INTERNATIONAL
RESCUE
COMMITTEE

IRC Client Voice and Choice Initiative and Ground Truth Solutions

Pilot Case Studies: Integrated Community Case Management Programme

Northern Bahr El Ghazal, South Sudan

June 2016

Overview

Host Programme; Location: integrated Community Case Management (iCCM); Northern Bahr El Ghazal, South Sudan

Pilots 1 and 2: The pilots followed identical methodologies and had the same survey questions, but Pilot 1 employed an external partner to collect the data and Pilot 2 had IRC staff collect the data. This allowed the IRC Client Voice and Choice (CVC) team to partially isolate the effects of internal vs. external data collection on the survey results.

Pilot Dates: September 2015–June 2016

Survey Dates: January 2016 (Pilot 1 Round 1); March 2016 (Pilot 1 Round 2, Pilot 2 Round 1); and May 2016 (Pilot 1 Round 3, Pilot 2 Round 2)

Summary of Key Learning from Pilots

- **Use surveys to highlight topics for further exploration through dialogue sessions.** Client feedback obtained through surveys provides a useful structure/prompt for discussion among programme teams and with communities in subsequent dialogue sessions.

- **Internally vs. externally collected feedback did not offer clear differences.** Internally collected data was not systematically more flattering or critical than externally collected data. The programme team indicated preference for internal data collection, given the significantly lower costs of this method and that team members could more rapidly close the feedback loop with clients.

- **Adjust survey and dialogue session frequency to the programme.** The frequency of proactive efforts to capture clients' perspectives—such as surveys and focus group discussions used in the Ground Truth methodology—should be adjusted to the individual programme to allow time for course correction. Given the pace of the iCCM programme, the programme team indicated that an approximate four-month spacing between rounds was preferred to the two-month interval applied. The spacing between rounds should align with the nature of the programme: faster-paced emergency programming may lend itself to a more rapid frequency than longer-term programming models. The capacity of the team to implement the feedback mechanism should also be considered. Programme leadership should balance these factors with the risk that lower frequency may de-prioritise the process of capturing and responding to client perspectives.

Host Programme Description

The iCCM programme aims to reduce under-five child mortality and morbidity from malaria, diarrhoea, pneumonia, and acute malnutrition. The programme works through a network of Community-Based Distributors (CBDs) from local communities who provide awareness of, and treatment for, these four conditions.

Annexes for Reference

1. Background on IRC's Commitment to Client Responsiveness
2. Background on Ground Truth Piloting
3. Client Responsiveness Performance Matrix
4. Pilot Feedback Reports from the Ground Truth Surveys (three rounds of externally collected data [Pilot 1] and two rounds of internally collected data [Pilot 2])

The programme clients are primarily children under five years of age. However, for the pilot the targets of surveys and dialogue sessions were caregivers (mothers in approximately 90 percent of cases, but sometimes other family, friends, or community members).

The programme delivery model is based on a standard iCCM model, and the programme—implemented by the IRC—has operated in South Sudan's Northern Bahr El Ghazal State for more than 10 years. Funding is currently provided from the U.S. Agency for International Development via a Population Services International sub-contract.

Pre-Existing Programme Responsiveness and Barriers to Responsiveness

The programme team already utilised a number of channels to engage with clients and their representatives, including meetings with community elders, focus group discussions, and interviews, which informed changes to the programme. However, prior efforts to capture and use client feedback were neither systematic nor deliberate.

The programme team acknowledged certain areas where they were less informed about their clients' thoughts and opinions, such as client perceptions of the CBDs, how often the clients found the CBDs lacked drug stocks, how the clients view the IRC and its ability to act on their feedback, and ways that clients felt that the IRC could improve trust from clients when implementing new programming areas.

Overall, the responsiveness performance of the iCCM programme was rated satisfactory, with improvements needed to become more systematic in capturing and further exploring clients' feedback and ideas on addressing a broader range of issues.

