IRC Client Voice and Choice Initiative and Ground Truth Solutions

Case Study X: The Search for Standardisation in Feedback Mechanisms

July 2016

Overview

This is a reflective case study on the subject of standardisation in feedback mechanisms, written as a dialogue between the International Rescue Committee (IRC) Client Voice and Choice (CVC) initiative and Ground Truth Solutions at Keystone Accountability.

The insights and questions are drawn from the collective experience of implementing a series Ground Truth Solutions approach pilots on the client feedback cycle in Greece, Kenya, South Sudan, and southern Syria (via the Jordan cross-border programme). Reports on the case study pilots provide illustration of some of the themes discussed below.

During the piloting process, one of the most discussed topics was whether it is possible to standardise an approach to client responsiveness. Would something like the Ground Truth methodology work everywhere? How can the IRC—when committed to becoming more client responsive across the agency—introduce a set of practices that are relevant for and taken up by all country programmes? This case study examines these and related questions through a dialogue between the IRC and Ground Truth.

The Ground Truth Methodology

Ground Truth Solutions at Keystone Accountability developed an approach to implementing the client feedback cycle, which has the potential to benefit the IRC and allow the organisation to learn from Ground Truth's methods.

Ground Truth uses targeted questions and facilitates feedback processes to reduce 'survey fatigue.' Questions are tailored to the particular programme and developed through workshops, which then provide the IRC with relevant and actionable information.

Key elements of the Ground Truth approach involve promoting internal organisational discussion regarding potential implications of client feedback, and external dialogue opportunities with clients to validate, further understand, and collectively develop solutions to the feedback hand-in-hand with clients. In addition, to improve accountability Ground Truth encourages the organisation to communicate back to clients both the feedback received and what is being done in response.

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

The Search for Standardisation

1. Can a single methodology be applied to all contexts to make programmes responsive?

i. The IRC found that the Ground Truth methodology did not always seem appropriate for every intervention. For example, from the outset the IRC decided against applying the Ground Truth methodology to any programme dealing with sensitive topics like gender-based violence (GBV) or child protection. Are different methodologies appropriate for different interventions?

Ground Truth Perspective

Context is always key, and exploring how to best listen and respond to feedback from affected people is always the first step in the Ground Truth approach. Some issues do not lend themselves to extensive public enquiry, but it is usually possible to get the sense from a Ground Truth survey whether any underlying issues require follow up using one-on-one discussions or focus group techniques to dig deeper. The process of inquiry is not the problem; rather, it is how the inquiry is conducted and feedback used. In other words, while the principles of the Ground Truth approach—listening to people and responding to their views—are applicable in most contexts, it may be necessary to use supplementary tools to make sense of what is learned and formulate an effective response strategy.

IRC Perspective

We agree that context is always paramount. The channels that a programme team select through which to capture client perspectives must be appropriate to that programme's subject matter, methodology, and the capacity and constraints of the programme team. While surveys can offer a broad and comprehensive insight into client perspectives across a range of issues, surveys also tend to involve broad, random sampling of the client community. When dealing with extremely sensitive issues we must be careful that the methods we use are conflict sensitive and do not cause harm to the clients and to our relationship with them. In cases such as GBV and child protection, one-on-one interviews are probably more appropriate. The Ground Truth cycle can still be followed, but publicly visible methods of enquiry, like surveys and focus group discussions, may not always be the best choice.

ii. Is a focus on proactively soliciting client feedback (such as through the Ground Truth methodology) enough, or will we always need other reactive channels, such complaints boxes, and what the IRC terms "open channels," or ongoing and open dialogue with clients through everyday interactions?

Ground Truth Perspective

Finding out what people think in a proactive mode is important is ascertaining whether a programme delivers what it aims to achieve for its intended beneficiaries. Proactively tracking key perceptual indicators of programme performance provides data for systematic application in management and decision-making processes. This is because it highlights what managers see as actionable and affected people see as important, thanks to the efforts that go into survey design and testing. Ground Truth surveys also provide a representative sample that is important in justifying follow-up action. This does not mean that other sources of feedback do not add to what is learned through proactive means.

In particular, reactive or passive systems—sometimes referred to as 'always on' systems—allow individuals to raise specific concerns and, when the systems work, can help promote the inclusion of minority views and/or marginal voices. However, open channels are often not reinforced by effective referral systems and too rarely lead to follow-up action.

The challenge is to find the best mix of proactively gathered and spontaneously provided feedback, with one providing an important complement to the other. Though rare, when this happens affected people can raise issues that are important to them as individuals while operational organisations can accurately monitor people's perceptions on key indicators the organisations wish to track.

IRC Perspective

Proactive channels—where the programme team has control over who and what is asked, and when and how—are certainly the most beneficial means to provide information on client perspectives on which the team can act. Oftentimes, the perceptual information obtained through reactive channels is limited to a specific experience of a single user and does not provide the implementing organisation with certainty on whether the particular view is one that is widely held. The information received through these reactive channels does not always offer insight into client views on how to remedy a particular issue being reported. However, reactive channels are also more open-ended, meaning clients can provide perspectives on the issue of their choosing, whenever they wish and beyond the parameters of the set questions in proactive channels. Reactive channels also provide an important check and balance between proactive efforts.

In addition, useful information about client perspectives on services and humanitarian agencies' staff behaviour and attitudes towards them can only be communicated through informal interactions. Many clients may only feel comfortable sharing their perspectives, complaints and ideas in person with humanitarian agency staff that they know and trust. Much of this information is unrecorded and unacknowledged, informing only micro-level decisions regarding programme operations; this feedback is rarely communicated to the wider, formal decision-making level of project leadership. Nevertheless, there is scope to record and transmit this information more systematically. End-of-day team discussions or weekly meetings that encourage frontline staff to share feedback heard from clients can be a useful first step. Demonstrating interest in feedback within staff meetings can encourage frontline staff to listen more attentively and accurately capture and convey clients' perspectives.

In sum, the IRC remains enthusiastic supporters both of appropriate, well thought out proactive methods to understand our clients' perspectives as well as establishing secure mechanisms for clients to spontaneously communicate feedback or lodge complaints. The IRC is also searching for better ways to align these channels through improved analysis of the information that programme teams receive. Brought together, all communications channels enrich decision-making to make IRC more responsive and effective.

iii. How do client responsive approaches, such as the Ground Truth methodology, work alongside standard monitoring and evaluation tools?

Ground Truth Perspective

Ground Truth's methodology, which provides reliable, on-going data on humanitarian organisations' services to affected populations, contributes an additional dimension to regular monitoring and evaluation. As donor demands shift from tracking outputs to tracking beneficiary feedback, collecting perceptual data may become more central to standard monitoring. In addition, collecting peoples' views during the lifetime of a programme adds to the richness of the evaluative process by providing what is often missing from the programme narrative—the authentic

voice of the people. Client feedback can also reduce programme costs and improve outcomes, since evaluations could use data collected throughout the intervention rather collecting it at the end of the programme, when it is too late to act on.

IRC Perspective

Traditional monitoring and evaluation systems capture information from clients, which is used to validate indicators that humanitarian agencies have defined as representing progress towards intended outcomes. Client responsiveness, on the other hand, advocates using client perspectives as an alternate measure of success. It means asking clients to define what outcomes they want to achieve through the assistance of the programme, and what their view of success is. Client perspectives are an extremely important counterweight to assumptions about what and how best humanitarian agencies can provide assistance.

On the surface, capturing client perspectives for the purpose of routine monitoring and evaluation, and capturing client perspectives for the purpose of improved responsiveness, may look similar. However, the intention behind doing so is different and, as a result, the precise information captured and what is done with that information can vary considerably.

