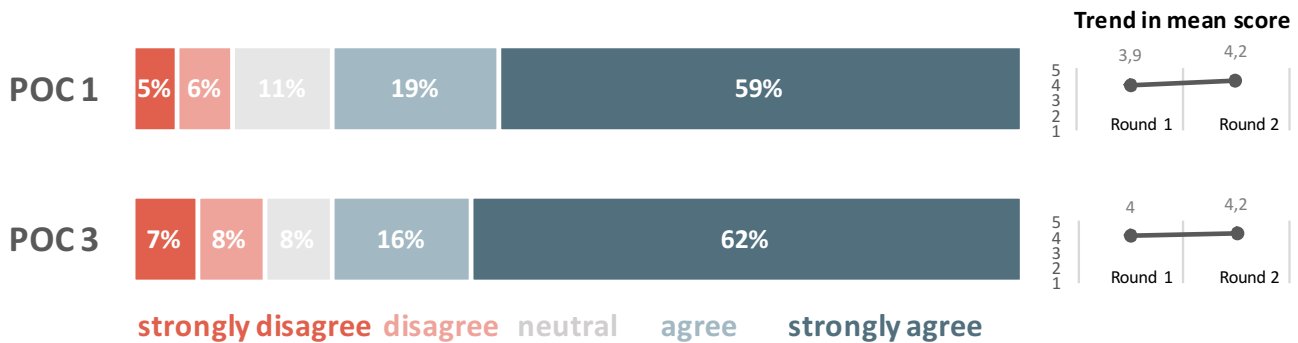
This question looks at the issue of safe access, a central component of any humanitarian response, by asking respondents how safe people feel in using the IRC centre.



Respondents answered this question slightly less positive than in Round 1, particularly in PoC 1. In PoC 1, a total of 26% felt unsafe, out of which 20% said they felt very unsafe. The perceived lack of safety particularly in PoC 1 needs to be investigated. It could reflect that PoC 1 is perceived as less safe than PoC 3 in general. Interestingly, a smaller percentage of men than women (60% as opposed to 78% of women) said they felt safe. On average, a higher percent (75%) of those who have visited the IRC centre before said that they felt safe using its service than those who had not yet been to the IRC centre (62%, with 25% feeling rather unsafe).

Question 4: Does the IRC centre treat people with respect and dignity?

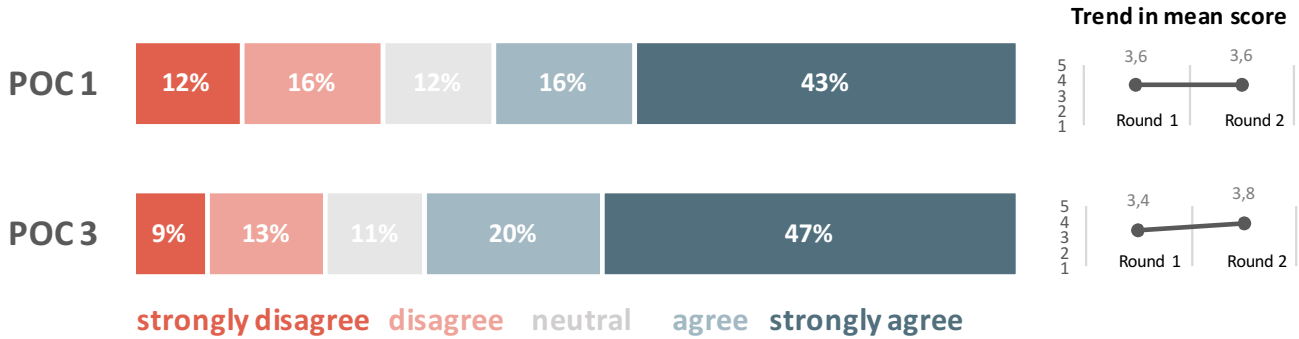
This question enquires into the relationship between IRC staff and people in the PoCs. By asking respondents about their perception of whether the IRC centre treats people with respect and dignity – another central component of a humanitarian response – it also sheds light on the quality of services provided.



Most respondents (78%) were positive on this question, which is more than in Round 1. In contrast to Round 1, however, male respondents were less positive than female respondents (69% of men, compared to 82% of women). 79% of those who arrived in 2015 strongly agreed that they felt treated with respect, which is considerably more than those who arrived earlier. Importantly, more respondents (82%) who had visited the IRC centre gave positive answers to this question than those who only knew about it (58%, with 26% disagreeing).

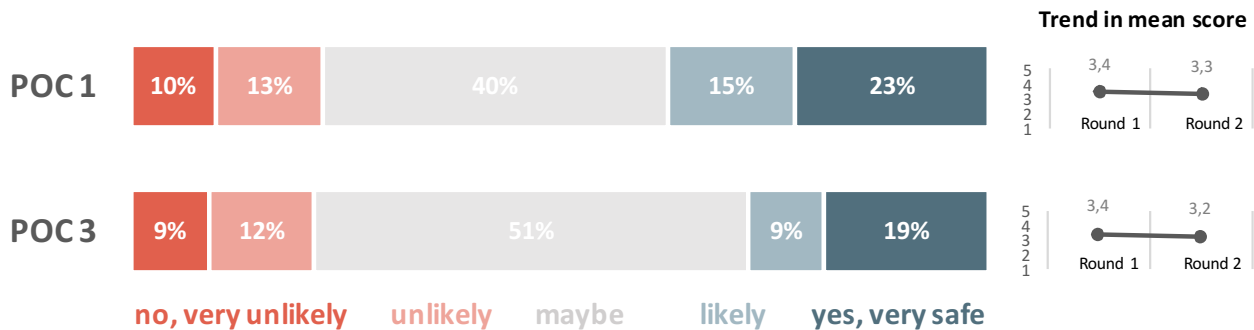
Question 5: Does the IRC centre help people make informed choices about which services they can access?

This question aims to find out whether the services provided by the IRC centre are seen to increase people's sense of agency.



66% of respondents said that IRC helps people make informed choices about which services they can access, while 23% disagreed (compared to around 20% in Round 1). Again, female respondents answered this question more positively than male respondents (69% of women and 57% of men). Respondents under 24 were more positive than older ones, and people who had arrived in the camp in 2015 were more positive than those that had arrived earlier.

Question 6: Do you think that the IRC will respond to your feedback?

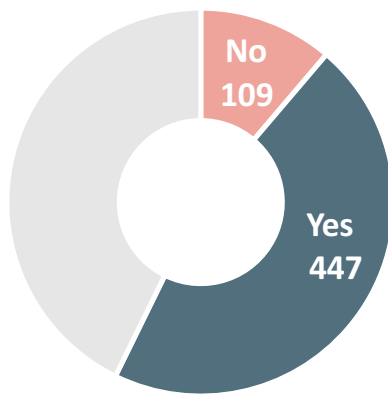


In both PoCs, the mean has decreased between Rounds 1 and 2. Only 29% considered it likely that the IRC would respond to their feedback, whilst 49% were unsure and 22% found it unlikely.



Uncertainty was common among respondents of all age groups and both genders, but particularly people who had been to the camps longer (30% of those who arrived in 2013 found it unlikely that the IRC will respond to their feedback). Responses were similar for respondents who only knew the IRC centre, and for those who had also visited it – whereas for almost all other questions, those that had been to the IRC centre seemed to answer more positive. This speaks to a credibility issue, which IRC should address across all programmes.

SECTION II – PEOPLE WHO HAVE BEEN TO THE IRC CENTRE

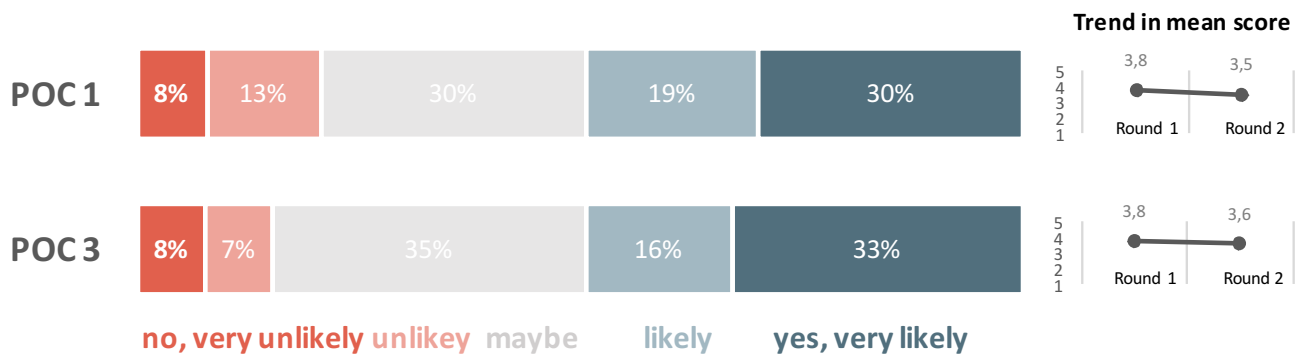


Have you gone to the IRC centre?

80% of respondents who know the IRC centre have actually visited it, that is 46% of the total number of respondents (971) that were approached for this survey. **The following questions were only asked to those that had gone to the IRC centre.**

Question 7: **Would you recommend the IRC centre to a friend or a family member?**

This question asks about the satisfaction of respondents with the IRC centre. The likelihood of someone to recommend a service he/she has used generally counts as a good indicator of his/her overall satisfaction.

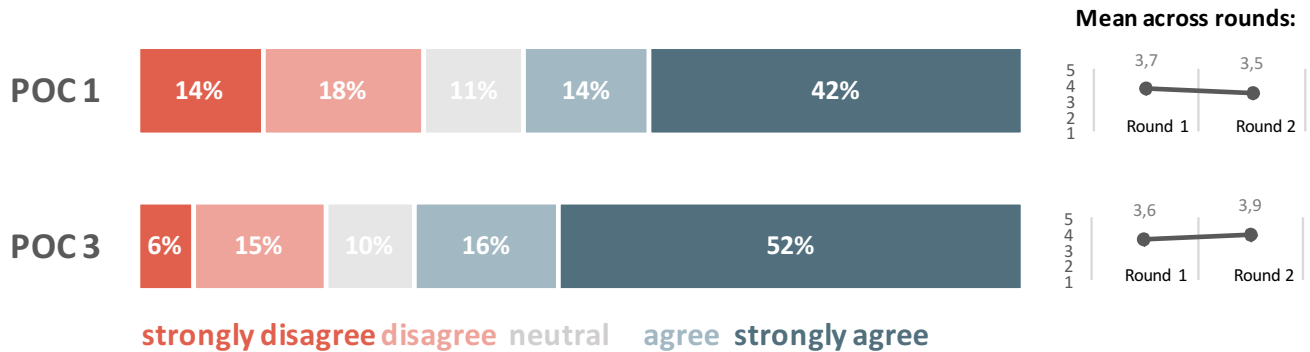


49% of respondents said they were likely to recommend the IRC centre to a friend or family member (47% of women, 55% of men). 34% (37% of women and 27% of men) were unsure, and 16% said they were unlikely. Half of all respondents were thus not active promoters of the IRC centre. 62% of respondents that had arrived to the camps in 2013 would recommend the IRC centre, compared to only 26% of those that had arrived in 2015 (65% of this group was undecided).



Question 8: **Were you referred to an appropriate service or did you receive the information you wanted?**

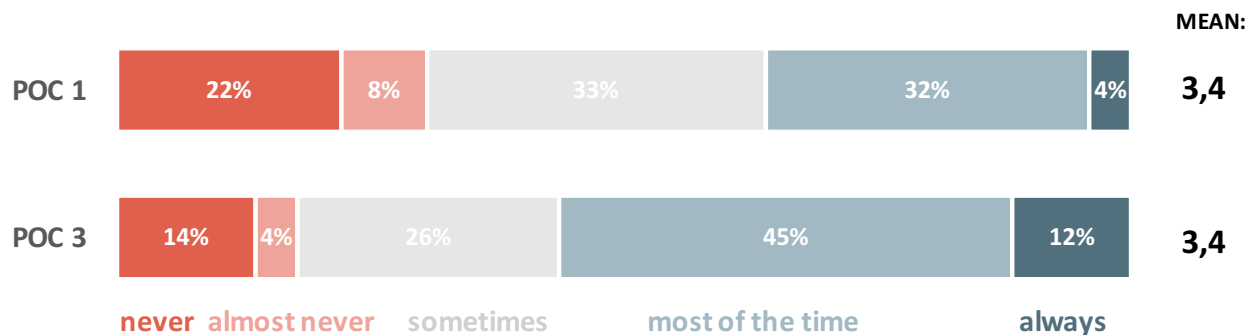
This question relates to the quality of services provided. It aims to reveal to what extent the IRC centre fulfills its declared objective.



Answers remained positive overall, with 67% agreeing that they were referred to an appropriate service or received the information they wanted, and 23% disagreeing. 81% of those arrived in 2015 agreed that they were referred to a relevant service or received appropriate information, compared to 50% of those who arrived in 2013. Again, there are two underlying issues that could be investigated – the quality of the referral from IRC and the quality of the end-services administered.

Question 9: Did the IRC centre follow up to make sure you got the help you needed?

This question relates to the quality of services provided. The IRC centre's objective is to follow up with each person that came to the centre and was referred to a service. The question was changed from a yes/no question to a Likert scale question in Round 2, hence there is no mean score for Round 1.



20% of all respondents who had been to the IRC centre said they had 'never' or 'almost never' received a follow-up. In PoC 1, it was 30% of respondents. The results were, however, slightly more positive than in Round 1. Interestingly, 74% of respondents who had arrived in 2015 reported that the IRC had followed-up with them compared to 35% of those who had arrived in 2013 and 38% of 2014 arrivals. Moreover, a greater portion of women (56%) reported that the IRC had followed-up with them than men (45%). This speaks directly to the service being provided, and should be used to discuss with IRC staff and perhaps a new system for checking on follow-ups could be implemented.

Annex: Methodology, Sample Size, Demographics

Methodology

Survey Development

The survey questions and methodology were developed by GT, in close collaboration with the IRC protection staff in Juba and staff from the CVC initiative. Questions were designed to cover the IRC centre – in terms of quality, accessibility and importance – as well as perceived outcomes and relationship metrics which included the extent to which it treated people with respect and dignity. Service related questions (questions 1-3, 5, and 7-9) were the questions local staff felt were key to improving the service itself, while the relationship questions (questions 4 and 6) spoke to the overall interaction between IRC and clients. The questions combine perceptual factors as well as more factual elements.

In designing the wording of the questions, the goal was to ensure that each question made sense to the respondent and that their answers provide IRC staff with the basis for improving performance.

The survey questionnaire was provided in English and Nuer, and enumerators offered on-site translations into Classical or Juba Arabic as needed.

Sampling Methodology

The survey used a random sampling methodology. Sample size per PoC was determined by dividing the PoCs up proportionally (based on quantity of households), using satellite imagery to estimate the number of households in each sector/block, and then dividing the number of shelters that needed to be assessed (approximately 650) among each block proportionally.

On two days of data collection, the sampling methodology was slightly altered to increase the proportion of male respondents in the sample. The data collection firm, with the help of community mobilizers and camp managers in each PoC, mobilized groups of men to participate in the survey. In addition, some enumerators focused on interviewing males to fill spatial gaps. The sample in Round 2 thus captures the views of men vis-à-vis the IRC centre more adequately than the sample in Round 1, where only 19% of respondents had been male, although more than half of the total population living in PoC 1 and 3 is male.

Data collection

The second round of data was collected between January 29 and February 4, 2016 by IMPACT, an international research firm that was contracted by GT for this purpose. The IMPACT team consisted of an Assessment Manager and an Assessment Assistant/Database at IMPACT's branch office in Juba, South Sudan, as well as 10 enumerators. Enumerators conducted face-to-face interviews, presenting themselves as working for an organization independent from the IRC, and using smartphones with an ODK application to record responses.