Improvements to Responsiveness Following the Pilots

The programme team reported benefits from implementing the Ground Truth methodology and noted that they will continue to use more structured forms of dialogue with clients. The team will also seek clients' perspectives regarding continued communications.

The programme team should advocate for expanded budget, activities, and flexibility in future grants to enable them to act on the client feedback received. Combined, this would achieve a good level of responsiveness performance.

Host Project Opportunities and Responsiveness Constraints

+ The iCCM programme is implemented in and together with the community. Multiple and strong lines of communication exist, which can be utilised to improve programme responsiveness.

+ The programme team maintained a high degree of buy-in and ownership regarding the design, implementation, and success of the feedback mechanism.

- The iCCM programme's clients are dispersed over a wide, and often inaccessible, geographic area. This makes direct interaction with clients difficult in most circumstances, especially during the rainy season. Technology-based client communications, such as telephones, are not viable options given limited accessibility and network coverage.

- iCCM clients are from a range of ethnic backgrounds, with subtle nuances even in the local language used in the area. The programme team needs to disaggregate client feedback to ensure responsiveness to all groups.

- Costs associated with capturing client perspectives (fuel, refreshments, external data collectors if used) are extremely expensive in South Sudan, and can over-stretch existing budgets of programme teams.

- The iCCM programme is being implemented through a sub-grant agreement; the programme team has limited control over adaptation to the existing project framework.

Designing the Feedback Mechanism—What We Did

The feedback mechanism was designed in three stages:

Preparations: A questionnaire—which solicited useful information and helped structure early thinking about areas of enquiry and options for the design of the mechanism—was completed in advance of the field visit.

Question Development: During the field visit, CVC and Ground Truth facilitated a day-long workshop with the programme team to brainstorm factual and perceptual information regarding the clients and what the team wanted to find out. Given the IRC's interest in standardising client-responsive practices across IRC country programmes, CVC proposed that questions address four themes: safety; empowerment; dignity and respect; and trust. Together with the programme team, CVC and Ground Truth drafted proposed questions that were refined and translated into Dinka, the spoken language of the clients.

Question Testing: Questions were tested by teams—each comprising a CVC or Ground Truth representative, iCCM management, and a Dinka-speaking staff member—and the surveys were conducted with a sample of clients. Questions were further refined to ensure that all clients would understand the questions as intended, and actionable information could be solicited as a result.
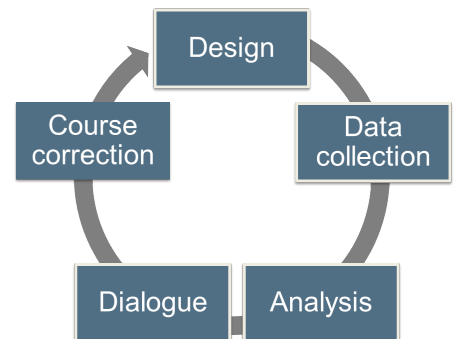
Ground Truth Cycle

Description of Ground Truth Methodology

Ground Truth's approach is to work with humanitarian agencies to regularly collect the views of affected people regarding key aspects of a programme, analyse this feedback, and provide implementing agencies with real-time and actionable information from their clients.

(For further information on implementing these stages, please see Annex 2. Background to the Ground Truth Pilots.)

Designing the Feedback Mechanism—What We Learned

- **Understand the difference between factual and perceptual information, and value both.** The surveys and focus group discussions used in the Ground Truth methodology solicit client perspectives. However, during the workshop the programme team initially struggled to distinguish between perceptual and factual information. Humanitarian agencies are used to asking clients for information that is then used to determine needs and make decisions on behalf of clients and without their engagement. Being responsive means capturing clients' opinions on what assistance is delivered and how, treating this information as valuable in itself and responding accordingly.