2. Can a taxonomy of standard themes and questions be used when designing an approach to collecting client feedback?

Standardising themes and questions can be useful. Performance against core areas can be compared, monitored, and managed across an organisation, and it makes designing a feedback system easier. But, is it possible? Programme teams tend to want specific, bespoke questions that provide exactly the information needed to implement the programmes. So, where does an appropriate balance lie between standardised themes and bespoke questions?

Ground Truth Perspective

Ground Truth developed a standard set of questions around themes that consider feedback on four critical dimensions of performance: the relevance and value of services; the quality of service delivery; the quality of relationships (trust, respect, fairness, self-efficacy, and empowerment; and how constituents (clients) perceive and experience the results of the intervention (positive or negative). These dimensions are loosely based on the relationship and performance metrics used by the customer relations industry that are proven reliable predictors of business success. Experience suggests that regular feedback from constituents enables organisations to manage each of these performance dimensions more effectively, resulting in learning and course correcting through the throughout a programme cycle.

Ground Truth's performance dimensions link closely to the Core Humanitarian Standard (CHS) commitments. As the CHS commitments become an integral part of performance management in the humanitarian sector, Ground Truth's feedback methodology offers a way for enabling affected populations to bring their perspectives to bear on the efforts of humanitarian actors to comply with the CHS commitments and, in so doing, improve the quality and accountability of operations.

While standard questions can be used to track perceptions on some key quality and accountability themes, answers will always be specific to context. Crucial to this is analysing answers and interpreting data with special consideration of context to ensure data results in appropriate action.

Questions that work in most contexts are those that relate to the quality of relationships between humanitarian agencies and their clients, and the extent to which people feel empowered. Meanwhile, questions about services are more site or sector specific, although issues like timeliness and relevance of services can be used in multiple contexts and geographies, and analysed according to the particular aspects of the situation.

Within sectors, it is possible to standardise across sectors or clusters (nutrition or water, sanitation, and hygiene, for example), thereby also allowing for consistency at this level.

IRC Perspective

The core themes that Ground Truth described have informed the seven themes that the IRC intends to apply as the starting point for its feedback surveys:

1. Service **relevance**
2. Service **quality**
3. Service outcomes or **impact**
4. Service accessibility, safety, and non-discrimination, and adherence to other **protection mainstreaming** principles
5. **Trust** in the IRC services, and in the IRC's ability and willingness to be responsive
6. **Respectful and dignified** service delivery, and professionalism of IRC staff
7. **Agency and empowerment** created through service delivery

The IRC is interested in developing and testing these themes and compare programmes. Are all IRC programmes in a given country felt by clients as equally relevant (to help determine where to invest)? Does a particular programme consistently receive client feedback that suggests a low level of trust in the IRC (to determine if a particular programme requires attention and support from regional management to improve the IRC–client relationship or signal possible risks that the programme teams face)?

These themes can serve as a useful starting point to design channels to capture client perspectives, and act as a checklist for a programme team to verify whether it addressed the main areas upon which clients may wish to provide feedback. However, IRC's experience of the Ground Truth pilots revealed that some programme teams perceive certain themes as irrelevant to the programme, or have concerns about asking questions related to a certain theme. A number of programmes were hesitant to ask questions about outcomes, whether the service was helping the clients meet a need. Often fearing that the service(s) were not meeting the clients' priority needs (that, perhaps, the programme team had no capacity to meet), programme teams preferred not to ask those related questions. Nevertheless, knowing the answers—whether positive or negative—is important for the IRC's ability to be more client responsive.

Client satisfaction levels across these themes cannot be easily compared among programmes without significant and specific contextual background. For example, protection programmes that provide clients information on where and how to access services are (as revealed by clients in surveys) typically not as valued as services that provide tangible, immediate assistance such as healthcare. This feedback should not undermine the value of information-providing services, and programme teams should be cautious about making programming decisions solely on client preferences. This may seem counterintuitive to the idea of client responsiveness, yet the IRC's definition of responsiveness emphasises that client perspectives are given due weight and consideration in decision-making processes alongside other information sources, such as previous experience, programming or context constraints, and research and evidence.

3. Can a humanitarian organisation like the IRC introduce a standard system for collating, storing, and analysing data, as well as recording decision-making processes and course correction?

Most of the programme teams that piloted the Ground Truth methodology had different ways to review the feedback or use their existing (sometimes divergent) decision-making processes. When aiming to be responsive and ensure that client perspectives are given due weight and consideration in decision-making processes, should the IRC recommend a standardised system? If not, can humanitarian actors agree on and apply core principles of this aspect of the feedback cycle in any context with any system?

Ground Truth Perspective

It is essential for programme teams to feel ownership of the feedback process, including their own interest in listening, learning, and acting on feedback. While a large organisation can establish a system that covers feedback collection, analysis, and storage, it can be expensive and time consuming to implement, and could result in push back sometimes associated with change management. A better approach could be to establish a clear set of principles that field staff can use to guide efforts without constraint. This does not obviate the need for some level of oversight to ensure consequent behaviour, and an organisation's senior management has a role in providing the right incentives. Principles include open discussion of feedback within organisations and with the affected populations, and publication of results and findings. In addition, comparing feedback across programmes and over time, and documenting how the feedback is used to make changes, is equally important.

IRC Perspective

Large organisations, such as the IRC, should certainly invest in systems to store information used to aid programme decision-making processes. The IRC invested in developing a system to store and manage available evidence on a wide range of subjects in support of the organisation's defined theories of change. The IRC is also developing a system for the management of quantitative monitoring and evaluation data. Seeking to elevate the perceived value of client perspectives alongside "evidence" and monitoring and evaluation data, we also recommend that better systems are developed for managing perceptual data from clients that is often qualitative information and harder to analyse, interpret and use to inform decisions.

The IRC is also interested in examining ways to systematise data presentation. Once those systems are in place, decision makers can easily reference data at specific levels of detail. For example, programme managers may require 'dashboard'-type information to know issues needing investigation with the relevant programme team, while the programme team may need more detailed information to know how to best address issues.

Humanitarian organisations need to invest in strengthening decision-making processes. Humanitarian organisations implementing feedback mechanisms often assume that, because client perspectives are captured that those perspectives will then inform programme decisions. This is not exactly the case; feedback processes need to be managed, encouraged, and rewarded. For decisions to be taken routinely, openly, and based on the relevant available information—including client perspectives—a number of factors are required, such as better inputs in the form of easily comprehended information for time-pressured decision makers; the incorporation of client data into routine project and management review meetings; and, most importantly, greater encouragement and accountability around the use of client perspectives.

Conclusion

The IRC–Ground Truth partnership has enriched the understanding of staff at both organisations regarding how to institutionalise client responsiveness in agencies. Yet, significant obstacles remain to responsiveness beyond the introduction of feedback mechanisms, standardised or otherwise. These obstacles include:

- How to improve communication flows within humanitarian organisations so that client perspectives reach the people who make response decisions
- How to improve the rigour and transparency of decision-making processes
- How to motivate and incentivise humanitarian organisation staff to want to be client responsive

These questions are discussed in the IRC's briefing paper, *Making the Case and Making the Difference: Strategies to Promote Client-Responsive Humanitarian Aid*, released as part of the July 2016 suite of client responsiveness learning products.

This work was conducted by the CVC initiative at the IRC, and funded with UK aid from the UK government.

IRC Client Voice and Choice Initiative and Ground Truth Solutions

Pilot Case Studies: Annex 1
Background to Client Responsiveness at the IRC

June 2016

IRC's Commitment to Client Responsiveness

In 2015, the International Rescue Committee (IRC) launched a bold new five-year strategy that, among a number of objectives, seeks to make the organisation more responsive to its clients, or people it serves. The organisation has committed to systematically and deliberately seeking the perspectives of its key stakeholders—clients and implementing partners—and to include those perspectives in decision-making processes regarding the type of programmes, and how and to whom, when, where and by whom to deliver said programmes. In doing so, the IRC believes that its programmes will become not only more responsive to the people it seeks to benefit, but also more effective.