Sample Size and Demographics

The sample size after the cleaning of data was 971 respondents out of a population of 27,990 in PoCs 1 (7,434) and 3 (20,556), which suggests that our sample results reflect the opinion of the population, with a confidence level of 99% and a 5% margin of error. 556 said that they knew about the IRC centre, and were hence asked the main questions of the survey instrument (questions 1-6). Those 447 that had been to the IRC centre were also asked questions 7- 9.

The majority (69%) of the 556 respondents that were asked all questions were women, although only 49% of the population living in the PoCs is female. A bigger proportion of the sample was male than in the first round of data collection, however, were 81% of respondents were women. Moreover, the vast majority of respondents were Nuer by ethnicity, which is also by far the largest ethnicity in the PoCs.

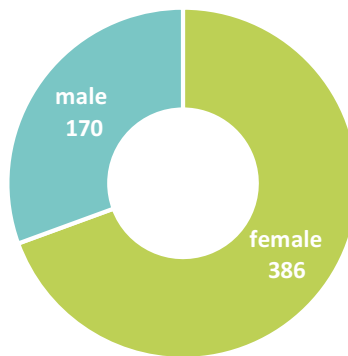
Round	Date	No. of respondents	No. of respondents who know the IRC centre
Round 1	November 2015	492	296
Round 2	January/February 2016	971	556



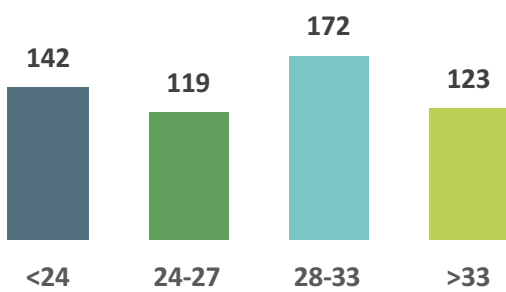
RESPONDENTS WHO KNOW THE IRC CENTRE

The graphs below depict the demographic breakdown of the 556 respondents who know the IRC centre. The values state the count of respondents.

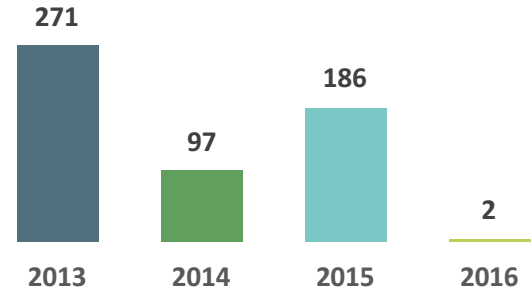
GENDER



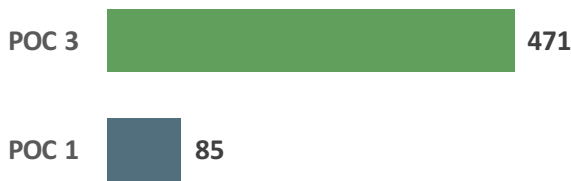
AGE



YEAR OF ARRIVAL



POC



TRIBE

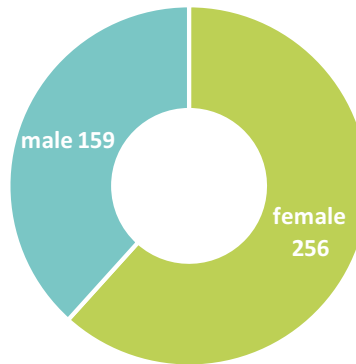




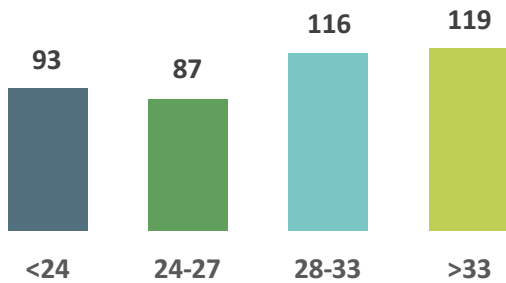
RESPONDENTS WHO DO NOT KNOW THE IRC CENTRE

The graphs below depict the demographic breakdown of the 415 or 43% of all 971 respondents who said they did not know the IRC centre. The values state the count of respondents.

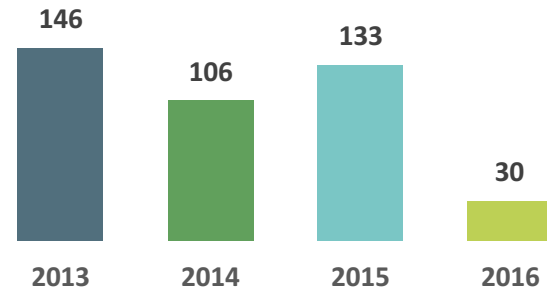
GENDER



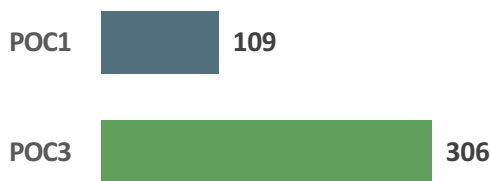
AGE



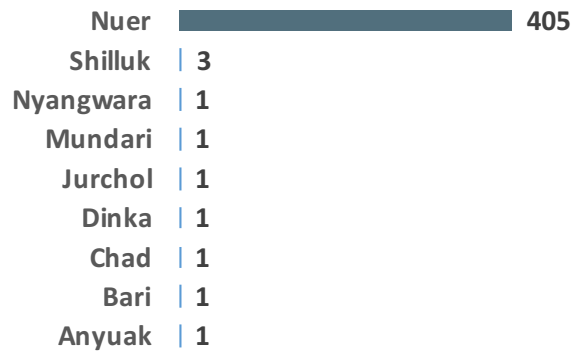
YEAR OF ARRIVAL



POC



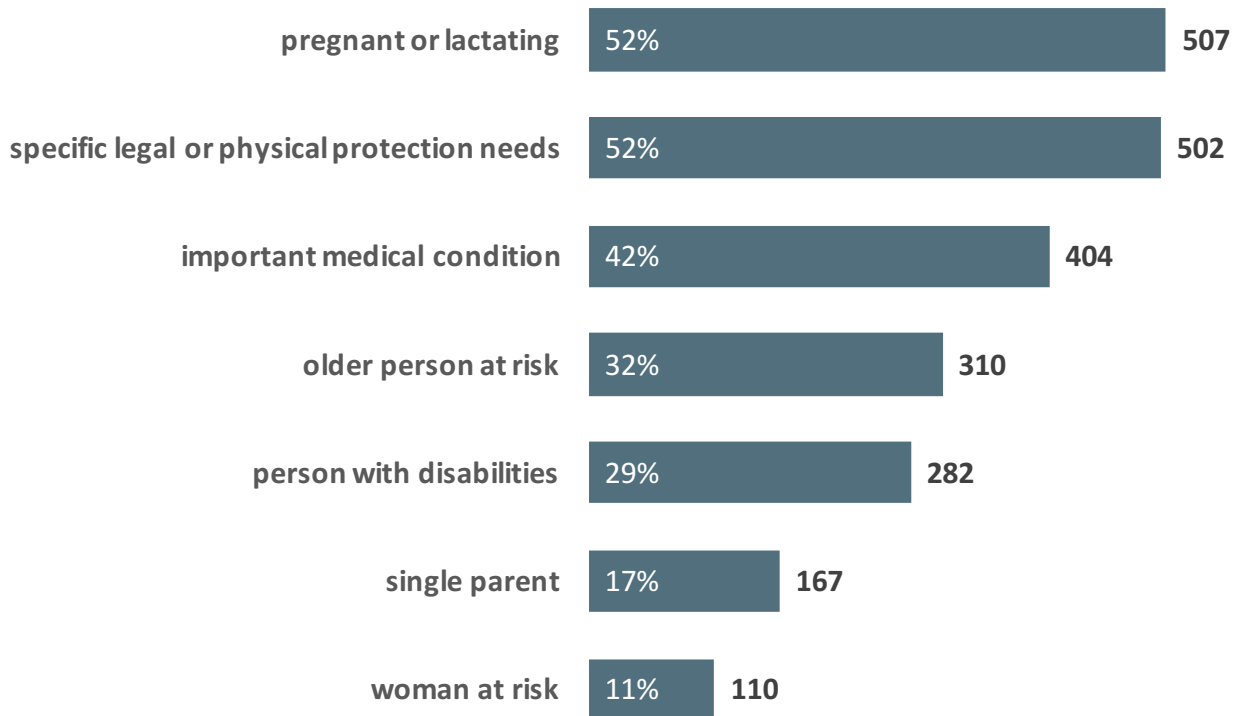
TRIBE





All 971 respondents were asked (i.e. self-identify) if they had any special needs, and were given multiple options to choose from. The graph below depicts the number of respondents who chose each option.

SPECIAL NEEDS



The findings and recommendations in this report represent the analysis and views of Ground Truth Solutions. They do not necessarily reflect the views of the IRC or DFID.



**GROUND TRUTH
SOLUTIONS**

Client Voice and Choice Initiative

JUBA/ SOUTH SUDAN - ROUND 3

March 23 - March 31, 2016



Putting people first in humanitarian operations



Background

As part of the IRC Client Voice and Choice Initiative (CVC) to meet the strategic commitment of becoming more responsive to its clients, GT had been collecting feedback on the IRC's protection programme in the UN bases/PoCs in Juba (South Sudan). The programme recently came to an end, however, after additional funding was not secured. This report represents the final feedback on the closure of IRC's service and will hopefully provide useful information for further programming elsewhere, as well as the impact the loss of the service will have on the PoCs.

Reading the charts

The bar charts in this report show the frequency (in percent) that each option was chosen for a particular question. For all Likert scale questions, the colours of the bars range from dark red for negative answers to dark blue for positive ones. We have calculated a mean score for each Likert scale question. Scores cannot be compared to previous rounds, as the survey used was totally new.

Summary findings

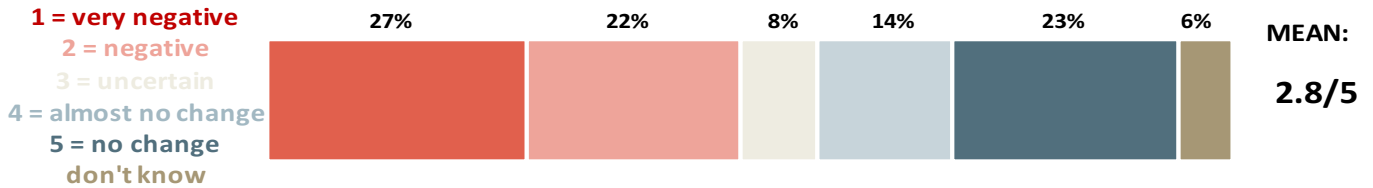
- Respondents seem split on how the closure will impact them and their families – with 49% reporting a likely negative impact and 37% reporting no likely impact. On the specific question of those with special needs, respondents are less sure, but similarly half (50%) report a likely negative impact in accessing services.
- Two thirds of those surveyed were aware of the recent CVC initiative, with 52% reporting that it has improved the IRC service. Conversely, a large proportion (40%) saw little or no improvement, with almost a third seeing no improvement at all.
- Over 60% would like to be asked for their views in the future, while 30% are not interested in providing feedback. There is a correlation between seeing improvements as a result of their feedback and wanting to provide more feedback.



Survey Questions

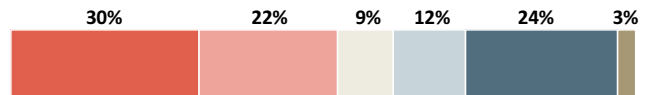
Question 1

The IRC centre has closed and will no longer provide information about services in the POC. To what extent will this affect you and your family?

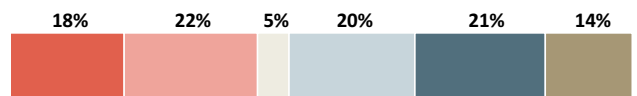


• Unsurprisingly, those who had visited the centre were more concerned about the possible impact of it closing down than those who had not used the centre.

Those who visited the centre:

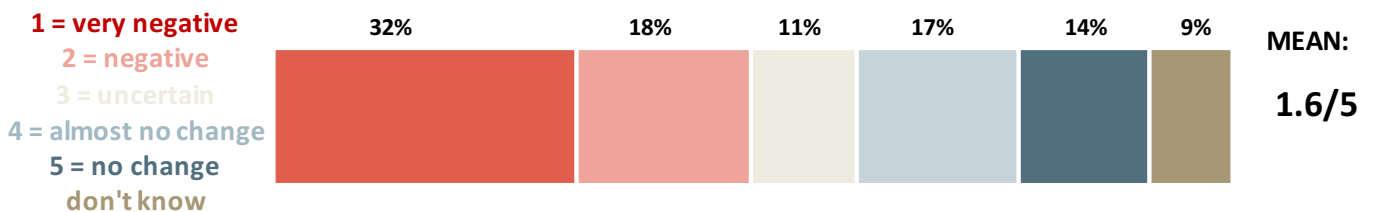


Those who have not visited the centre:



Question 2

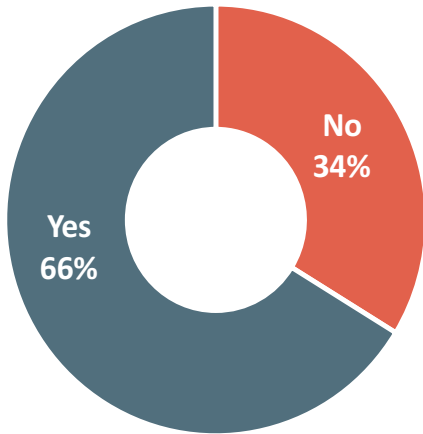
To what extent will the closure affect the ability of people with special needs to access services?



- Again, those who had visited the centre were more negative than those who had not: 54% answered negatively compared to 37%.
- Those in need of legal protection expected the most negative effects with a mean score of 1.3.
- There was a strong correlation between the answers to this question and the answers to question 1 - those who answered either negatively about the closure of the centre tended to feel the same about the effect on those with special needs.

Question 3

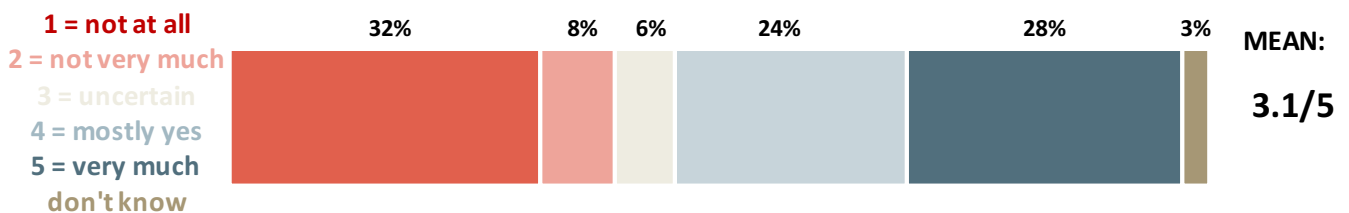
Were you aware of recent efforts by the IRC centre to get feedback on the services it offers?



- Those who had visited the centre were more aware of the recent efforts. 74% of respondents who had visited the IRC centre indicated that they were aware.
- Respondents from PoC 3 were more aware than those in PoC 1 (72% Vs 57%).

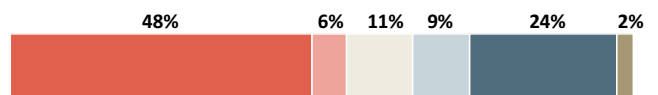
Question 4

Did you feel the IRC information provision service improved as a result?