- **Ask questions on all core themes, even the ones that seem irrelevant at the outset.** The programme team initially felt that some of the core themes that CVC proposed for inclusion were irrelevant to the programme, and were initially sceptical about including a question on safety. However, the surveys revealed that clients had concerns around safety, highlighting issues that the IRC had not previously considered. While addressing those issues went beyond the scope of the programme, they had ramifications for clients and provided the IRC an opportunity to work with the community to identify solutions.

- **Language is crucial but tricky; invest in translation capacity.** Question translation was more complex than anticipated. Fortunately, the iCCM programme had a number of Dinka-speaking staff who translated the questions and facilitated dialogue with clients, drawing out the nuances of specific questions and answers. Other programmes in different countries, regions, or settings may not be as well-supplied with interpretation capacity across all the languages (including dialects) spoken by client populations.

- **Foster a culture of inclusivity in programme management.** The programme team management appeared very inclusive; a range of junior-to-senior staff members were involved in the workshop and implementing the feedback mechanism, which strengthened buy-in and enabled client feedback to more easily pass from the client up to the programme decision-makers.

Survey Themes and Questions

1. (Safety) Have you faced any danger or threats to your physical safety in travelling to/from or being at the CBD's home?
2. (Empowerment) Did you receive information from the CBD that will help you prevent your children from getting sick again?
3. (Dignity and Respect) Does the CBD treat people with respect and dignity?
4. (Trust in the Feedback Mechanism) Do you think that the IRC will respond to the feedback you provided today?
5. (Outcomes) Were you happy with the service you received the last time you went to the CBD?
6. (Outcomes) What diseases does the CBD treat?
7. (Access) If your child was sick, what would prevent you from taking them to the CBD?
8. (Quality) Does the CBD ever run out of drugs?
9. (Other) Is there anything else you want to tell us about the CBD services?

Note: These questions were asked in Round 1. Some questions were changed and added in Round 2 and Round 3, as clients may not have fully understood a question, or two questions provided very similar answers, or certain questions invited more detail. The questions are available in the respective feedback reports for Round 2 and Round 3 in Annex 4. Pilot Feedback Reports from the Ground Truth surveys.

Implementing the Feedback Mechanism—What We Did

Survey Administration: The survey was administered every two months over a six-month period. For Pilot 1, Ground Truth contracted an external data collection firm, IMPACT Initiatives, to administer the survey. For Pilot 2, the iCCM programme monitoring and evaluation staff administered the survey. The sample size for Pilot 1 was 322 people in Round 1; 386 people in Round 2; and 464 people in Round 3. The Pilot 2 sample size was 78 people in Round 1 and 76 people in Round 2. This represents a statistically significant sample size at the top level. Floods and insecurity affected some rounds by delaying access to the programme locations.

Preparation of the Report: The survey data was passed from IMPACT Initiatives to Ground Truth, which prepared feedback reports for each pilot following each survey round (see Annex 4.). The feedback reports for Round 2 and Round 3 provided a breakdown of question responses, where relevant, and included a narrative interpretation of the data to prompt the programme team in their review of the report. The Round 1 report was 17 pages, which the team felt was too long.

Internal Dialogue: The programme team were proactive in organising a meeting with all staff levels to discuss the feedback implications and identify any areas that seemed unusual or disconcerting. Following this, iCCM management joined a call with the CVC team and Ground Truth to discuss the feedback report, issues to explore further in the dialogue sessions, and survey adjustment for the next round, where applicable. A standard set of questions was used to facilitate the discussion.

External Dialogue: The programme team arranged dialogue sessions with caregivers—the target clients of the pilot—as well as community elders. During these sessions, the team reported back to the clients what they had learned from the surveys, seeking to validate whether the feedback resonated with the group's experience, and then explored potential solutions with them. The team prepared a brief report in turn.

Course Correction: The programme team identified what course corrections they could implement straight away, and which could take place in a subsequent funding round. This was communicated to clients during the dialogue sessions.