The CVC Initiative

Becoming responsive means more than establishing feedback mechanisms; it requires being more effective at listening, being better at interpreting and understanding client perspectives when making decisions, and choosing courses of action that give those perspectives due weight and consideration. Becoming responsive means that IRC staff have the ability and the will be so, since becoming responsive requires wholesale change in the way that staff think and act.

The IRC established the Client Voice and Choice initiative (CVC) with a mandate to identify, test, and roll out an approach for the IRC to foster the development of greater organisational responsiveness by 2020.

Since 2015, CVC has sought to identify what does and does not work regarding methods for collecting and responding to client perspectives. CVC partnered with Ground Truth Solutions at Keystone Accountability to apply the Ground Truth methodology in refugee and internally displaced person (IDP) camps, rural areas, and urban centres focused on refugees, IDPs, and host communities in Greece, Kenya, South Sudan, and southern Syria. CVC met with colleagues from across field programmes, technical units, human resources, and senior management teams to better understand the barriers to and conditions that improve responsiveness. In addition, the CVC team organised a Learning Exchange in March 2016, bringing together IRC staff, major donors, implementing organisations, and policy-focused groups to discuss responsiveness approaches. Bringing all this learning together, CVC are developing an IRC Approach to Client Responsive Programming, which will aid country programmes—and those of other agencies—in implementing client responsive programming.

Why "Client"?

The IRC uses the term "client" in place of "beneficiary," as "client" evokes a greater sense of personal agency instead of a more passive recipient of aid. The IRC's use of "client" is deliberate, highlighting the limited power that many clients have over their lives and the IRC's desire to help empower them.

The term "client" is most commonly used in the service industry in a market context, where the recipients of a service choose their service provider and can decide to stop using said certain provider if that provider fails to meet expectations. Many times, people that receive humanitarian aid do not have a choice regarding their service provider, nor can they necessarily refuse service if the quality of the service provided is unsatisfactory.

Finally, the word "beneficiary" assumes a benefit; it is erroneous to assume that clients always benefit from the IRC's services. Instead, the IRC also seeks client perspectives to improve how it delivers services.

When is a Programme Considered ‘Client Responsive’?

- Design: The IRC team integrates a client-responsive approach into programme design
- Capture: The IRC team selects and implements a combination of channels to effectively capture client perspectives
- Analysis and Interpretation: The IRC team analyses and interprets the implications of client perspectives
- Decision-Making: The IRC team systematically uses client perspectives in programme decision-making processes
- Action: The IRC team acts on the decisions taken about how to best respond to client perspectives
- Accountability and Improvement: The IRC team is accountable to its clients for its decisions and actions in response to their perspectives, and seeks continuous improvement regarding its responsiveness

For more information, see Annex. 3. Client Responsiveness Performance Matrix

IRC Client Voice and Choice Initiative and Ground Truth Solutions

Pilot Case Studies: Annex 2
Background to the Ground Truth Pilots

June 2016

The IRC and Ground Truth Solutions

Ground Truth Solutions at Keystone Accountability have developed an approach to the implementation of the feedback cycle, which has the potential to benefit the International Rescue Committee (IRC) and allow the organisation to learn from Ground Truth's methods. Ground Truth uses targeted questions and facilitates feedback processes to in order to reduce 'survey fatigue.' The questions are tailored to the particular programme and developed through workshops, which then provided the IRC with relevant, actionable information.

Key elements of the Ground Truth approach involve internal organisational discussion regarding the potential implications of client feedback, and external dialogue opportunities with clients to validate, further understand, and collectively develop solutions to the feedback hand-in-hand with clients. In addition, Ground Truth encourages communicating back to clients the feedback received and what is being done in response, thus improving accountability.

More information about Ground Truth is available on their website, here.

CVC Pilot Implementation—Summary of Stages

Step 1 (approximately one-to-two weeks): The IRC's Client Voice and Choice (CVC) team familiarised the host country programme management and host project leads with what they could expect from the piloting process, including the benefit of participating in the pilot, timelines, budget, responsibilities, and deliverables.

Step 2 (approximately two-to-three weeks): The CVC team engaged the host country programme team to plan the field visit and design the client feedback and response mechanism. The host project leads completed a questionnaire summarising the host project, identifying the information they hoped to obtain from clients, and noting the factors that would influence the choice of feedback mechanism.

Step 3 (approximately one week): Field visit by Ground Truth and CVC to design the client feedback and response mechanism, covering:

- Additional information that the host project intends to obtain from clients
- The development, translation, testing, and refinement of questions to ask clients
- The identification of appropriate feedback collection methods and contracting external data collectors
- An agreed approach to analysis and dialogue concerning client feedback
- The finalisation of the timeline and responsibilities for data collection, analysis, and dialogue

Step 4 (approximately five-to-six weeks): Client feedback collected using the feedback method identified (one-to-two weeks). Ground Truth then analysed the feedback and passed the data and analysis back to the host project (one week). The host project arranged dialogue sessions with the client group according to the agreed approach (one week), considered possible course correction and, where relevant, implemented changes (ongoing).

Step 5 (approximately two-to-three weeks): Debrief—The CVC team reviewed the experience of designing and implementing the Ground Truth feedback mechanism, with the host project leads discussing the:

- Most and least challenging aspects
- Perceived benefits
- Challenges and barriers faced and potential ways to overcome them
- Lessons learned
- Best ways to sustain the feedback mechanism, or elements of it, or further develop other methods to promote client responsiveness

Learning Methodology

Pre-Pilot: CVC had the host project leads complete a questionnaire to better understand current methods of capturing client feedback and the areas the leads would like to explore through the pilot. CVC interviewed country programme management and key programme personnel using a semi-structured interview format to understand baseline levels of client responsiveness, and enabling and/or inhibiting factors.

During Pilot: CVC facilitated calls with the host project leads after each survey round, using a brief, semi-structured interview format to learn the areas that the feedback highlighted, including unknown issues or opportunities, affirmed assumptions, and areas to explore further through external dialogue sessions. The CVC team also revisited and adapted, as needed, the survey questions and report presentation. The host project leads reported back on the findings of the external dialogue sessions and course correction taken.

Post-Pilot: The CVC team had the host project leads complete a questionnaire reviewing their experience of implementing the Ground Truth approach, covering its benefit, the most and least challenging areas, and other key areas of learning. In preparing this case study, CVC and Ground Truth also reflected on their own experience of implementing the pilot.