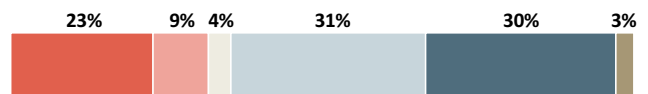


- Respondents from PoC 1 and PoC 3 varied in their answers: PoC 1 scored a mean of 2.5 while the mean for POC 3 was 3.4.
- In addition, those with physical problems (disabled and the elderly) were more negative (mean score of 2.6 compared to the total mean of 3.1).

POC1:



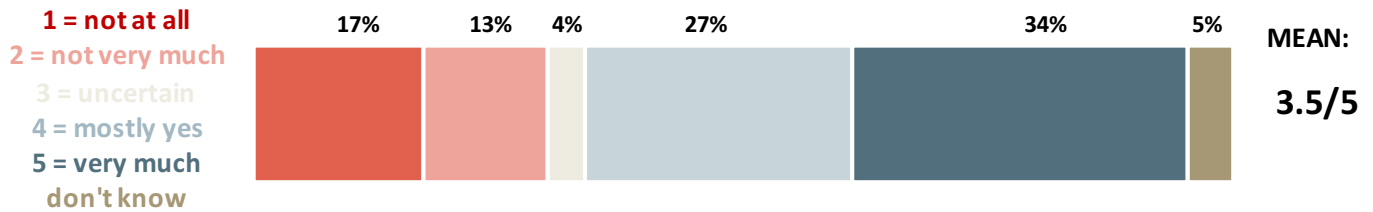
POC3:





Question 5

Would you like to be asked for your feedback on services provided by NGOs?



- Responses from PoC 1 were slightly more negative than PoC 3 (mean score of 3.3 compared to 3.7. This is unsurprising if respondents from PoC 1 also feel less has changed as a result of their feedback (question 4).
- Overall, there is a correlation between the answers to this question and the answers to question 4 - those who tended to see an improvement in services as a result of providing feedback also tended to want the opportunity to provide feedback in the future.



Conclusions and recommendations

This short survey - on top of previous rounds - suggests three key conclusions and recommendations for next steps:

1. Advocacy

The previous survey rounds suggest the IRC centre was by and large a useful resource and helped people access services in the PoCs. This survey draws a similar conclusion, and a significant proportion of the camp will miss its services. The IRC might consider sharing this feedback with other agencies still operational in the camp to leverage them to plug the information provision gap which remains, especially among those with special needs.

2. Learn and improve

There was room to improve how the IRC centre operated. This was consistent across all rounds, and this resulting learning should be used in future programming. In particular, attention should be focused on providing relevant service information, and following up to ensure services have been safely accessed by those who need them.

3. Close the feedback loop

In both previous rounds, people were uncertain if the IRC would respond to their feedback. This round suggests some felt improvements were made and some did not. Moreover, it suggests on the whole people want to continue providing feedback, especially if they can see changes as a result. It emphasises the need to close the feedback loop; to act on feedback received. This helps increase trust and respect and is likely to improve the relationships between the IRC and its clients.

Methodology

Survey Development

The survey questions and methodology were developed by GT, in close collaboration with the IRC protection staff in Juba and staff from the CVC initiative. Questions were changed from the previous two rounds to reflect the closure of the IRC centre. The questions, which form a sort of 'exit interview', are designed to provide the protection team both learning on their programme and advocacy for future programme design and with other NGOs still operational in the PoCs. In addition, it was designed to help make the case for on-going client responsiveness by the IRC. The survey questionnaire was provided in English and Nuer, and enumerators offered on-site translations into Classical or Juba Arabic as needed.

Data Collection

The third round of data was collected between March 23 and March 31, 2016 by IMPACT, an international research firm that was contracted by GT for this purpose. Enumerators conducted face-to-face interviews, presenting themselves as working for an organization independent from the IRC, and using smartphones with an ODK application to record responses.

Sample Design

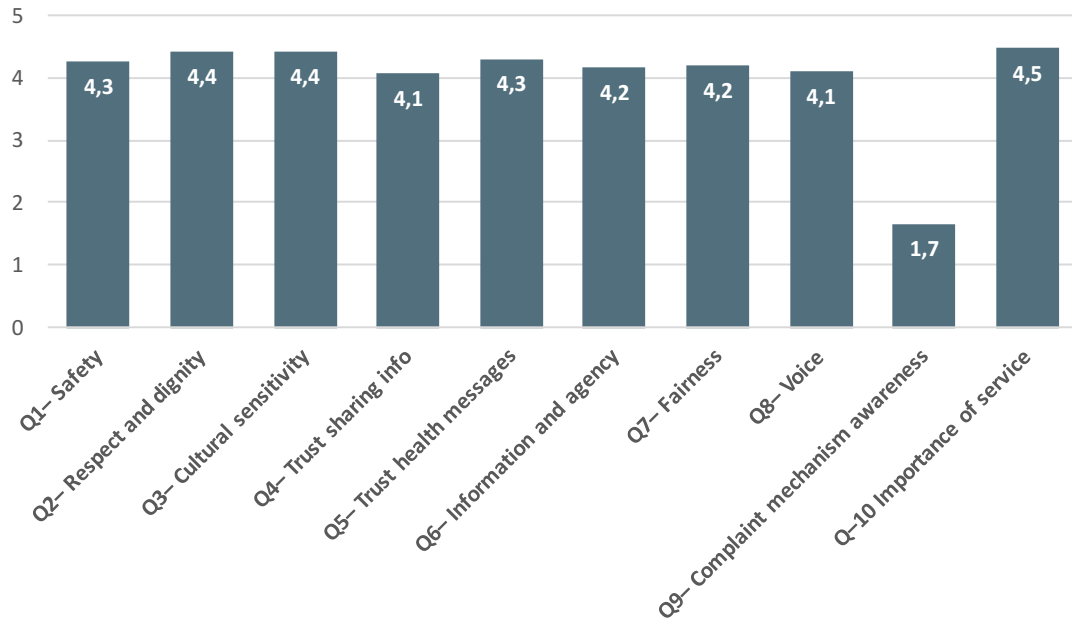
The survey used a random sampling methodology. Sample size per PoC was determined by dividing the PoCs up proportionally using satellite imagery to estimate the number of households in each sector/block, and then dividing the number of shelters that needed to be assessed among each block proportionally. The total sample size was 795. 705 reported being aware of the IRC centre and were asked the substantive questions. This suggests that our sample results reflect the opinion of the population, with a confidence level of 99% and a 5% margin of error.

Gender		Awareness of the IRC centre	
Male	30%	Aware of the IRC centre	74%
Female	70%	Not aware of the IRC centre	26%
Age		Usage of the IRC centre	
31 and over	32%	Used the IRC centre	74%
30 or under	68%	Have not used the IRC centre	26%



Client Voice and Choice Initiative: Kakuma / Kenya - Round 1

Mean scores for Kakuma survey, Round 1



Summary

Overall, scores are very positive. This is a good indication of how the programme is working and how it interacts with the community. That said, these scores should not be a cause for complacency, and there are areas for improvement, especially among particular community groups. In addition 21% of respondents had never been visited by a CHP, and this is an area for concern. It is important to close this feedback loop, and discuss the data with community members, which can

help surface additional insight and possible ways forward. This is even more important given one comment received during the collection process - "We are constantly being asked questions by different people from different agencies but we do not see change." - closing the loop can help overcome the natural survey fatigue people can feel, and improves the relationships between IRC and the community.

Headlines

Those over 50 years old are regularly more positive than those aged 26-49. This is true for being treated with respect and dignity, CHP cultural sensitivity and trusting the CHP with confidential information. **Those over 50** also feel the most involved in determining how the service is offered, although almost 90% of them do not know how to make a complaint. **Those under 26** feel the least involved in planning how the service is run.

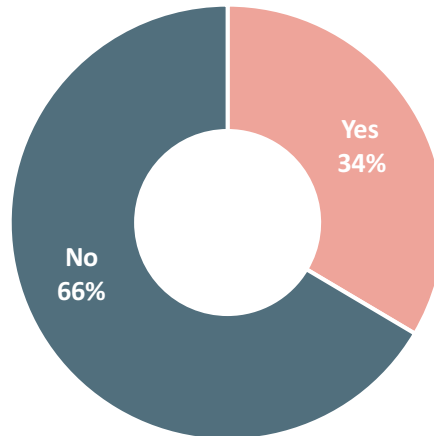
Somali respondents were often the least positive - trusting the CHPs and the health messages less, citing higher levels of discrimination, feeling

the least involved in service delivery decisions and being less aware about how to complain. **South Sudanese** on the other hand tended to be the most positive, feeling safer and more involved in how the services are run.

Those who were visited within the last 4 months are also generally more positive than those who have only been visited in the last 12 months - the difference in scores was greatest on discrimination in service provision and being involved in planning how the service is offered.



Do you know how to make a complaint about the CHP?



Question analysis

- Somewhat unsurprisingly, those who answered positively about trusting the health information also felt that they had the information they needed to make health choices.
- Those who answered positively about having a say in how service were provided tended to answer positively about trusting the CHP with their confidential information too.
- Two thirds of respondents did not know how to make a complaint. Of the 56 people who

did, most felt comfortable making complaints through community leaders (62%). A further 20% prefer complaining direct to IRC staff, followed by via help desks (11%) and suggestion boxes (7%).

- Of the 20 people who identified groups who were excluded, 40% selected ethnic minorities and 25% chose both the elderly and women and children.

Demographic Breakdown of respondents

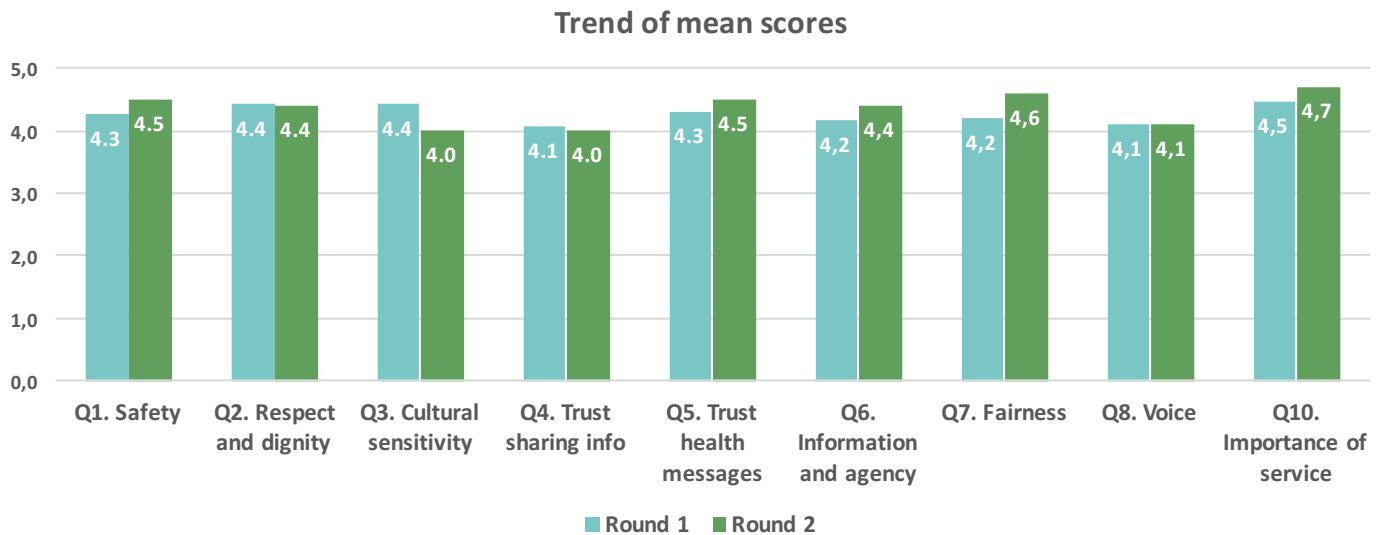
Gender		Country of origin					
Male	23%	South Sudan	36%	DRC	16%	Burundi	7%
Female	77%	Somalia	22%	Sudan	8%	Other	11%
Age		Last visit by CHP					
15-25	26%	Never		21%			
26-49	66%	Within 12 months		6%			
50+	8%	Within 4 months		73%			

Methodology

This report presents the feedback from 200 inhabitants of the Kakuma Refugee Camp, Turkana County, Kenya. Data were collected during the week of 11 April 2016 via household surveys conducted by IRC trained incentive staff in English, Kiswahili, Somali and Arabic. The camp was randomly

divided into clusters. Within each cluster, blocks were selected using purposive sampling to ensure ethnic diversity among respondents. Within blocks, households were selected randomly.

Client Voice and Choice Initiative Kakuma / Kenya - Round 2



Summary

Scores are similar to round 1, and remain generally high, indicating positive perceptions about the CHP and its services. In this round, 92% of respondents were visited by CHP in the last 4 months. More respondents know how to make a complaint about the CHP (Q9) – 73% of respondents compared to 34% in the previous round – which suggests the course correction activities made progress. There are improvements on safety (Q1), trust in the CHP health messages (Q5), information provision (Q6), fairness (Q7) and importance of services (Q10) while the score on cultural sensitivity (Q3) dropped – 79% of respondents are positive compared to 91% in the first round.

Headlines

- On average respondents aged 26-49 are slightly less positive than younger respondents. The one exception is for the question on respect and dignity (Q2) – 94% of those aged 26-49 feel well treated while 86% of younger respondents feel the same.
- People from the DRC are often less positive than other respondents. This is true for CHP cultural sensitivity (Q3), trusting the CHP with confidential information (Q4) and the CHP health messages (Q5). Respondents from the DRC also feel the least involved in determining how the service is offered (Q8) almost third of them gave negative answers. However, all of them report being treated with respect and dignity. In round 1, it was often the Somali respondents who were the least positive.
- South Sudanese and Somalis appear to be highly satisfied with the CHP, feeling more involved in how the services are run (Q8) and getting enough information to make health choices (Q6). Respondents of all nationalities agree that services are provided fairly without discrimination (Q7).

Question analysis

- Interestingly, answers on the cultural sensitivity of the CHP correlates with most other questions. The strongest correlation is with answers on whether respondents trust sharing confidential information (Q4) and whether they feel they have a say in how the services are offered (Q8). This suggests improving cultural sensitivity could help across the board.
- 96% of respondents agree that services are provided fairly without discrimination (Q7). Those who disagree are mostly women aged 29-49. Most of them consider elderly and PLWDs to be discriminated. Among the ethnic minorities Burundian and Ugandan were mentioned.
- Most of the respondents from this round know how to make a complaint. The majority feel most comfortable making complaints through community leaders (65%) and IRC staff (42%). A further 14% prefer suggestion boxes and 13% prefer help desks. However, still nearly third of respondents doesn't know to make a complaint.

Do you know how to make a complaint about the CHP?



Demographic Breakdown of respondents

Gender		Country of origin					
Male	84%	South Sudan	40%	DRC	14%	Burundi	11%
Female	16%	Somalia	25%	Sudan	3%	Other	7%
Age		Last visit by CHP					
15-25	36%	Never			2%		
26-49	62%	Within 12 months			6%		
50+	2%	Within 4 months			92%		

Methodology

This report presents the feedback from 206 inhabitants of the Kakuma Refugee Camp, Turkana County, Kenya. Data were collected during the week of 27 June 2016 via household surveys conducted by IRC trained incentive staff in English, Kiswahili, Somali and Arabic. The camp was randomly divided into clusters. Within each cluster, blocks were selected using purposive sampling to ensure ethnic diversity among respondents. Within blocks, households were selected randomly.