Adaptation of the Feedback Mechanism: After each feedback round, CVC, Ground Truth, and the programme team reviewed proposed changes to survey questions. These changes were reflected in the subsequent round.

Implementing the Feedback Mechanism—What We Learned

- **Internally vs. externally collected feedback does not offer clear differences.** The differences in the survey scores obtained through the data collected internally by the programme team were not consistently higher or lower than those collected by the external partner. The favourability of the response when the survey was administered by IRC staff, compared to administration by the external partner, was higher for some questions (those concerning service quality, service accessibility, respect and dignity of staff) and lower on those questions concerning provision of information and voice/agency. However, the greatest differences seen never exceeded a 10 percent variance from one form of survey administration to the other. Given the particular context and relationship that the team had with the community, the significantly lower cost of internal data collection, and the ability of staff to 'close the loop' (report back to clients on how staff could or had responded to their feedback) immediately when administering the survey, the team's future preference is for internal data collection.

- **Adjust survey and dialogue session frequency to the programme.** The survey rounds were run at two-month intervals that, at the time of designing the feedback mechanism, seemed appropriate given the more 'developmental' context of the iCCM programme compared to other humanitarian 'crisis' contexts where the

IRC is operating. However, the programme team reported needing more time to course correct and, as such, recommended a four-month spacing for future rounds. While sufficient time to course correct following receipt of client feedback is a appropriate reason to allow additional spacing between rounds, programme leadership should note that lack of time in the programme schedules for necessary follow-through (dialogue) and follow-up (closing the loop) does not become an excuse to limit client interaction. Rather, appropriate scheduling should be addressed by building this communication into future project designs, work plans, management practices, and budgets accordingly.

- **Use surveys to highlight topics for further exploration through dialogue sessions.** The programme team valued the combination of a survey followed by dialogue in specific communities where results were most pronounced. If new surveys are not conducted, or more interspersed in the future, programme teams may wish to consider using dialogue/focus group sessions to follow-up on issues identified through other routine monitoring data.

Trend of Mean Scores
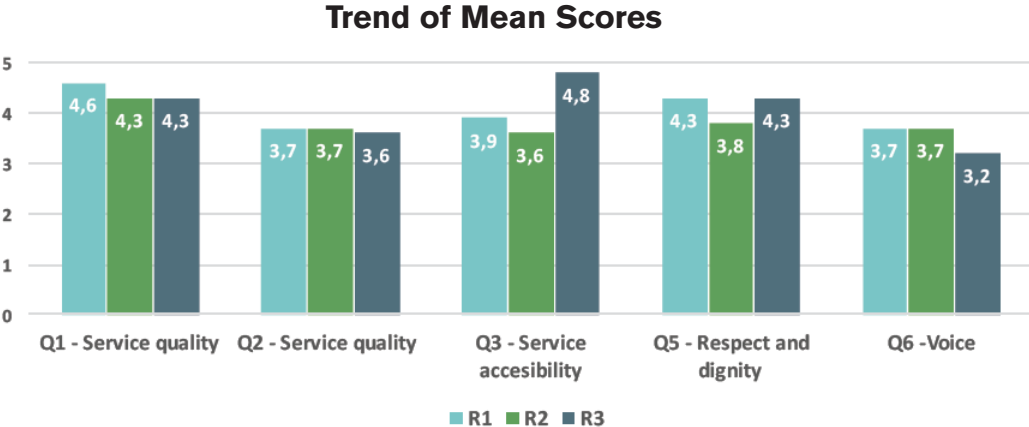
Internal vs. External Data Collection

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)

Summary of Three Rounds of Client Feedback

Client feedback from the iCCM programme was consistently high. As Annex 3. Client Responsiveness Performance Matrix shows, scores on all questions were consistently higher than '3' on a 5-point scale (with 5 being the highest), with one exception (Question 6 concerning voice on the last round, where the score dropped significantly). On a number of questions (Question 1 on service quality; Question 3 on service accessibility; and Question 5 on respect and dignity), scores were even higher. These results indicate a generally positive perception of the IRC and its work by the programme's clients.