IRC Client Voice and Choice Initiative and Ground Truth Solutions

Pilot Case Studies: Annex 3
Client Responsiveness Performance Matrix

June 2016

Client Responsiveness Performance Matrix

Stage	#	Description
Stage 1 / Design		**The IRC team integrates a client-responsive approach to programming into programme design**
	1	The IRC team identifies the channels through which it will capture the perspectives of its clients and integrates these channels into the implementation and management plan, budget and responsibilities of programme staff
	2	The IRC team consults its clients on the channels that they prefer to share their perspectives with the IRC
	3	The programme team identifies the business processes through which decisions will be taken by the programme team about how to respond to clients perspectives and integrates these business processes into the implementation and management plan, budget and responsibilities of programme staff
Stage 2: Capture		**The IRC team selects and implements a combination of channels to effectively capture the perspectives of its clients**
	4	The IRC team routinely captures the perspectives of its clients through proactive channels (e.g. surveys, focus group discussions and interviews) in the design and throughout the implementation of the programme
	5	The IRC team provides its clients with the opportunity to provide feedback or lodge complaints throug reactive channels (e.g. suggestions boxes, hotlines and drop-in centre times) throughout the implementation of the programme
	6	The IRC team systematically records the perspectives of its clients captured through day-to-day interaction in the field between programme staff and clients
Stage 3: Analysis and Interpretation		**The IRC team analyses and interprets the implications of its clients' perspectives**
	7	The IRC team carefully and systematically analyses the perspectives of its clients and considers their implications for programming
Stage 4: Decision-Making		**The IRC team systematically uses clients perspectives in programme decision making**
	8	The IRC team takes programming decisions which are informed by their clients perspectives
Stage 5: Action		**The IRC team acts upon the decisions that it has taken about how to respond to its clients perspectives**
	9	The IRC team develops an action plan, including timing, budget and roles & responsibilities, for acting upon the decisions taken
	10	The IRC team implements the action plan to specification, timing and budget
Stage 6: Accountability & Improvement		**The IRC team is accountable to its clients for its decisions and actions in response to their perspectives and seeks continuous improvement to its responsiveness**
	11	The IRC team closes the loop with its clients to explain the decisions and actions taken within an appropriate amount of time following hearing their perspectives
	12	The IRC team reviews with clients whether they feel that their perspectives have been taken into consideration and how the programme team can improve.
	13	The IRC team takes remedial action to improve the way it communicates with its clients based on feedback

Grade

Grade		Description
Excellent		The programme team consistently exceeds expectations in all essential and desirable criteria. The overall quality of implementation across all stages was excellent.
Good		The programme team consistently meets expectations in all essential criteria. The overall quality of implementation across all stages was very good.
Satisfactory		The programme team does not consistently meet expectations in all essential criteria. The overall quality of implementation was good, with some need for improvement.
Poor		The programme team did not meet expectations across all the essential criterai. The overall quality of implementation was poor, with substantial need for improvement in multiple critiera.
Very Poor		The programme team did not meet expectations in any of the essential criteria. The overall quality of implementation was very poor, with substantial need for improvement across all criteria.

IRC Client Voice and Choice Initiative and Ground Truth Solutions

Pilot Case Studies: Annex 4
Pilot Feedback Reports from the Ground Truth Surveys

June 2016

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.

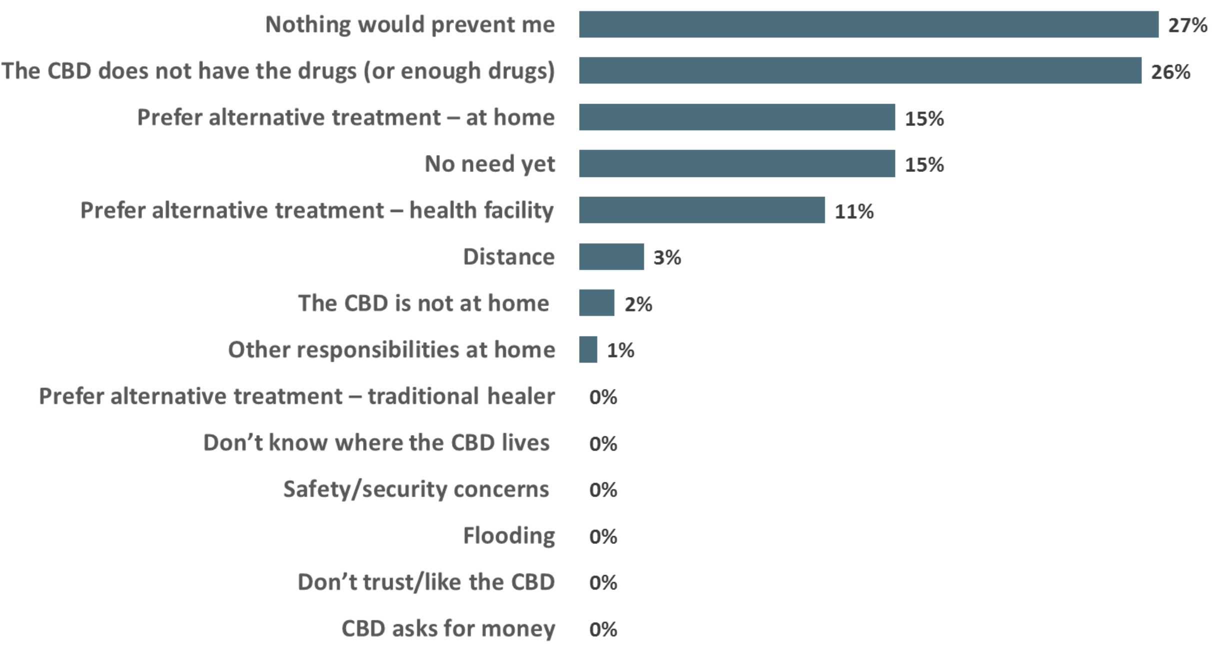
- **Overall positive perceptions of the CBD services:** Respondents had very positive perceptions about the CBDs, and 96% of those who had used the CBD were either 'very happy' (62%) or 'happy' (34%) about the services they received (question 7). This positive finding was further substantiated by the 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)

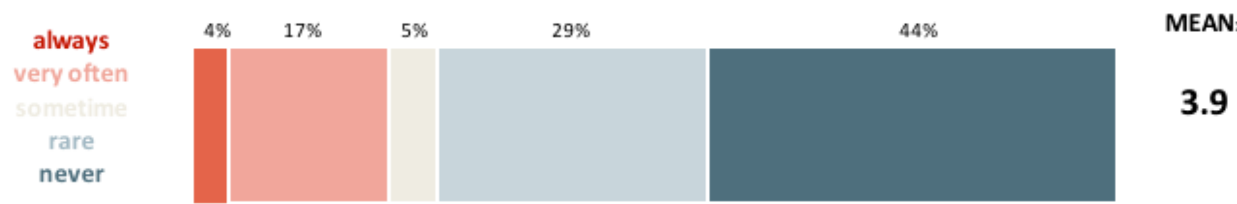
This question aims to find out what obstacles caretakers of children under 5 face in accessing the CBD:



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?**

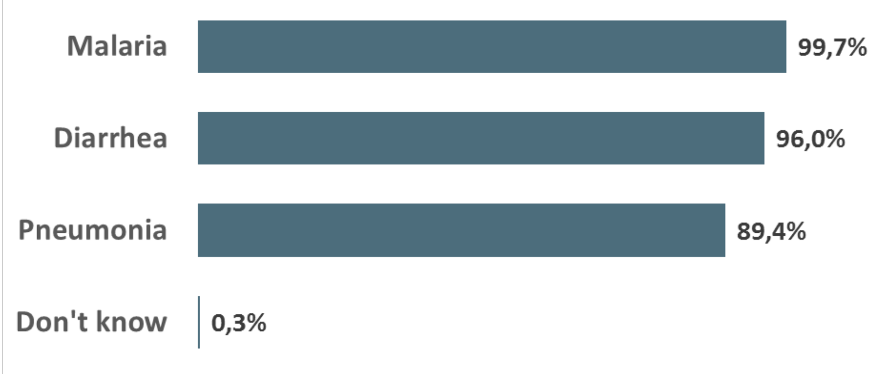
This question looks at the issue of safe access, by asking respondents how often they have faced danger or threats to their physical safety when accessing the CBD services.



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% or 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)

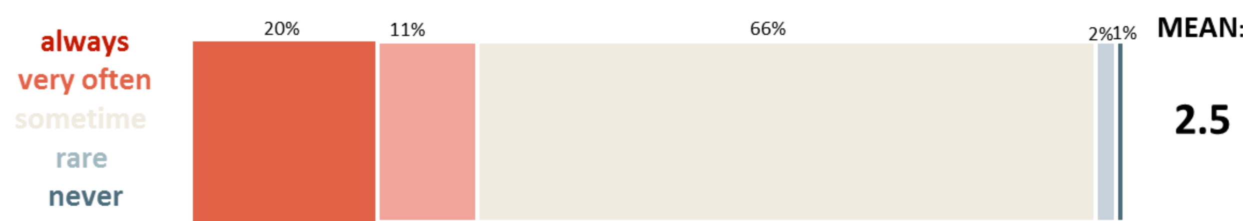
This multiple-choice question examines whether respondents know about the three diseases that the CBDs treats. This is an expected outcome of IRC's iCCM program.