Annex

Q1. To what extent do you feel safe when the CHP visits your home?					
Gender	Not at all safe	Not very safe	Uncertain	Quite safe	Very safe
Male	0%	0%	0%	50%	50%
Female	1%	6%	3%	24%	66%
Nationality	Not at all safe	Not very safe	Uncertain	Quite safe	Very safe
DRC	4%	4%	0%	25%	68%
Somalia	0%	0%	2%	35%	63%
South Sudan	0%	11%	5%	22%	62%
Other	3%	0%	0%	35%	63%
Q2. To what extent does the CHP treat you with respect and dignity?					
Age	Not at all	Not very much	Uncertain	Mostly yes	Very much so
15-25	0%	12%	2%	29%	57%
26-49	0%	5%	2%	29%	64%
Nationality	Not at all	Not very much	Uncertain	Mostly yes	Very much so
DRC	0%	0%	0%	39%	61%
Somalia	0%	0%	2%	29%	69%
South Sudan	0%	16%	1%	33%	50%
Other	0%	5%	0%	15%	80%
Q3. To what extent are the CHP sensitive of your culture and tradition?					
Age	Not at all	Not very much	Uncertain	Mostly yes	Very much so
15-25	4%	14%	3%	25%	54%
26-49	14%	7%	1%	28%	50%
Nationality	Not at all	Not very much	Uncertain	Mostly yes	Very much so
DRC	39%	0%	4%	32%	25%
Somalia	8%	4%	0%	28%	60%
South Sudan	0%	15%	1%	26%	58%
Other	13%	10%	3%	26%	49%
Q4. To what extent do you trust the CHP with your confidential information?					
Gender	Not at all	Not very much	Uncertain	Mostly yes	Very much so
Male	0%	7%	13%	52%	29%
Female	4%	11%	7%	35%	43%
Last visit by CHP	Not at all	Not very much	Uncertain	Mostly yes	Very much so
DRC	14%	11%	14%	36%	25%
Somalia	2%	4%	4%	45%	45%
South Sudan	0%	18%	4%	33%	46%
Other	6%	0%	17%	43%	34%
Q5. To what extent do you trust the health messages the CHP shares with you?					
Nationality	Not at all	Not very much	Uncertain	Mostly yes	Very much so
DRC	4%	0%	7%	46%	43%
Somalia	0%	2%	2%	41%	55%
South Sudan	0%	0%	3%	35%	63%
Other	3%	0%	5%	28%	64%
Q6. To what extent do you have the information you need to make health choices for yourself and your family?					
Nationality	Not at all	Not very much	Uncertain	Mostly yes	Very much so
DRC	0%	11%	7%	46%	36%
Somalia	0%	2%	0%	56%	42%
South Sudan	0%	1%	0%	43%	56%
Other	0%	3%	3%	23%	72%
Q7. To what extent are the CHP services in this camp offered fairly without discrimination?					
Nationality	Not at all	Not very much	Uncertain	Mostly yes	Very much so
DRC	0%	0%	0%	44%	56%
Somalia	2%	2%	2%	26%	68%
South Sudan	0%	1%	1%	30%	68%
Other	0%	3%	6%	34%	57%
Q8. To what extent do you feel you have a say in how the CHP services in this camp are offered?					
Age	Not at all	Not very much	Uncertain	Mostly yes	Very much so
15-25	0%	3%	3%	51%	44%
26-49	3%	10%	3%	49%	35%
Nationality	Not at all	Not very much	Uncertain	Mostly yes	Very much so
DRC	7%	19%	7%	45%	22%
Somalia	2%	2%	2%	60%	34%
South Sudan	0%	6%	1%	48%	45%
Other	3%	9%	3%	43%	43%
Q9. Do you know how to make a complaint about the CHP?					
Age	No			Yes	
15-25	30%			70%	
26-49	28%			72%	
Nationality	No			Yes	
DRC	24%			76%	
Somalia	27%			73%	
South Sudan	23%			77%	
Other	37%			63%	
Q10. How important is the CHP service in meeting your health needs?					
Nationality	Not at all	Not very much	Uncertain	Mostly yes	Very much so
DRC	0%	4%	0%	56%	40%
Somalia	0	0%	0%	29%	71%
South Sudan	1%	0%	1%	12%	85%
Other	0%	0%	0%	34%	66%



**GROUND TRUTH
SOLUTIONS**

Client Voice and Choice Initiative

Southern Syria

Round 1 – March 25-28, 2016



Putting people first in humanitarian operations



Summary findings

Most people that live near the health facilities supported by IRC in southern Syria find it easy to get to the facilities and feel informed about available health services. Preferential treatment of relatives at the facilities is a concern for some, particularly in Tal Shihab. People were divided in their optimism about the future, with respondents from Ash-Shajara being the least optimistic. More than half of the respondents said they were uncertain or did not know whether the health facilities would act on their feedback. People that were more optimistic about the future were also more confident the health facility would respond to their feedback.

Reading the Charts

The bar charts in this report show the frequency (in %) that each option was chosen for a particular question, with colours ranging from dark red for negative answers to dark blue for positive ones. A legend on the left side of each bar chart shows the answer options given to respondents. The mean score for each question is displayed on the right side of each bar chart. The small bar charts display the frequency (in %) each option was chosen by a particular group of respondents (for example, in a particular location).

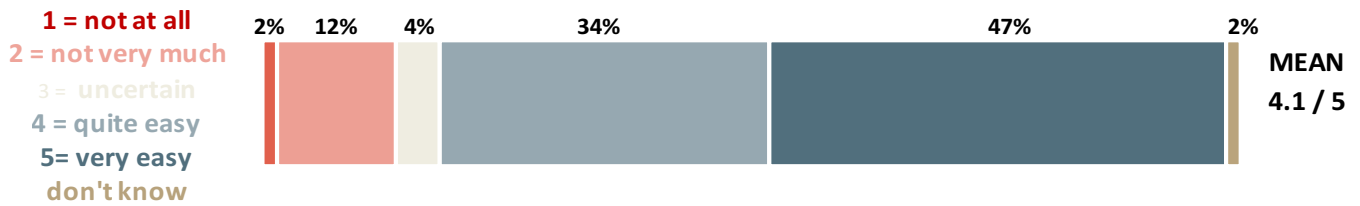
For more information on the Client Voice and Choice (CVC) initiative, the survey methodology and demographics, see pages 7-9 of this report.



Survey Questions

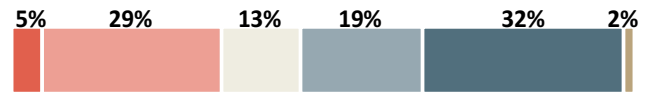
Question 1

How easy is it to get to the hospital?



The results for all sub-districts were mostly positive, except for Tafs, where 34% of respondents found it not easy to get to the hospital. Older respondents found it more difficult to reach the hospital than younger respondents.

Tafs:

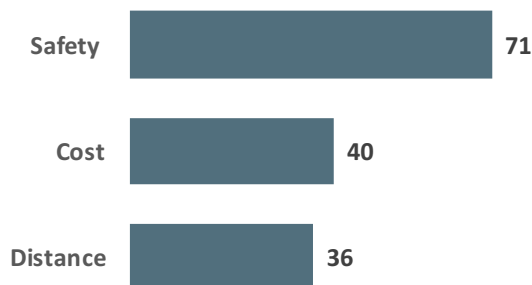


Tal-Shihab:



Follow-up question

If you did not find it easy to get to the hospital, why? (total numbers)





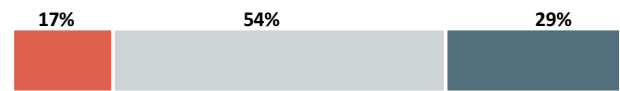
Question 2

Do you know what health services are available at the hospital?



Only one third of respondents from Jasim said 'yes' to this question, compared to two thirds from Ash-Shajara. Respondents with a higher level of education seemed better informed than those with a lower level, and respondents from the host population were a bit better informed than IDPs.

Jasim:



Ash-Shajara:



Question 3

Does the health facility treat some people better than others?



29% of respondents from Tal Shihab said the health facility treats some people better than others at least sometimes, compared to only 4% in Ash-Shajara. More people who had used the health facility before were concerned about preferential treatment than people who had not (13% over 7%).

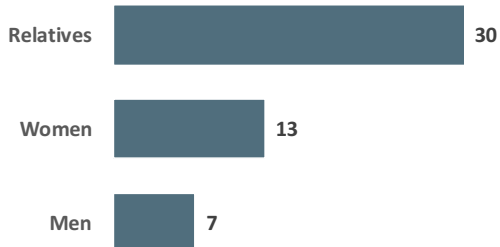
Tal-Shihab:





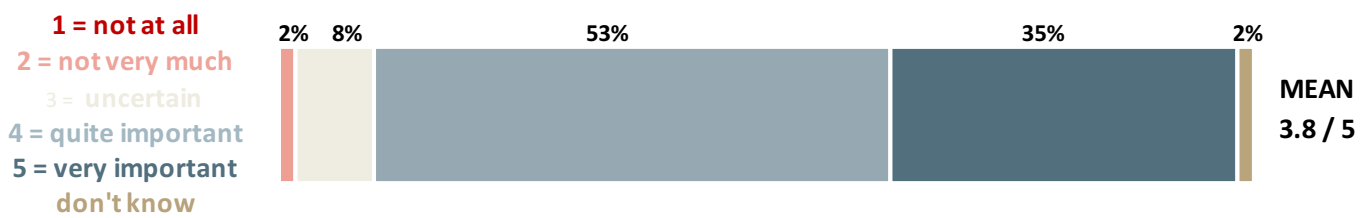
Follow-up question:

Who is treated better than others? (total numbers)



Question 4

How important is the hospital in meeting your family's health needs?



Rafid:



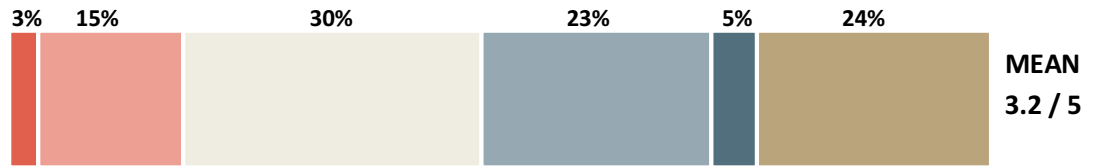
Responses were overall very positive, particularly those from Rafid. There was a positive correlation between this question and question 1 ("How easy is it to get to the hospital?"), i.e. respondents who found it easy to access the hospital also tended to find it important in meeting their family's health needs.



Question 5

If you provide feedback to the health facility, do you think they will act on it?

- 1 = not at all
- 2 = not very much
- 3 = uncertain
- 4 = mostly yes
- 5 = very much
- don't know

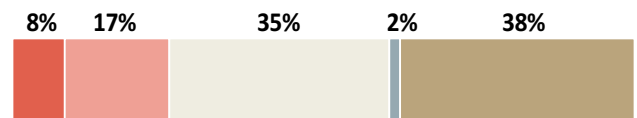


The majority of respondents answered either 'uncertain' or 'don't know'. Similar to question 6, ("How optimistic are you about the future?"), respondents from Jasim were the most positive, and those from Tafs and Ash-Shajara were the least positive (mean of 2.5 and 2.7). There is a positive correlation between question 5 and question 6: people that were more optimistic about the future were also more confident the health facility would respond to their feedback.

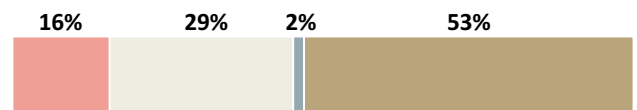
Jasim:



Tafs:



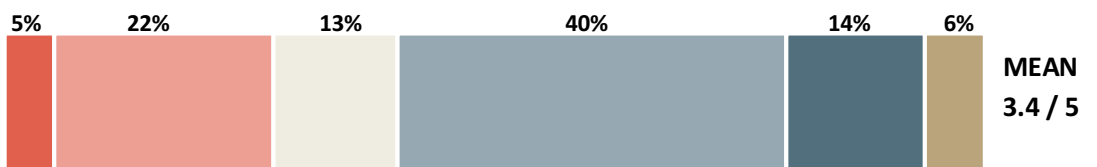
Ash-Shajara:



Question 6

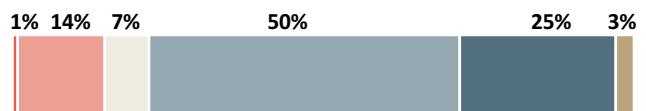
How optimistic are you about your future?

- 1 = not at all
- 2 = not very much
- 3 = uncertain
- 4 = mostly yes
- 5 = very much
- don't know



Respondents in Jasim were most optimistic (mean of 3.9), and respondents from Ash-Shajara were least optimistic (mean of 2.2). Overall, men gave slightly more optimistic responses than women.

Jasim:



Ash-Shajara:





Background

In April 2015, the IRC launched the Client Voice and Choice Initiative (CVC) to meet the strategic commitment of becoming more responsive to its clients – people affected by conflict and disaster around the world. Under this DFID-funded initiative, the IRC has partnered with Ground Truth Solutions (GT) to collect feedback from clients and bring their perspectives more systematically into decision-making calculations.

In southern Syria, IRC and GT are collecting three rounds of feedback for the IRC's health program in Southern Syria (Dar'a and Quneitra governorates). Under this program implemented in partnership with Syrian NGOs, the IRC supports health facilities inside Syria through the provision of medical supplies and financial incentives to health facility staff. Respondents are people living in catchment areas surrounding selected health facilities in six sub-districts (Rafid, Jizeh, Tafs, Jasim, Ash-Shajara and Tal Shihab).

Methodology

Survey Development

The survey questions and methodology were developed and tested by GT, in close collaboration with IRC staff working on the Syria Response in Amman, Jordan, and from the CVC initiative. The questions were designed to gauge the perceptions of people living in the surrounding areas of a health facility supported by the IRC ('catchment area') of around 5 km. In designing the wording of the questions, the goal was to ensure, on the one hand, that each question makes sense to the respondent and, on the other hand, that their answers provide IRC staff with the basis for improving their support. The survey questionnaire was provided in Arabic and the same translation was used by all enumerators.

Data Collection

The first survey was administered between March 25 and 27, 2016. The data was collected by IRC's assessors operating inside southern Syria, through face-to-face interviews and using smartphones to record responses.



Sample Design

The sample size was 526 respondents, out of which 516 (98%) knew the health facilities the survey refers to and were hence asked the main questions of the survey. The sample was drawn from the populations living in catchment areas of around 5 km surrounding selected health facilities in six locations in southern Syria (Rafid, Jizeh, Tafs, Jasim, Ash-Shajara and Tal Shihab). Respondents were approached on the street using an opportunity sampling methodology. They were asked if they knew the health facility and wanted to participate in the survey.

Location	Sample size	Estimated catchment population provided through health facility
Jasim	50	10,000
Jizeh	58	60,000
Rafid	170	250,000
Tafs	132	170,000
Tal-Shihab	51	20,000
Ash-Shajara	55	20,000
Total Sample:	516	
Female Sample:	216	

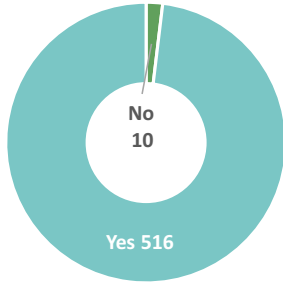
The sample for question 3 was only 485, after removal of invalid responses.



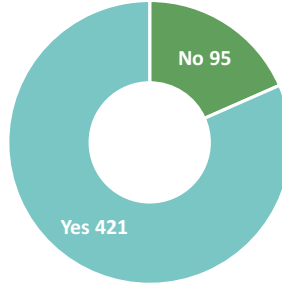
Demographics

The following graphs provide additional information from questions posed to all respondents at the beginning of the survey:

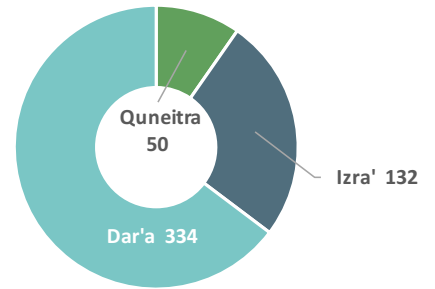
Do you know the name of the hospital?