However, the survey scores and the dialogue that followed highlighted areas that continue to require attention, such as drug stocks and community safety. The programme team recognised the need to pay attention to the differences in perceptions across communities; where they previously may have made blanket course corrections in response to aggregated data, the data breakdown of the feedback reports and the dialogue sessions highlight differences that will need tailored course correction going forward.

From Round 1 in January 2016 to Round 3 in May 2016, the feedback scores did not differ significantly. Discounting the scores that related to drug stocks, the overall level of response was consistently good across the three rounds. If responses to the question that revealed concerns about drug stocks are removed, the levels of satisfaction are even higher.

Yet, little substantial change is observed in the scores between rounds. If anything, levels of satisfaction deteriorate slightly. This may be the result of a high baseline at Round 1 and/or the challenges of the programme team to quickly and fully respond to the reported concerns about drug stocks by clients (the supply chain being beyond the team's control).

The dialogue sessions revealed that the clients felt very positive about the programme team's efforts to ask for their opinions and would like to continue to communicate with IRC in ways similar to those used in the pilots. This finding emerged in the Round 3 dialogue session and was not reflected in the survey reports.

Feedback Indicating the Need for Course Correction—What We Did and Why

The answers to Question 4 highlight that a significant number of clients felt that limited drug stocks impeded services. Dialogue sessions conducted by the programme team confirmed this. The feedback initially contradicted the iCCM team's own monitoring data, demonstrating that client feedback can be a useful way to triangulate existing information sources. The iCCM team advocated to their lead agency to make further supplies available, and also secured additional supplies from a secondary source. However, the team reported that it may only be possible to fully rectify this situation during the next grant, and that the issue is complicated by the IRC being a sub-grantee to another agency where they have less control regarding grant flexibility and entering into negotiations directly with the donor to amend the programme in response to client feedback.

Another issue highlighted was the distribution of the CBDs among the community. Dialogue sessions revealed that some CBDs had abandoned their responsibilities, meaning caregivers had to travel further to access care. In response, the programme team decided to further involve communities in the selection of the CBDs to increase the likelihood that the CBDs remain committed to their responsibilities for a longer period of time.

The feedback reports also highlighted ongoing safety concerns for many caregivers when accessing the CBDs. Through dialogue sessions and an additional question added in Round 2, many caregivers revealed fears of wild animals, snakes, thieves, and inebriated men that they might encounter when walking through the bush to access the CBD, particularly after nightfall. The programme team will work with the clients to help them identify what they can do as a community to improve the safety of caregivers accessing the CBDs.

Next Steps and Recommendations from these Pilots

The programme team directly identified many of the next steps for them to take forward regarding lessons from the pilots. CVC and Ground Truth also provided other recommendations:

1. **Continue to use a variety of channels for clients to provide feedback**, and engage clients in identifying preferred communication channels. The combination of regular surveys plus focus group discussions offered the programme team useful information on what clients feel, why, and things to do in response.
2. **Continue to use client feedback** to both triangulate monitoring data and challenge and/or verify the programme team's assumptions about what is and is not working and why.
3. **Continue to champion a culture of continuous improvement**, facilitating open and honest communication and involvement of all programme team members when interpreting what clients feel and think, and suggesting ways to respond.
4. **Empower the clients, the CBDs, and supervisors** to talk to the programme team through established channels or through routine engagement, urging them to share feedback and ideas on how to improve the iCCM programme. Use this communication exchange to close the loop and report on what the team has done, can do, and why.
5. **Share the experience and lessons** that the programme team learned with other programme teams in South Sudan, with technical advisors and, through them, those teams implementing similar programmes in other countries.