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?**

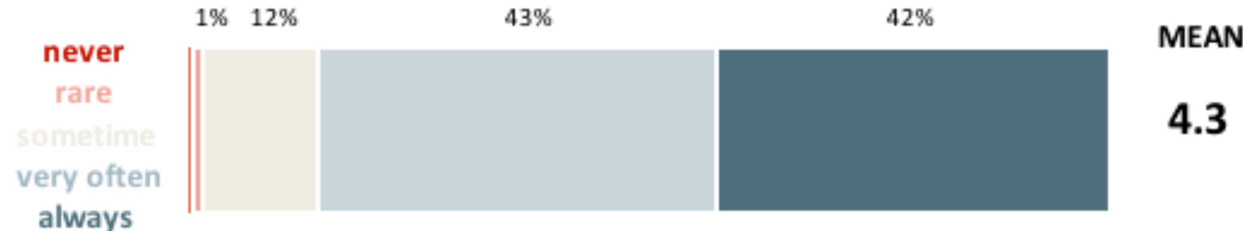
This question refers to access to and quality of services provided, by asking how often the CBD runs out of drugs to treat malaria, diarrhea, and pneumonia children under 5.



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?**

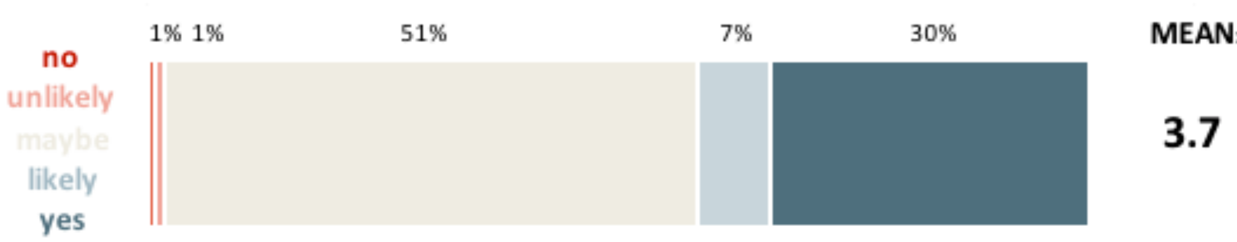
This question enquires into the relationship between caretakers of children under 5 and the CBDs. By asking respondents about their perception of whether the CBD treats people with respect and dignity, it also sheds light on the quality of services provided.



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?**

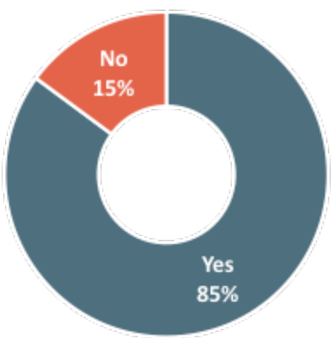
This question looks at the relationship between caretakers and the IRC. It aims to reveal whether respondents trust the IRC responds to their feedback.



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 Ajiep 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.

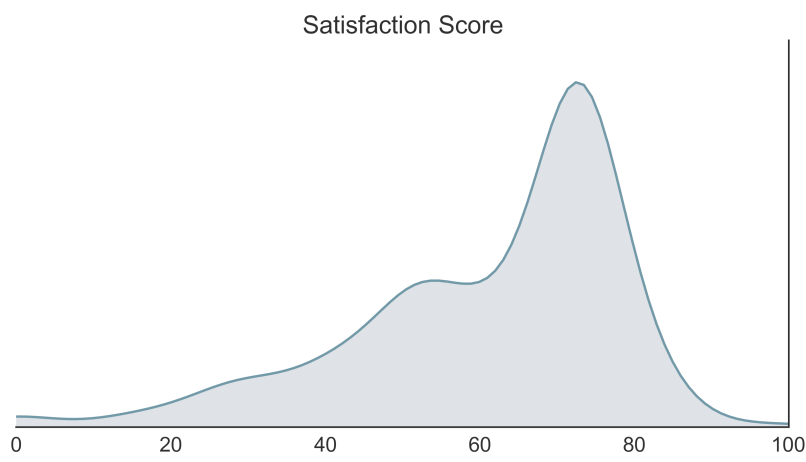
Additional Statistical Analysis

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.

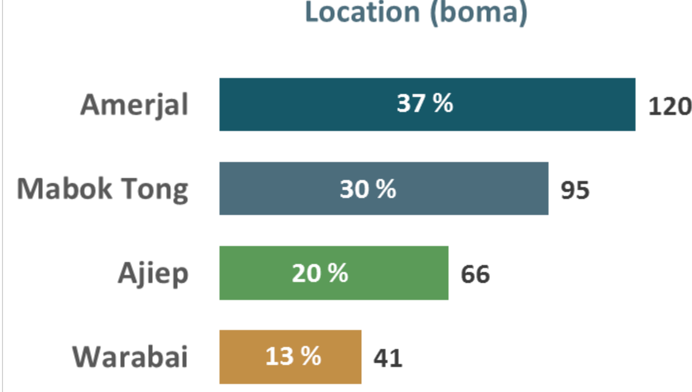
Instead of the proposed methodology, enumerators therefore sampled every home that they found inhabited. Based on viewing the distribution of collected surveys over satellite imagery of the bomas, however, a thorough coverage of the target areas was nonetheless achieved. The final sample consisted of 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 Malualkon. The four bomas were: Amerjal, Mabok Tong, Ajiep, and War Baai.



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

Male 36%
Female 64%

Relationship of respondent to child(ren) under 5

Other 11%
Mother 89%

Distance to CBD

Near	77%
Far	14%
Very Far	9%

Distance to health facility

Near	28%
Far	33%
Very Far	39%

No. of children under 5 living in household

1	19%
2	46%
3	30%
4	5%
5	1%

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.

Client Voice and Choice Initiative

iCCM Program / Aweil East/ South Sudan

ROUND 2

March 8 – 13, 2016

Putting people first in humanitarian operations.

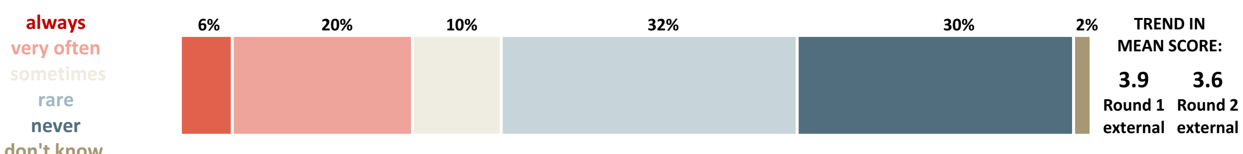
Question 1: **Were you happy with the service you received the last time you went to the CBD?**

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?**

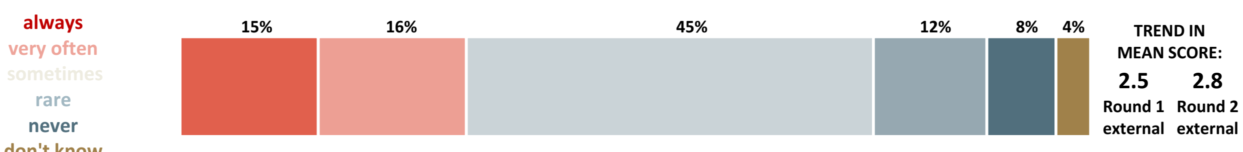
More mothers responded that they received information than other caretakers (67% compared to 52%). Respondents from Mabok Tong answered more negatively than those from other bomas.