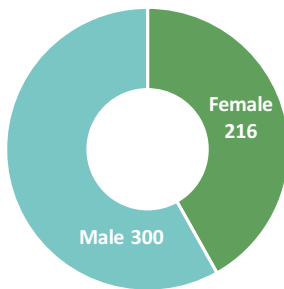
Have you used the hospital before?



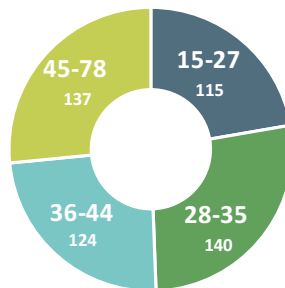
Location



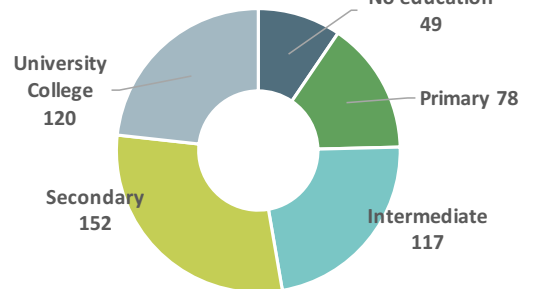
Gender



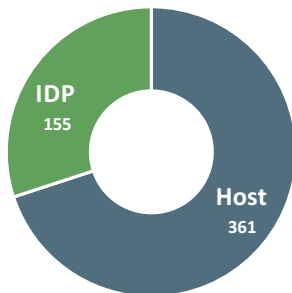
Age



Education level



Citizenship status



Annex

Breakdowns per health facility

District	Not at all	Not very much	Uncertain	Quite easy	Very easy	Don't know
Jasim	0	5%	0	50%	45%	0
Jizeh	0	9%	0	29%	59%	3%
Rafid	0	4%	0	28%	68%	0
Tafs	5%	29%	13%	19%	32%	2%
Tal Shihab	0	0	2%	34%	62%	2%
Ash-Shajara	0	0	0	47%	49%	4%
Question 1.b : If you did not find it easy, why?*						
District	Cost		Distance		Safety	
Jasim	5		5		3	
Jizeh	2		5		0	
Rafid	1		2		0	
Tafs	32		24		68	
Tal Shihab	0		0		0	
Ash-Shajara	0		0		0	
Question 2: Do you know what health services are available at [name of hospital]?						
District	No	Partially		Yes		
Jasim	17%	54%		29%		
Jizeh	10%	38%		52%		
Rafid	6%	44%		50%		
Tafs	12%	57%		31%		
Tal Shihab	5%	44%		51%		
Ash-Shajara	0	35%		65%		
Question 3: Does the health facility treat some people better than others?						
District	No	Sometimes	Yes	Don't know		
Jasim	62%	5%	8%	25%		
Jizeh	66%	16%	0	18%		
Rafid	46%	11%	0	43%		
Tafs	56%	4%	4%	36%		
Tal Shihab	53%	22%	6%	19%		
Ash-Shajara	81%	2%	2%	15%		
Question 3.b : Who is treated better than others?*						
District	Relatives	Men	Women	Other		
Jasim	14	0	0	5		
Jizeh	4	0	1	0		
Rafid	1	0	4	0		
Tafs	4	7	1	1		
Tal Shihab	13	0	7	0		
Ash-Shajara	2	0	0	0		
Question 4: How important is [name of hospital] in meeting your family's health needs?						
District	Not important at all	Not very important	Uncertain	Quiet important	Very important	Don't know
Jasim	1%	0	4%	76%	19%	0
Jizeh	2%	3%	0	45%	50%	0
Rafid	0	0	0	36%	62%	2%
Tafs	0	4%	17%	49%	26%	4%
Tal Shihab	0	0	14%	42%	44%	0
Ash-Shajara	0	0	0	43%	55%	2%
Question 5: If you provide feedback to the health facility, do you think they will act on it?						
District	Not at all	Not very much	Uncertain	Mostly yes	Very much	Don't know
Jasim	1%	10%	23%	47%	6%	13%
Jizeh	0	14%	36%	26%	10%	14%
Rafid	0	18%	36%	26%	10%	10%
Tafs	8%	17%	35%	2%	0	38%
Tal Shihab	2%	16%	22%	47%	9%	4%
Ash-Shajara	0	16%	29%	2%	0	53%
Question 6: How optimistic are you about your future?						
District	Not at all	Not very much	Uncertain	Mostly yes	Very much	Don't know
Jasim	1%	14%	7%	50%	25%	3%
Jizeh	16%	14%	3%	34%	33%	0
Rafid	8%	18%	10%	46%	16%	2%
Tafs	4%	25%	16%	38%	4%	13%
Tal Shihab	0	20%	14%	53%	11%	2%
Ash-Shajara	14%	53%	23%	6%	0	4%

*The table for this question shows the number of people who answered each answer option.



**GROUND TRUTH
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Client Voice and Choice Initiative

Southern Syria

Round 2 – June 29 until July 15, 2016

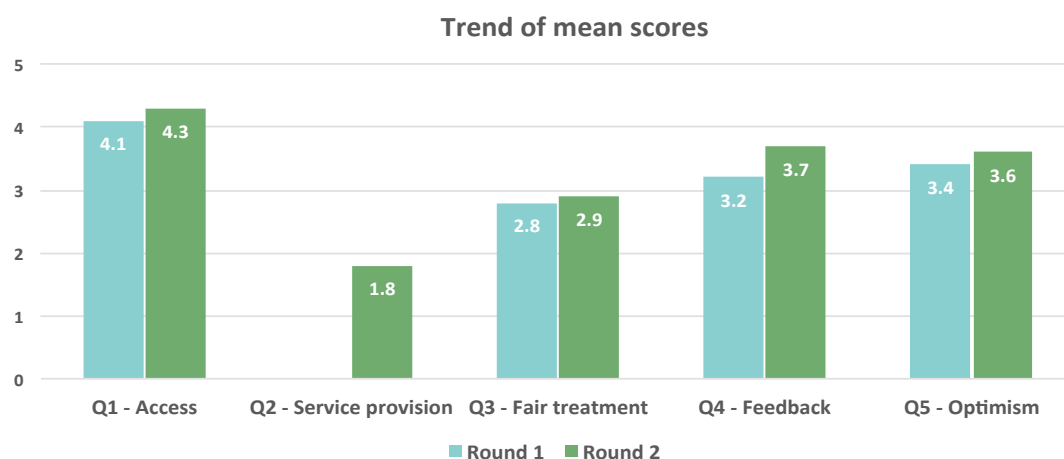


Putting people first in humanitarian operations

This report refers to IRC's work in southern Syria but place names etc. have been removed to safeguard our work and the people we work with.

Summary findings

Scores are generally quite positive with slight improvement across all questions from Round 1. As the trend graph below shows, many aspects of the project appear to be working well - for example, most people see the health centres are accessible and feel the services they provide are relevant. Only a small number of beneficiaries feel that some people are treated better than others, and the majority are optimistic about their future. There are also less safety concerns mentioned as reasons for difficulty in accessing the centres. There is a significant correlation between feelings of optimism and confidence that feedback will be responded to.



While the trends are encouraging, there are still some areas of concern. A large proportion of respondents, for example, do not know or are uncertain if health facilities will act on their feedback. To continue building trust with affected people, it is important to inform community members of the survey results and seek additional insight about possible programme adjustments. Closing the loop in this way also helps overcome survey fatigue and can improve relations between IRC, SAMS and the community.

Reading the Charts

The bar charts in this report show the frequency (in %) that each option was chosen for a particular question, with colours ranging from dark red for negative answers to dark blue for positive ones. A legend on the left side of each bar chart shows the answer options given to respondents. The mean score for each question is displayed on the right side of each bar chart. The small bar charts display the frequency (in %) each option was chosen by a particular group of respondents (for example, people in a particular location).

For more information on the Client Voice and Choice (CVC) initiative, the survey methodology and demographics, see pages 10-13 of this report.

Survey Questions

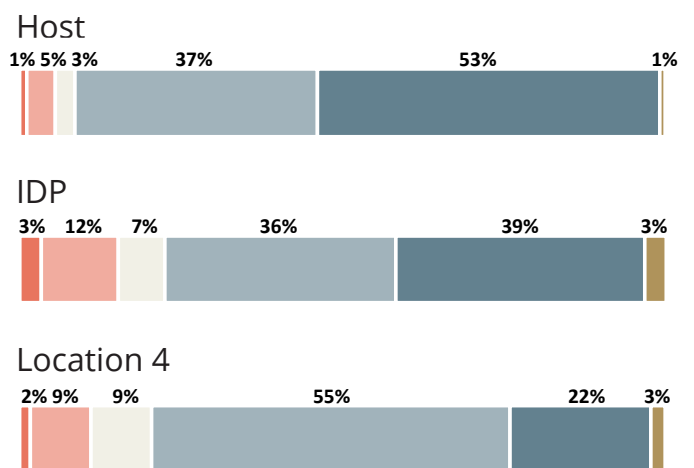
Question 1

How easy is it to get to the hospital?



Access is generally improving

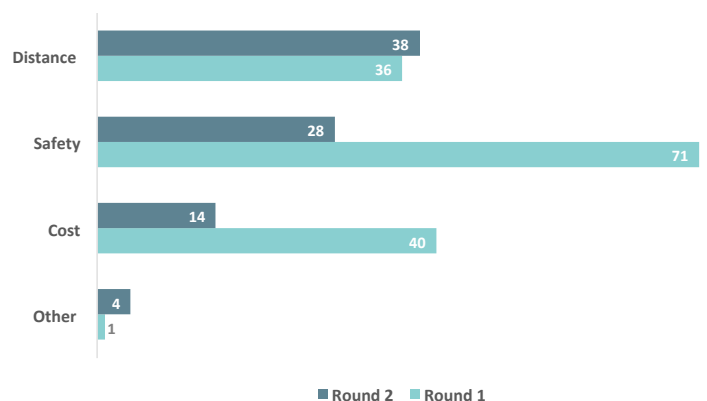
Overall, people find it easy to access the hospitals. We see an increase in the mean score from 4.1 in Round 1 to 4.3 in Round 2. Some 86% of respondents say they find it quite easy or very easy to get access to the hospital. IDPs (mean of 4.0) find it less easy to get access compared to the host community (4.4). Respondents from location 4 show the biggest increase in scores from the first round with negative responses ('not at all' and 'not very much') decreasing from 34% to 11%.



Follow-up question

If you did not find it easy to get to the hospital, why? (total numbers)

Distance from the hospitals was given as the number one reason for difficulty in reaching the hospital. Safety and cost are the second and third most frequent reasons mentioned by respondents. Compared to the first round less people responded to this question, which implies better access. There is a notable drop in fears related to safety, with only 28 mentioning it as a concern compared to 71 in Round 1.



Question 2 (new question developed for round 2)

Does the hospital provide the services you and your family need?



Hospitals are providing relevant services

Overall, people report that the hospitals provide relevant and necessary services: 71% of the people answer 'yes', 20% feel that services are 'partially relevant' and only 9% say that the services they need are not provided by hospitals. Location 3 and location 4 have the lowest scores with 62% and 53% respectively answering 'yes'. Women find the services more relevant than men with only 5% of women answering negatively compared to 13% of men.

Location 3



Location 4



Female



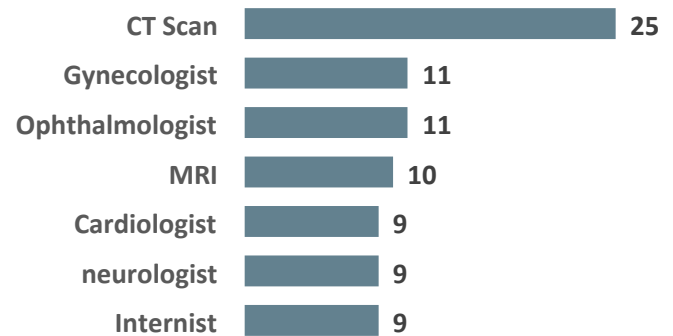
Male



Follow-up question 1

Which services are missing?

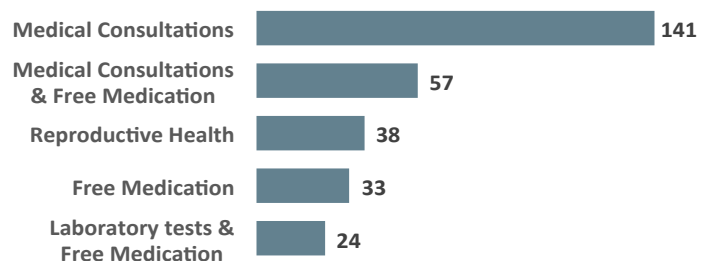
CT Scan was named most frequently as the service missing, followed by specialized medical staff and MRI machines.



Follow-up question 2

Which services do you use the most?

Medical consultations, free medication and reproductive health services were named the most used services.



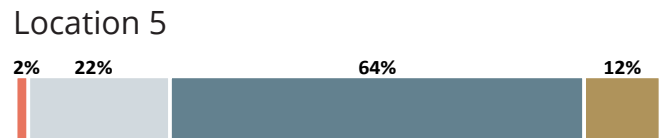
Question 3

Do you think the health facility treats some people better than others?



Services are offered fairly

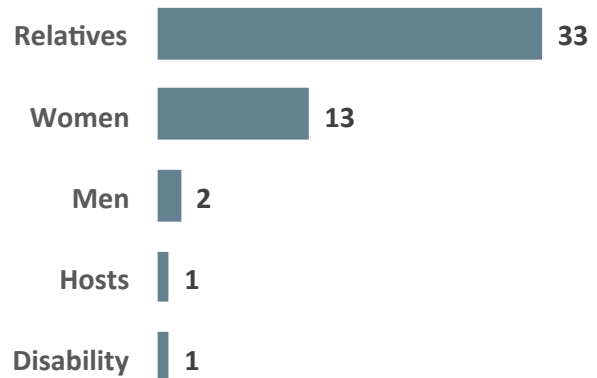
Some 9% of respondents say that the health facility sometimes treats people better than others, compared to 12% in the previous round. 62% do not think the health facility treats some people better than others, compared to 60% in the first round. There is still a significant proportion of respondents who are unsure. In location 5 24% of respondents said that the health facility sometimes treats people better than others.



Follow-up question

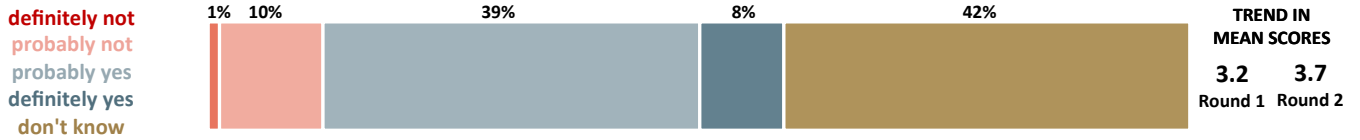
Who is treated better than others? (total numbers)

Relatives are the most frequently named group of people who are treated better than others, followed by women.



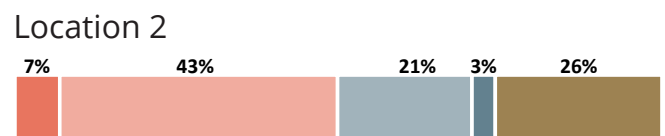
Question 4

Do you think the health facility will act on your feedback provided today?



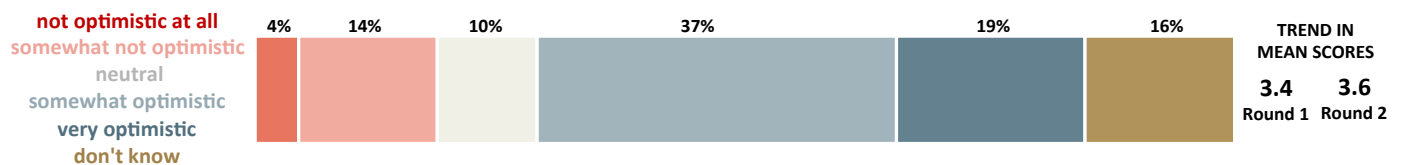
Respondents unsure if their feedback will be responded to

Some 42% of beneficiaries say they don't know if health facilities will respond to their feedback compared to 47% who believe they will. Respondents in location 2 are particularly negative with 50% responding 'not very much' or 'not at all'.



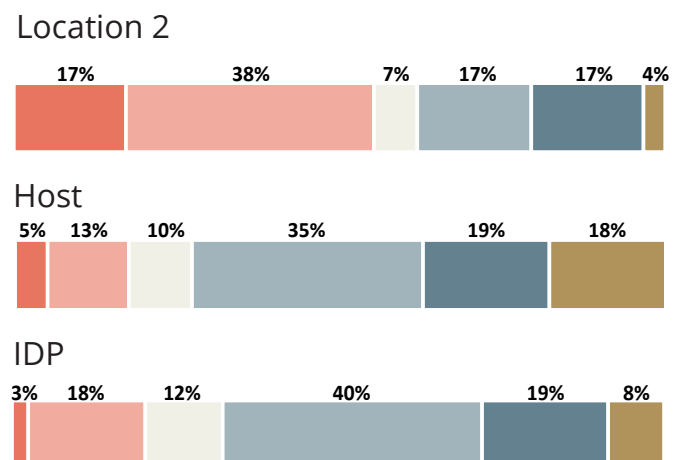
Question 5

How optimistic are you about your future?



Respondents are cautiously optimistic

Overall, more than half the respondents are quite positive about their future, with mean scores up on Round 1: 56% are 'mostly' or 'very optimistic' about their future. People in location 2 are the least optimistic with 55% answering negatively ('not very much' or 'not at all'). Interestingly, host communities and IDPs have similar levels of optimism, with both groups scoring a mean of 3.6.



Background

In April 2015, the IRC launched the Client Voice and Choice Initiative (CVC) to meet the strategic commitment of becoming more responsive to its clients – people affected by conflict and disaster around the world. Under this DFID-funded initiative, the IRC has partnered with Ground Truth Solutions (GT) to collect feedback from clients and bring their perspectives more systematically into decision-making calculations.

In southern Syria, IRC and GT are collecting three rounds of feedback for the IRC’s health program in southern Syria. Under this program implemented in partnership with Syrian NGOs, including the Syrian American Medical Society (SAMS), the IRC supports health facilities inside Syria through the provision of medical supplies and financial incentives to health facility staff. Respondents are people living in catchment areas surrounding selected health facilities in six sub-districts.

Methodology

Survey Development

The survey questions and methodology were developed and tested by GT, in close collaboration with IRC staff working on the Syria Response in Amman, Jordan, and from the CVC initiative. The questions were designed to gauge the perceptions of people living in the surrounding areas of a health facility supported by the IRC (‘catchment area’) of around 5 km. In designing the wording of the questions, the goal was to ensure, on the one hand, that each question makes sense to the respondent and, on the other hand, that their answers provide IRC staff with the basis for improving their support. The survey questionnaire was provided in Arabic and the same translation was used by all enumerators.

Data Collection

The first survey was administered between March 25 and 27, 2016. The second round was conducted between June 29 and July 15. The data was collected by IRC’s assessors operating inside southern Syria, through face-to-face interviews and using smartphones to record responses.

Sample Design

From the sample of 517 respondents, 509 participated in the survey and hence were asked the main questions of the survey. The sample was drawn from the populations living in catchment areas of around 5 km surrounding selected health facilities in six locations in southern Syria.

Respondents were approached on the street using an opportunity sampling methodology. They were asked if they knew the health facility and whether they wanted to participate in the survey.

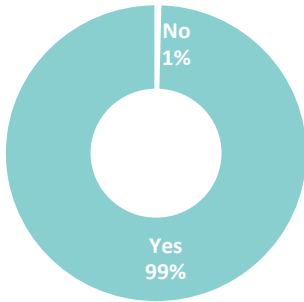
Location	Sample size	Estimated catchment population provided through health facility
Location 1	138	170,000
Location 2	59	60,000
Location 3	50	10,000
Location 4	170	250,000
Location 5	50	20,000
Location 6	50	20,000
Total Sample:	517	
Exclusions	8 [1]	
Male Sample	259	
Female Sample:	250	

[1] Exclusions of people who did not know the hospitals or did not want to participate in the survey.

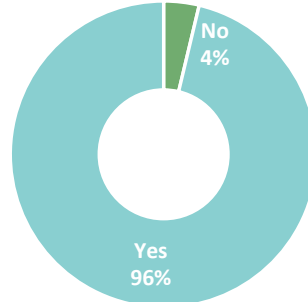
Demographics

The following graphs provide additional information from questions posed to all respondents at the beginning of the survey:

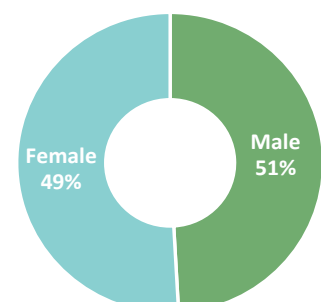
Do you know the name of the hospital?



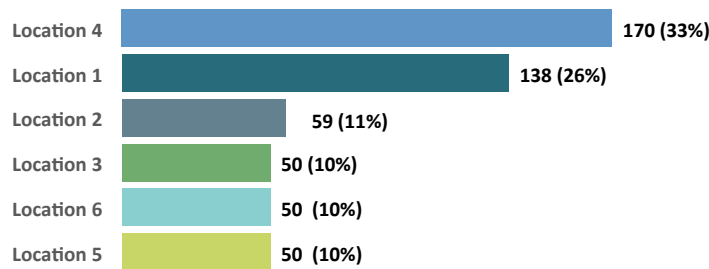
Have you used the hospital before?



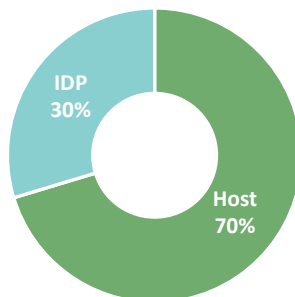
Gender



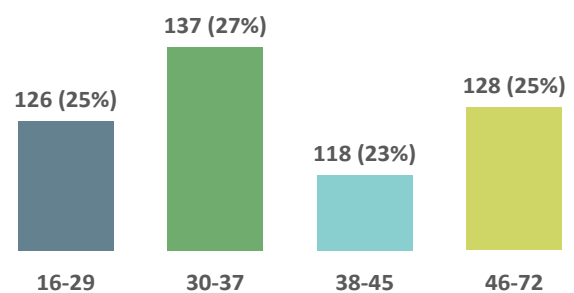
Sub-District



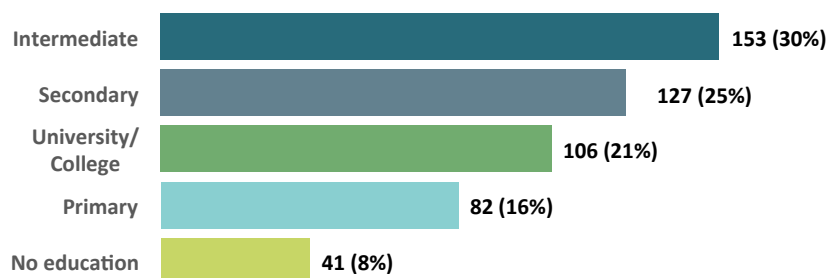
Citizenship status



Age



Education level



Annex

Breakdowns per health facility

Question 1: How easy is it to get to the [name of hospital]?						
District	Not at all	Not very much	Uncertain	Quite easy	Very easy	Don't know
Location 1	2%	6%	2%	31%	60%	0%
Location 2	5%	3%	0%	12%	72%	7%
Location 3	2%	14%	2%	14%	68%	0%
Location 4	2%	9%	9%	55%	22%	2%
Location 5	0%	2%	6%	22%	70%	0%
Location 6	0%	0%	0%	56%	44%	0%

Question 2: Does [name of hospital] provide the services you and your family need?			
District	No	Partially	Yes
Location 1	5%	15%	79%
Location 2	5%	12%	83%
Location 3	12%	26%	62%
Location 4	11%	36%	54%
Location 5	20%	2%	78%
Location 6	6%	2%	92%

Question 3: Do you think the health facility treats some people better than others?				
District	Yes	Sometimes	No	Don't know
Location 1	1%	10%	67%	22%
Location 2	0%	10%	71%	19%
Location 3	0%	10%	72%	18%
Location 4	1%	4%	47%	48%
Location 5	2%	22%	64%	12%
Location 6	0%	4%	78%	18%

Question 4: Do you think the health facility will act on your feedback provided today?					
District	Definitely not	Probably not	Probably yes	Definitely yes	Don't know
Location 1	2%	5%	61%	22%	11%
Location 2	7%	43%	21%	3%	26%
Location 3	0%	8%	52%	2%	38%
Location 4	0%	4%	26%	1%	68%
Location 5	0%	8%	46%	18%	28%
Location 6	0%	14%	20%	0%	66%

Question 5: How optimistic are you about your future?						
District	Not at all	Somewhat not	Neutral	Somewhat yes	Very much	Don't know
Location 1	7%	9%	11%	51%	16%	5%
Location 2	17%	38%	7%	17%	17%	3%
Location 3	0%	12%	12%	34%	42%	0%
Location 4	0%	5%	13%	32%	10%	39%
Location 5	0%	0%	6%	34%	58%	2%
Location 6	6%	46%	4%	42%	0%	2%

*The table for this question shows the number of people who answered each answer option.



**GROUND TRUTH
SOLUTIONS**

Client Voice and Choice Initiative

Refugee perception in Greece

Ground Truth survey of camp residents supported by IRC

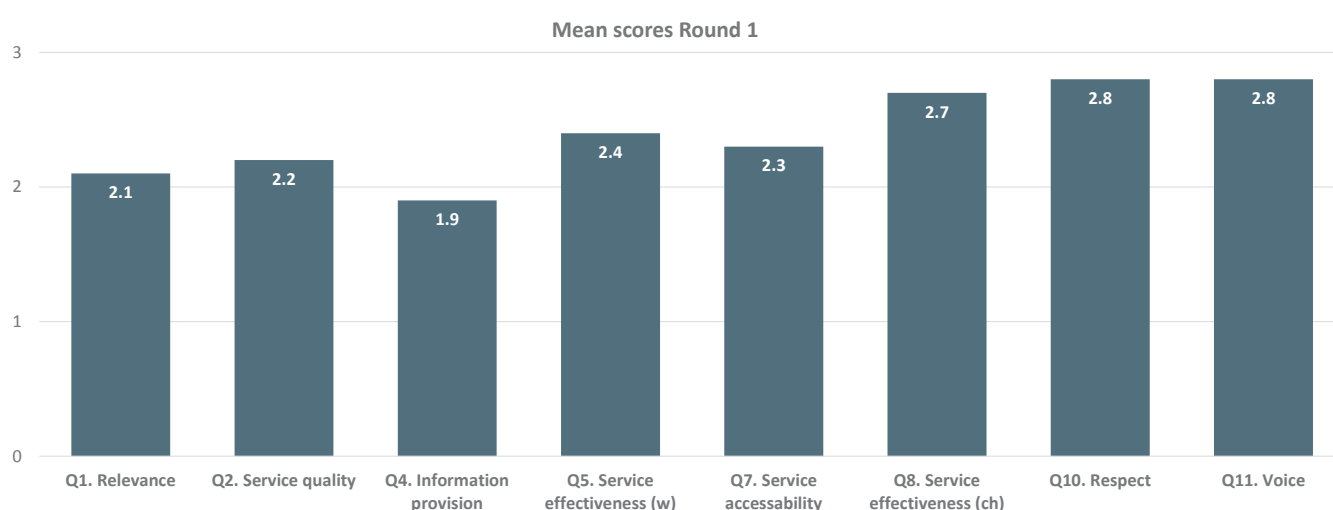
Round 1 – July 18-20, 2016



Putting people first in humanitarian operations

Summary findings

Overall, scores are quite positive. As the summary graph below shows, mean scores suggest that the programme is working well. Most people see children spaces as effective (Q8), feel treated with respect (Q10) and feel confident approaching IRC staff (Q11). While some scores are very positive, the IRC should look at its performance in areas where scores are lowest and consider measures that might improve perceptions. These include the relevance of the support (Q1), its outcomes, i.e. improvement of hygiene conditions (Q2), provision of information about the women spaces (Q4) and their accessibility (Q6). Respondents indicated a number of unmet needs and problems within the camp such as lack of cleanliness, bad quality of food, insufficient amount of hygiene items and lack of medical care.



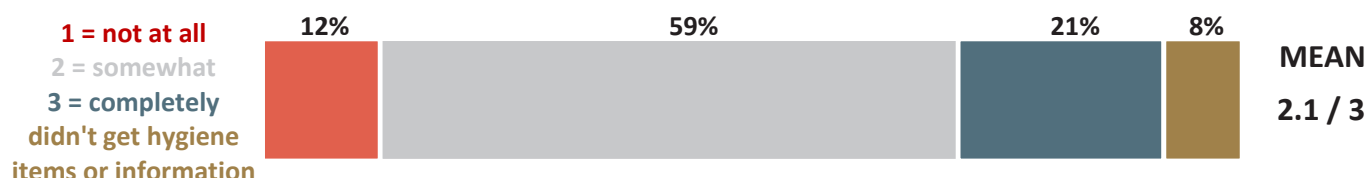
Reading the Charts

This report uses simple bar charts. For the closed likert scale questions, the bar charts show the distribution (in %) of answer options chosen for a particular question – with colours ranging from dark red for negative answers to dark blue for positive ones. The mean or average score is also shown for each question on a scale from 1-3. In subsequent rounds, the change in average scores for each question will also be shown.

For each question, we indicate the main take-away or conclusion drawn from the data. For more information on the Client Voice and Choice (CVC) initiative, the survey methodology and demographics, see page 14 of this report.

Survey Questions

Q1. Do the IRC hygiene items (such as soap, shampoo and cleaning detergent) and the information provided help you to maintain your personal hygiene and your living area?

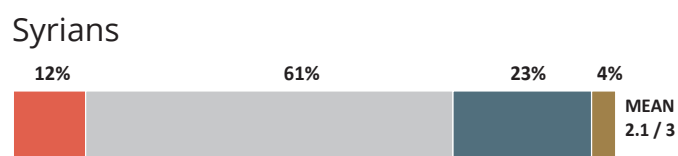
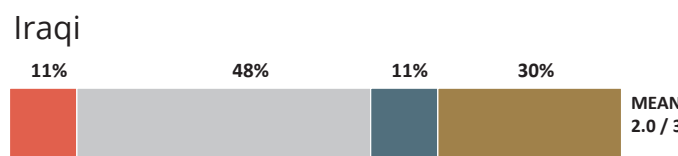
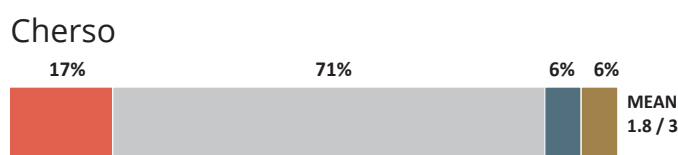
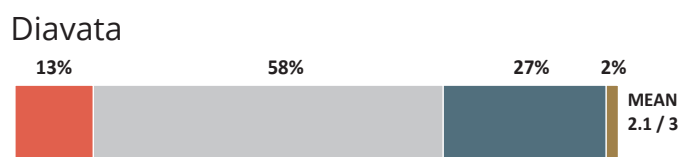


The WASH support is seen as only somewhat relevant.