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



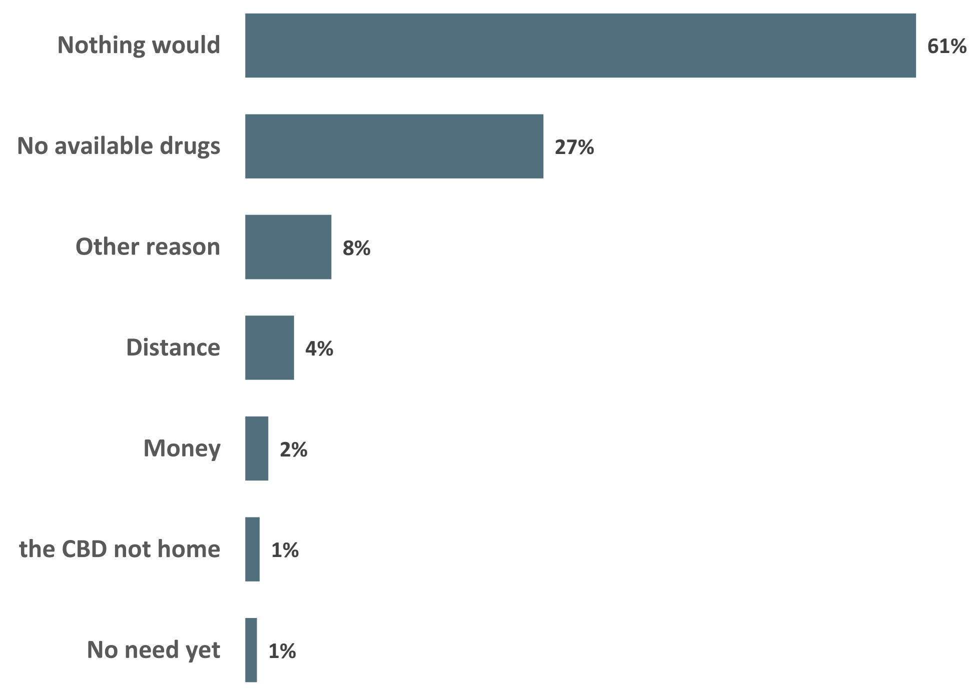
Almost one third (28%) of respondents from Mabok Tong and Ajiep indicated that they 'always' or 'very often' feel endangered when accessing CBD services.

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

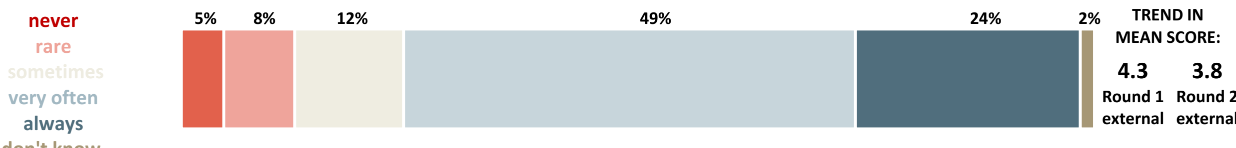


The mean score remains the lowest of all questions, though it is also the only mean score that has increased from Round 1. More than one third of respondents from Mabok Tong and War Baai indicated that their CBD ran out of drugs 'always' or 'very often'.

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

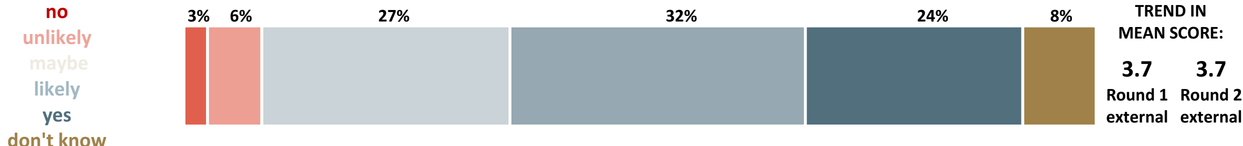


Question 6: **Does the CBD treat people with respect and dignity?**



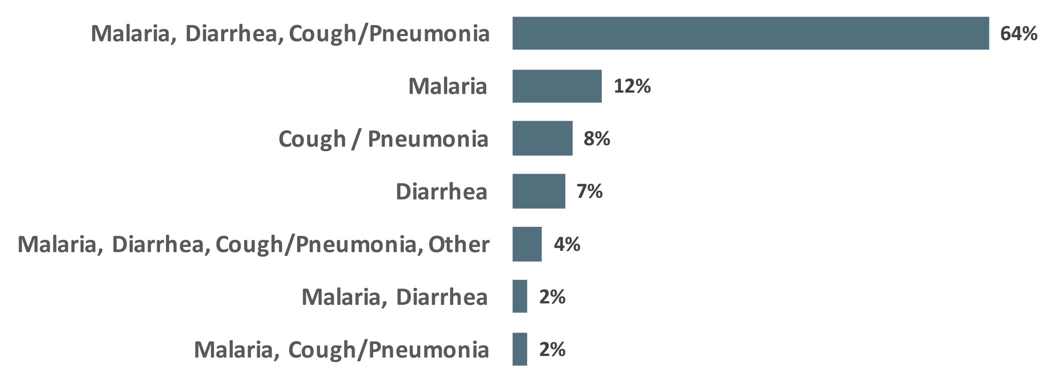
More mothers said they felt treated with respect and dignity than other caretakers (76% over 59%). Respondents from Mabok Tong gave the most negative answers, the most positive results came from War Baai.

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

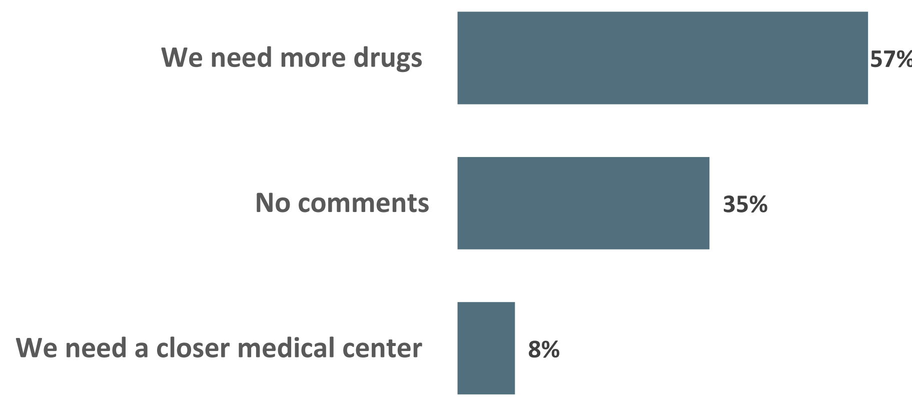


The most positive responses were received from the location of Amerjal, where 63% of the people felt confident the IRC would respond to their concerns.