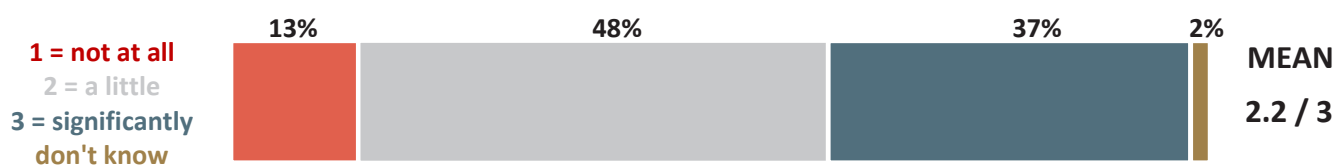
Respondents from Cherso camp consider the hygiene items and the information less relevant than respondents from other camps. Respondents from Alexandria are most positive with 38% saying the support is 'completely' helpful. 22% of respondents in Giannitsa camp reporting having not received any hygiene items or information about the support compared to only 2% in Alexandria.

Nearly a third of Iraqi refugees report not getting any help or information about the support, compared to 4% of Syrians.

These differences need to be understood and addressed urgently.



Q2. Do you think that the work IRC is doing on the water supply, latrines, showers and laundry facilities has improved your hygiene conditions since you arrived at the site?

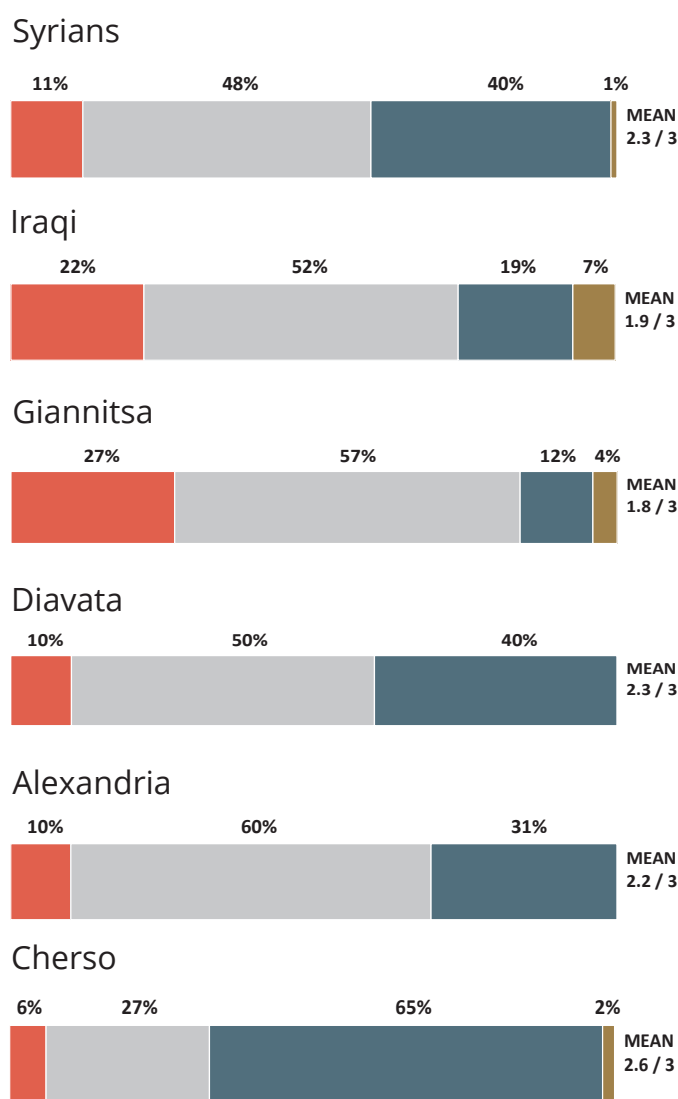


People feel their hygiene conditions are improving 'a little' thanks to the IRC support.

Syrians are remarkably more positive with 40% saying their hygiene conditions have 'significantly' improved compared to 19% of Iraqis.

Respondents from Giannitsa are the most negative compared to others with nearly a third of them (27%) saying their hygiene conditions have not improved. People located in Cherso are the most positive.

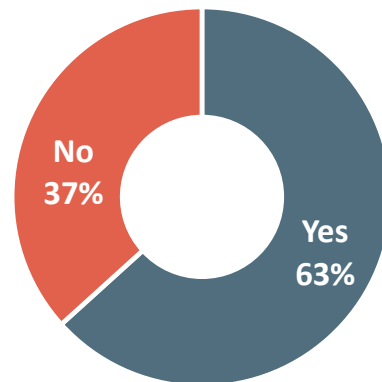
It would be useful to know why respondents felt like this and which factors might be causing the difference.



Q3. Are all people in this site able to access these services when they need them?

The majority of respondents can access the services at the time they need them. However, there is still 37% who cannot do so.

Respondents from Giannitsa are less satisfied with the availability of the support than respondents from other camps, with 55% saying they cannot access the services when they need them. Only 27% of those who live in Cherso feel the same. This difference should be investigated and addressed.



Alexandria



Giannitsa



Cherso

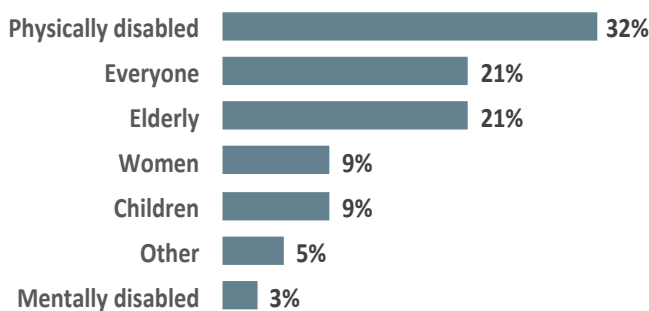


Diavata



Q3a. Follow-up question

Who cannot access these services when they need them?

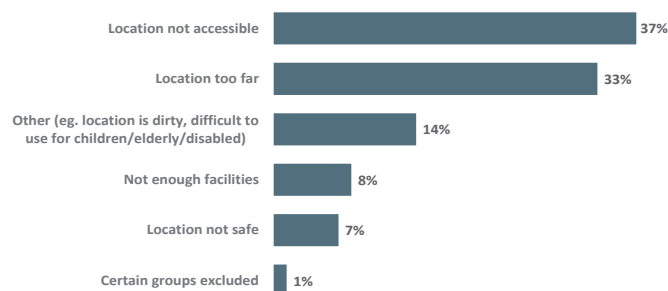


The top three responses are disabled people, followed by elderly and everyone in the camp.

The graph shows the most common responses and how often they were mentioned.

Q3b. Follow-up question

Why can they not access them?

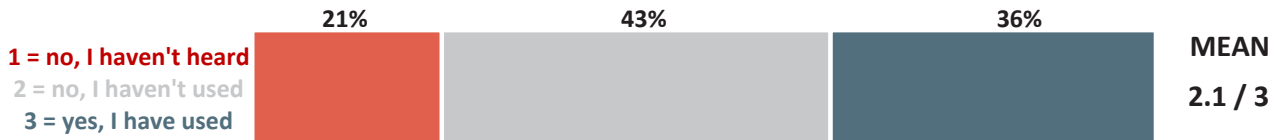


The top three reasons are that the location is not accessible, followed by location is too far away.

14% of respondents gave 'other' answers, which include: the locations are dirty, and they are difficult to use by children, elderly and disabled.

Q4. Have you heard of or used the IRC spaces with activities for women and girls in this site?

Women



Men



There is high awareness of the IRC spaces among women, however 43% of them have not used them.

Men are less aware of the IRC spaces with 45% of them saying they have never heard about them.

The women spaces were least used by those aged 35-44, even though they knew about them. Respondents from Diavata camp rarely used the IRC spaces, with only 17% saying they used the spaces.

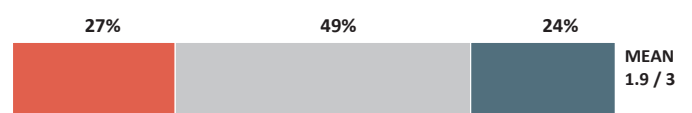
18-25



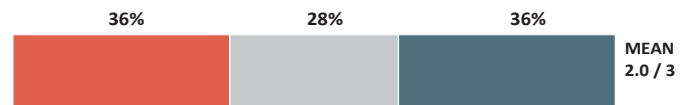
26-34



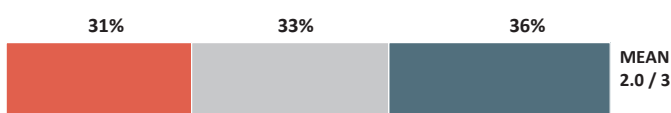
35-44



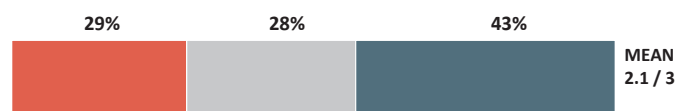
45-67



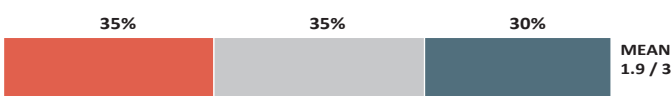
Alexandria



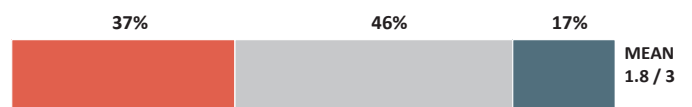
Giannitsa



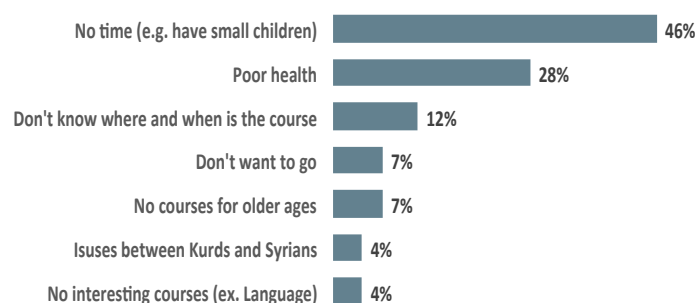
Cherso



Diavata



Q4a. Follow-up question
Why have you/your family not used them?



Respondents indicated several reasons, the top three reasons are lack of time often because of small babies or sick family member, followed by poor health, and lack of information about where and when the courses take place.

The graph shows the most common responses and how often they were mentioned.

Q5. Do you think that the IRC spaces with activities for women and girls improve the emotion wellbeing and / or skills of the women who attend?

(this question was asked only to those who use the IRC spaces)

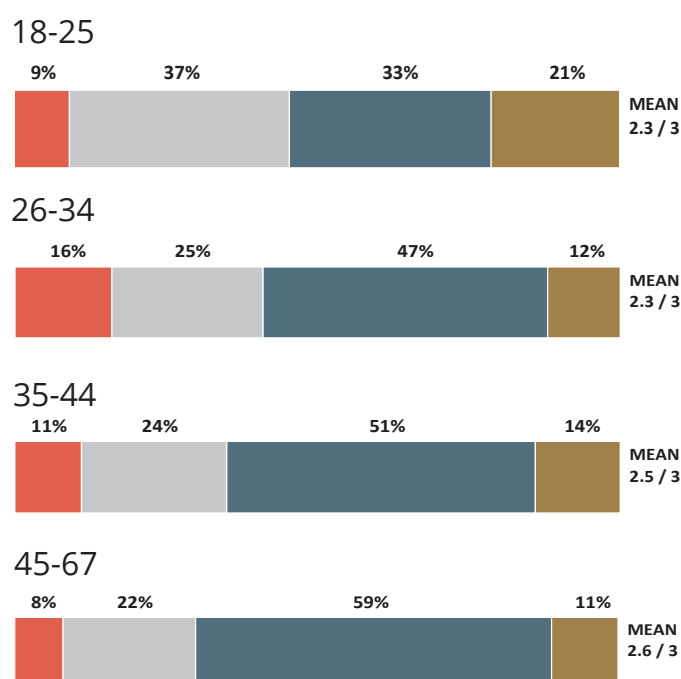


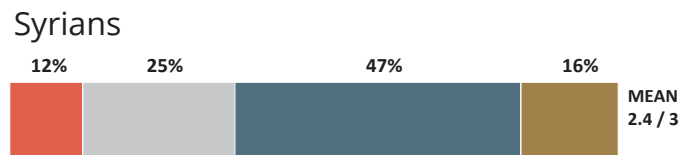
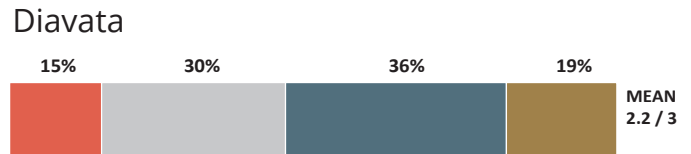
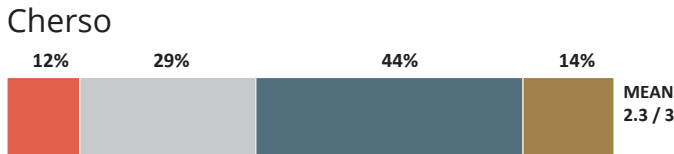
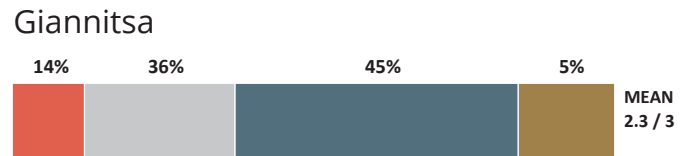
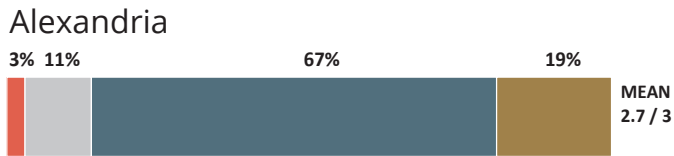
The IRC spaces for women and girls are seen as effective in improving wellbeing.

Respondents are generally positive about the impact of the support with 48% saying the IRC spaces help a lot. The older the respondents are the more positive they are about the effectiveness of activities.

Syrians are slightly less positive than Iraqis. Respondents from Diavata camp are the least positive compared to respondents located in other camps. Respondents from Alexandria give the most positive responses.

It would be useful to know why people from Diavata camp and Syrians see the women spaces as less effective.





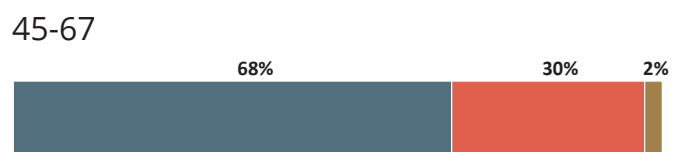
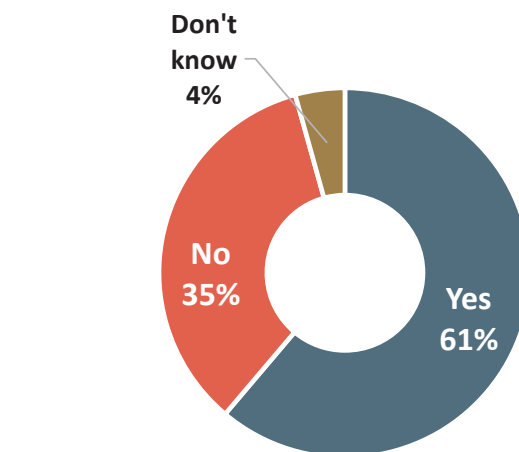
Q6. Do you think that all women and girls in this site feel able to use the spaces with activities for women and girls?

Overall, respondents see the women spaces as generally accessible. However, one third of respondents still feel that some girls and women cannot use these services.

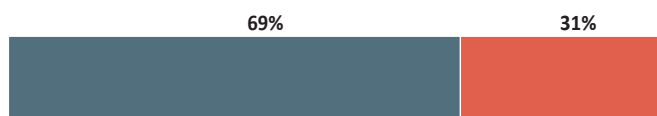
The younger the respondents, the less positive they feel about the accessibility of the women spaces.

Some 37% of women say that not all girls and women use the spaces. Syrians are less positive than Iraqis with 36% saying that women spaces are not accessible for all.

Respondents from Cherso camp were the most negative, with 44% saying the spaces cannot be used by all women and girls.



Alexandria



Giannitsa



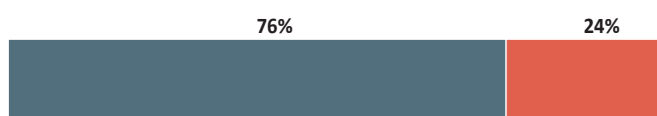
Cherso



Diavata



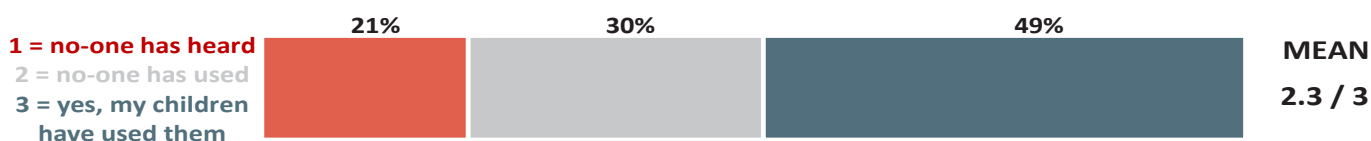
Iraqi



Syrians



Q7. Have you heard of the IRC spaces with activities for children and adolescents in this site and have your children used them?

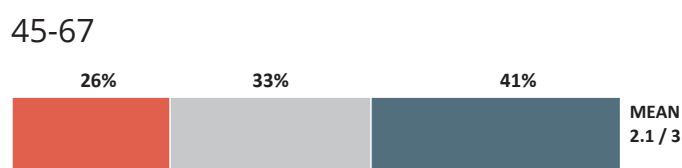
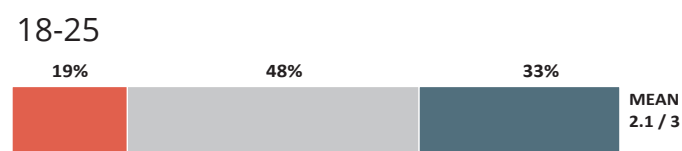


Children spaces were used by children of 49% of the respondents. Although another 30% of respondents had heard about this service, they haven't used it.

Parents aged 35-44 bring their children to the IRC spaces more often than others.

Iraqi are less aware about the children spaces and 33% of them do not take their children there despite knowing about the spaces. Syrians take their children to the spaces more often, however 30% still do not even though they know about them.

33% of respondents from Diavata don't know about the children spaces. Although 87% of those located in Cherso are aware about the spaces, 39% still do not take their children there.



Alexandria



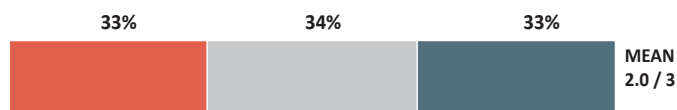
Giannitsa



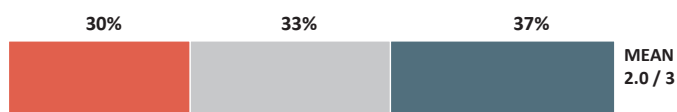
Cherso



Diavata



Iraqi



Syrians



Q7a. Follow-up question

Why have your children not used them?

Respondent don't bring their children to the spaces because they don't want or don't like it, some of them said they have ethical problems to do so, they don't want help from people of Arabic origin. One respondent didn't know when and where the activities take place.

IRC should dig deeper to understand why people don't bring their children to the spaces and see whether they can solve the problems or bring in another agency that can.

Q8. Do you think that the IRC spaces with activities for children and adolescents improve the emotion wellbeing and / or skills of the children and adolescents who attend?

(this question was asked only to those who use the IRC spaces)



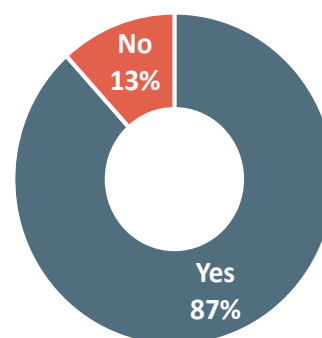
The IRC spaces for children and adolescents are seen as very effective in improving the children wellbeing. Respondents are very positive about the impact of the activities with 72% saying the IRC spaces help a lot.

Children spaces are seen as more effective than the spaces for women and girls. This difference should be investigated and addressed.

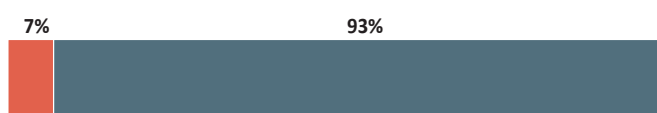
Q9. Do you think that all children and adolescents in this site feel able to use the spaces with activities for children and adolescents?

The spaces for children and adolescents are seen as accessible for all by the majority of respondents.

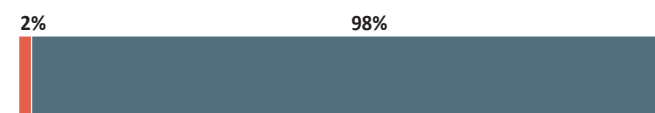
Respondents from Diavata and Cherso are slightly less positive than respondents from other camps.



Alexandria



Giannitsa



Cherso



Diavata

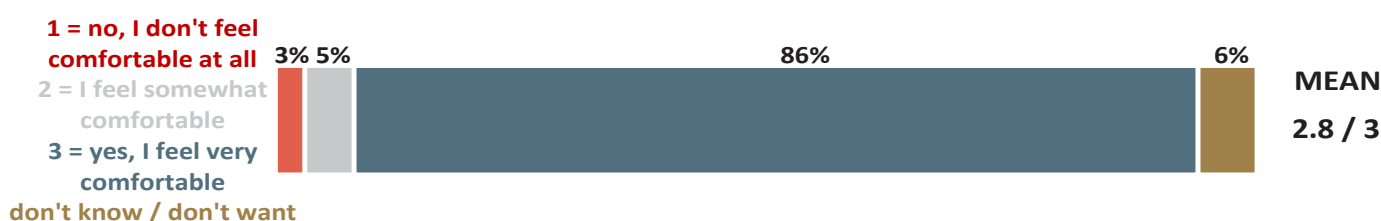


Q10. Do NGO staff in this camp treat people with respect and dignity?



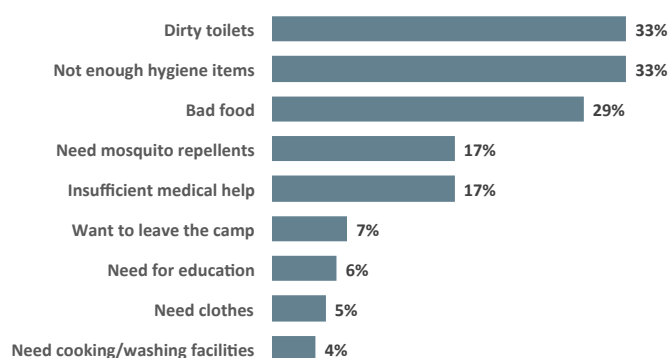
Respondents feel well treated with 82% saying they are treated with respect all the time.

Q11. Do you feel comfortable approaching IRC staff regarding the services provided in this site?



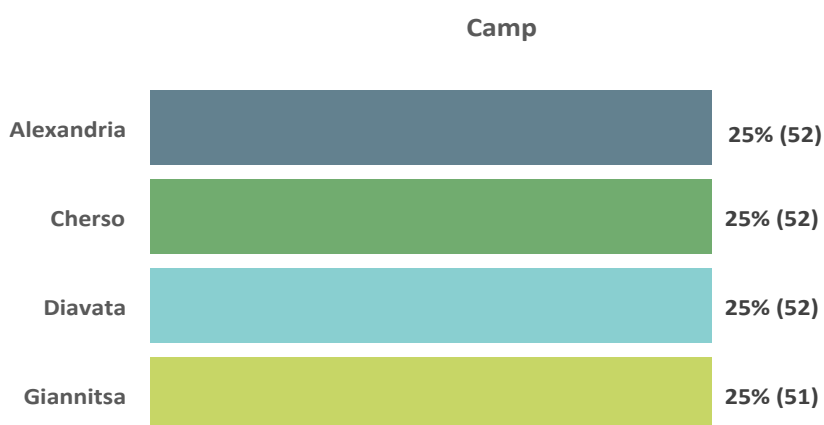
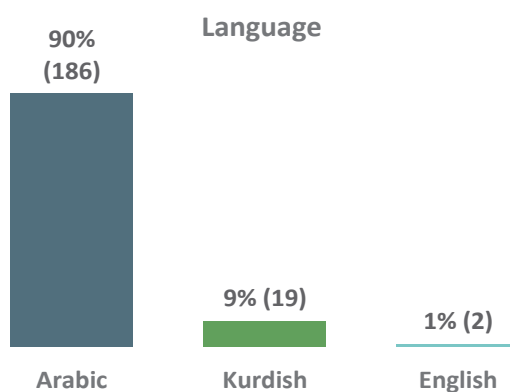
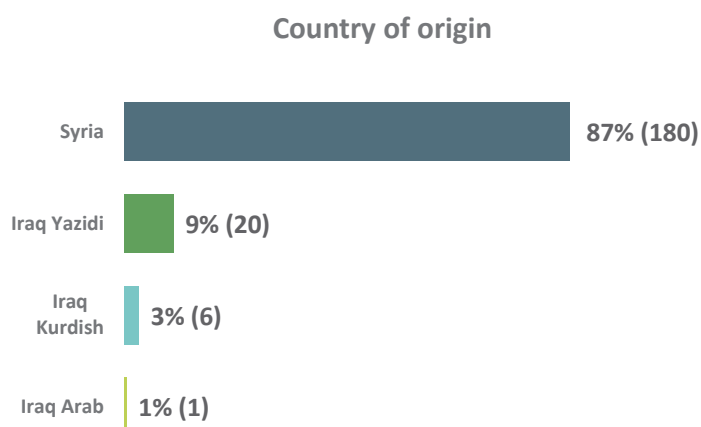
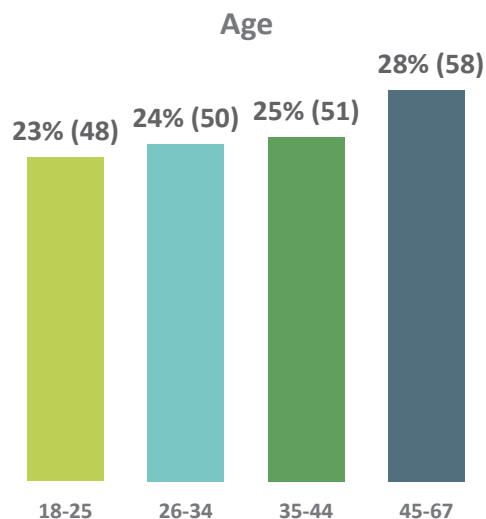
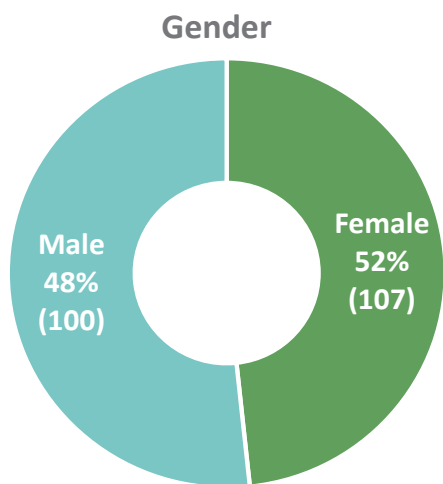
People feel very confident approaching the IRC staff – as high mean score of 2.8 indicates.

Q12. Is there anything else you would like to tell us about IRC services in this camp?



People voiced a number of suggestions and complaints. Most concerns were about the cleanliness of the toilets and their accessibility for children and elderly, as well as concerns about the lack of cleaning and hygiene items, including items for children. Respondents complained about the quality of food saying it is not fresh and even spoiled or poisoned and not suitable for diabetics. In addition, there were frequent requests for mosquito repellents and more professional medical assistance.

Demographics



Recommendations and next steps

The following next steps are suggested for consideration by IRC staff:

a) **Follow the Ground Truth cycle.** Discuss the main findings with your own staff and partners to verify and deepen the analysis and demonstrate that feedback is taken seriously. These “sense-making” dialogues should focus on three main themes: (i) the areas where the programme needs improvement; (ii) questions arising from the findings that need more investigation to understand; and (iii) specific corrective actions, especially where scores are low.

b) **Advocate with the data.** Not all the data in this report might be actionable through course corrections by the IRC. Consider sharing this

feedback with other agencies working in the camp to see how, together, the humanitarian team can address concerns or bridge gaps.

c) **Empower frontline staff** to systematically collect and report to senior managers on the feedback they receive. This can result in an on-going feedback process at no extra cost or effort. It can also provide valuable information about aspects of the programme. It would be good to encourage frontline staff to themselves close the feedback loop, by communicating changes or updating affected people about services.

Ground Truth would be happy to discuss these next steps with you and offer advice and guidance about how to implement them.

Note on Methodology

Background

In April 2015, the IRC launched the Client Voice and Choice Initiative (CVC) to meet the strategic commitment of becoming more responsive to its clients – people affected by conflict and disaster around the world. Under this DFID-funded initiative, the IRC has partnered with Ground Truth Solutions (GT), to collect feedback from clients and bring their perspectives more systematically into decision-making calculations. GT conducts regular micro-surveys to provide a stream of accurate data on client perceptions and concerns, and supports the IRC in analysing and responding to the feedback received.

In Greece, GT and the IRC are collecting three rounds of feedback on IRC WASH and Protection programmes in four camps in the North: Alexandria, Diavata, Cherso and Giannitsa.

Survey development

Ground Truth developed the survey questions in close collaboration with the IRC and teams on the ground. The goal is to gather feedback on the services provided in the refugee camps in Greece and track how perceptions evolve over time. The questions were formulated to cover service quality, relevance and key relationship indicators. Most closed questions use a 1-3 Likert scale to quantify answers. Several questions are followed by an open-ended question to understand why the respondent gave a particular answer. Ground Truth’s perceptual surveys complement regular programme monitoring and evaluation.

Sample size

About 50 individuals responded to the survey from each camp.

Sampling methodology

Respondents were randomly selected to participate in the survey. The enumerators totalled the number of tents in each camp, and divided the number by 50 (the target sample). They then approached every nth house randomly to conduct the survey. There were no reported problems in the sampling methodology.

Data disaggregation

Data is disaggregated by age and country of origin within each. The analysis in the report shows any significant difference in the perceptions of different demographic groups. It does not, however, show the full breakdown of responses according to these categories.

Language of the survey

This survey was conducted in Arabic, English and Kurdish.

Data collection

Data was collected between 18 and 20 July 2016 by an independent data collection company contracted by Ground Truth. Enumerators conducted face-to-face one-on-one interviews, presenting themselves as working for an organization independent from the IRC.

For more information about Ground Truth or this survey, please contact Kai Hopkins (kai@groundtruthsolutions.org).