Question 8: **What does the CBD treat?**



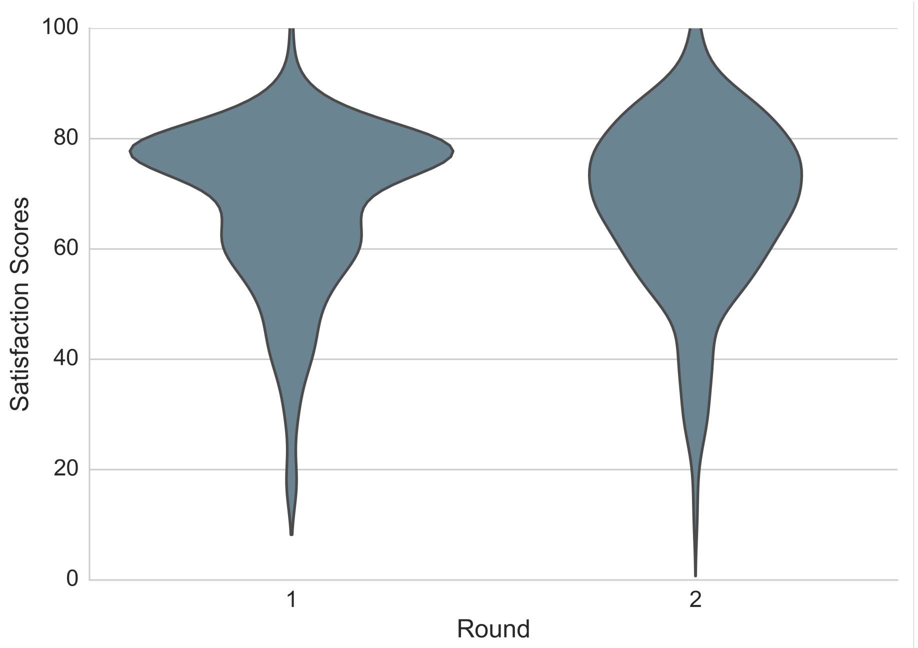
Question 9: **Is there anything else you want to tell us about the CBD services?**



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:

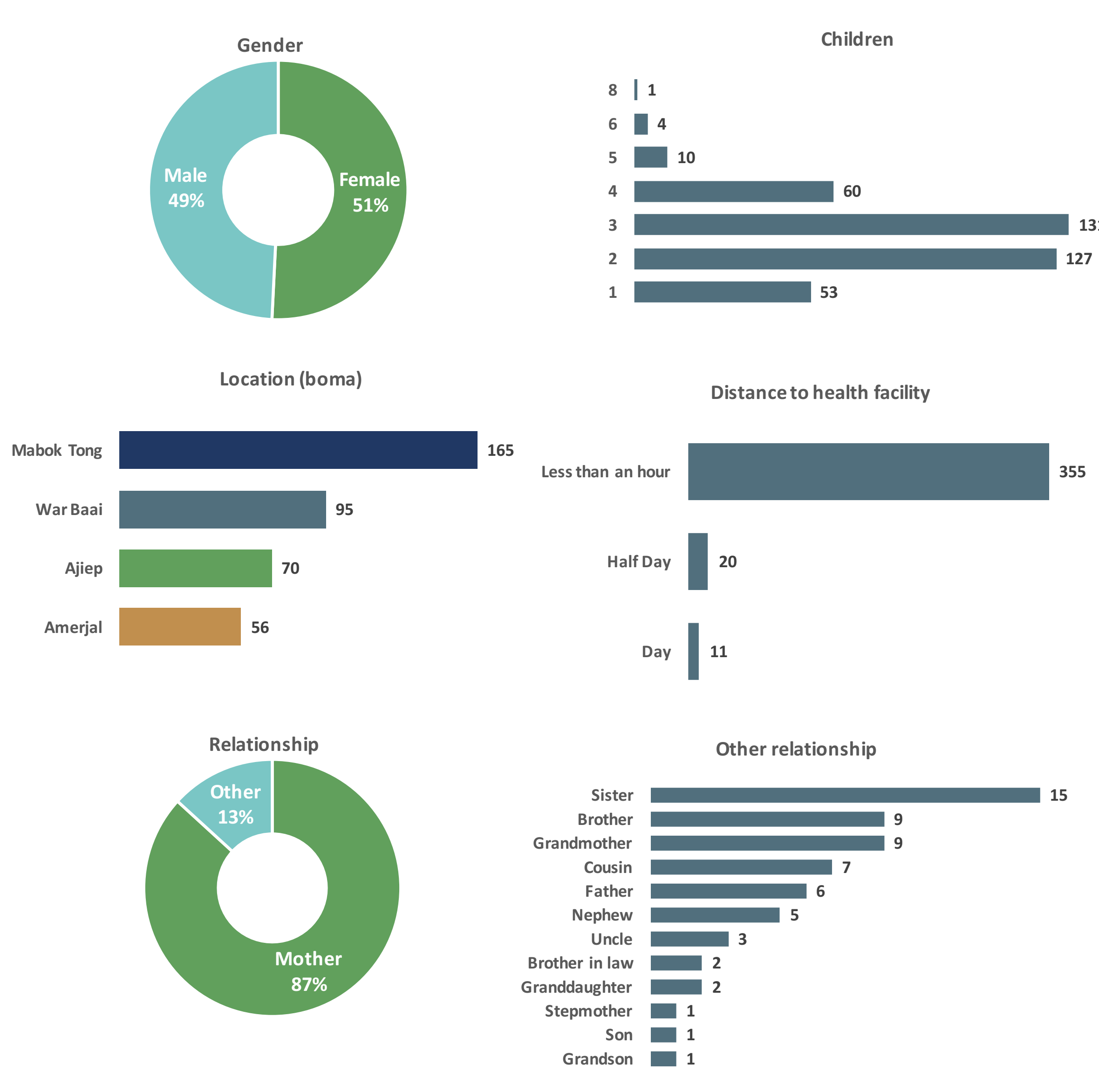
- Question 1: Were you happy with the service you received the last time you went to the CBD?
- Question 2: How often did you receive information from the CBD that will help you prevent your children from getting sick again?
- Question 4: Since the last rainy season, did the CBD run out of drugs (Nov)?



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.



Client Voice and Choice Initiative

iCCM Program / Aweil East / South Sudan

Round 3 External – May 25th, 2016

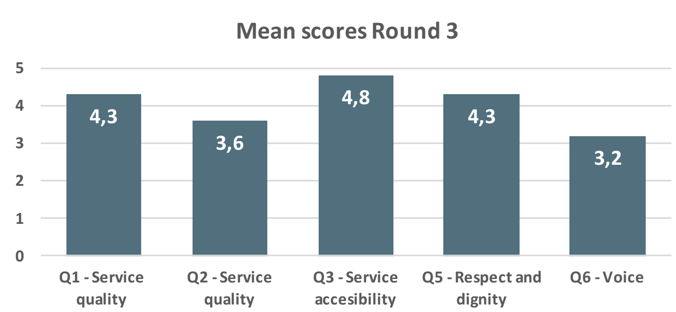
Putting people first in humanitarian operations

Summary findings

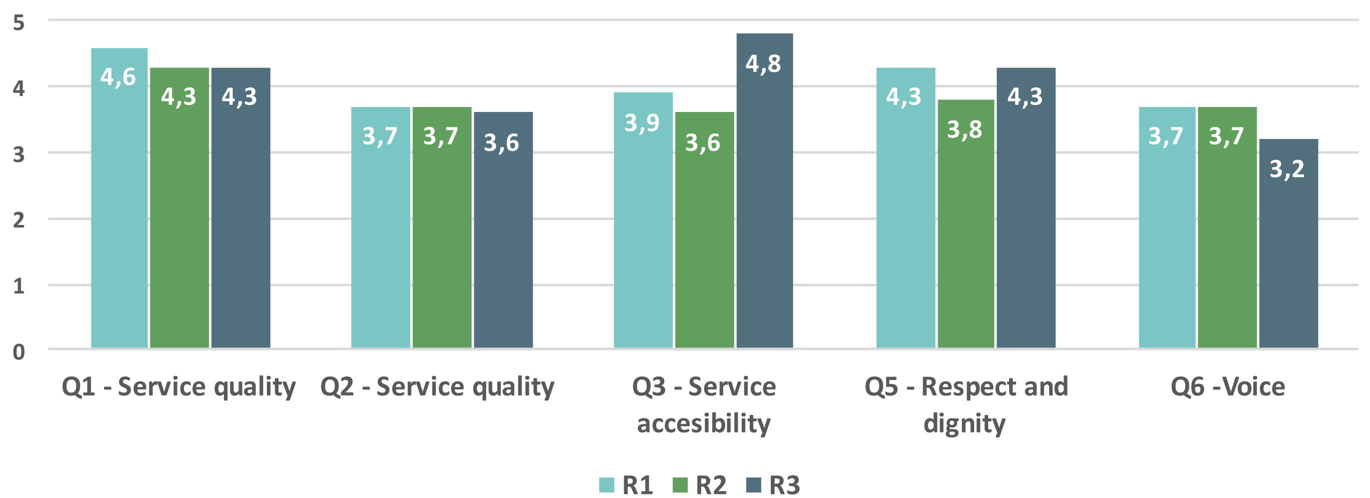
As part of the IRC Client Voice and Choice Initiative (CVC) to meet the strategic commitment of becoming more responsive to its clients, GT had been collecting feedback on the IRC's iCCM programme in Northern Bahr el Ghazal (South Sudan). This report represents the 3rd and final feedback on the programme.

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

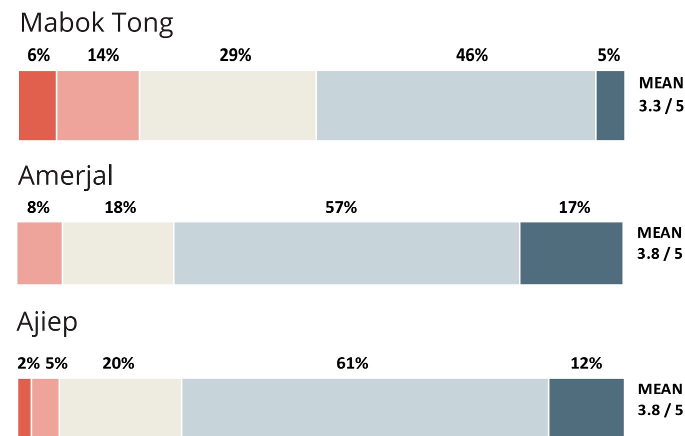
Were you happy with the service you received the last time you went to the CBD?

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

Q2. SERVICE QUALITY

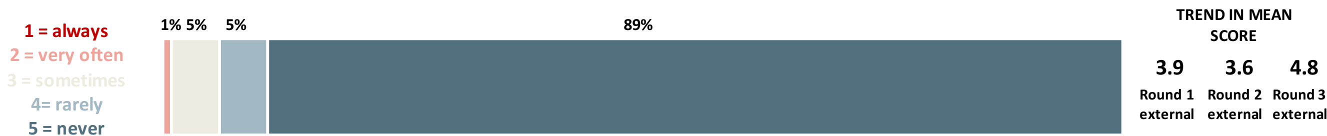
How often did you receive information from the CBD that will help you prevent your children from getting sick again?

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

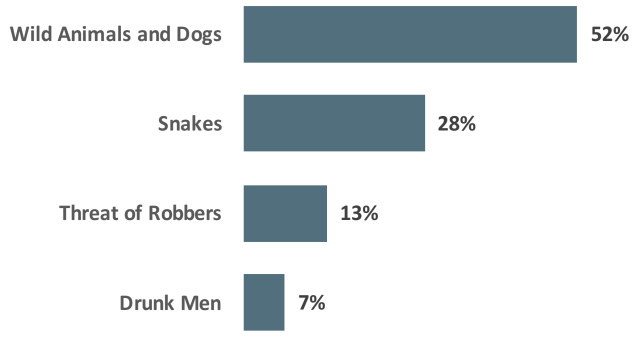
Have you faced any danger or threats to your physical safety when accessing the CBD services?



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.

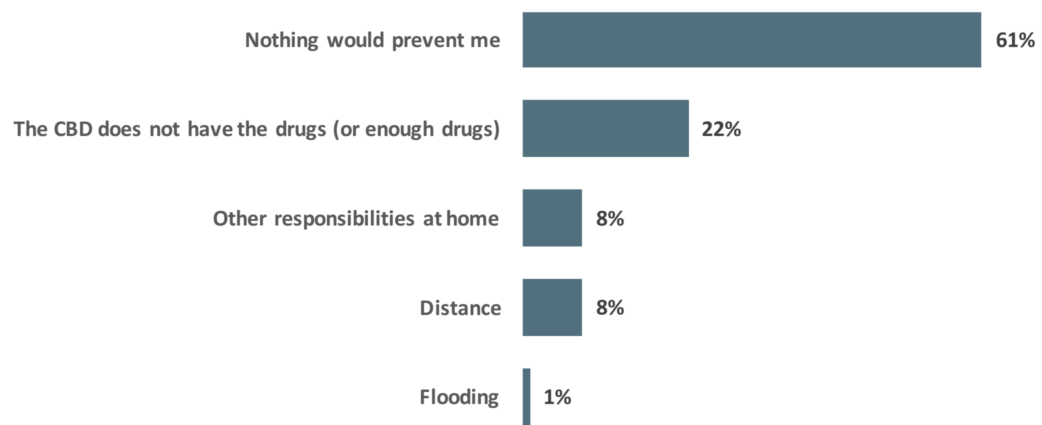
Q3.1. Follow-up question

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.

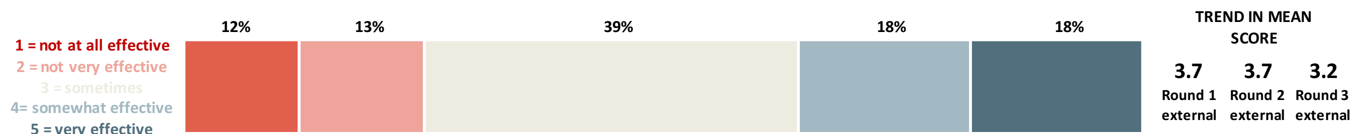
Q5. RESPECT AND DIGNITY

Does the CBD treat people with respect and dignity?

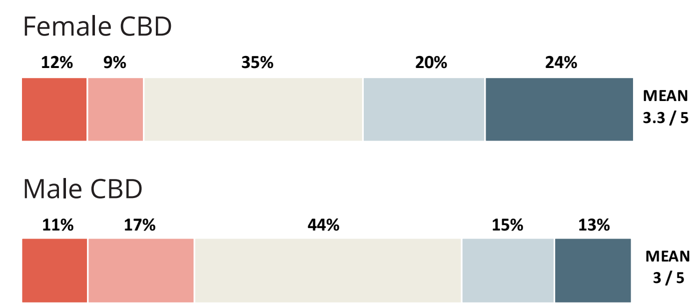
On the question of respect and dignity, scores have return to the round level, with a mean of 4.3. Respondents with a female CBD were slightly more positive than those with a male CBD: 92% responded 'always' or 'very often', 87% for male CBD.

Q6. VOICE

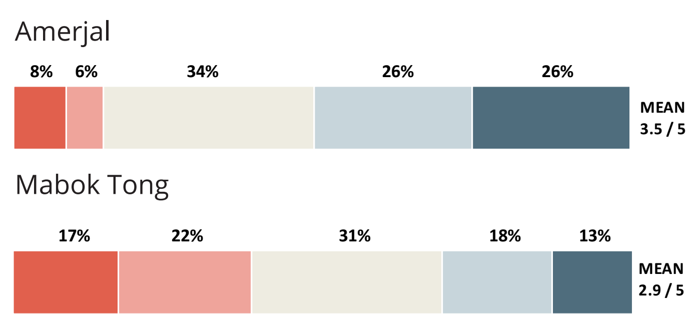
Do you feel you have an effective platform to voice your concerns to the IRC?



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.



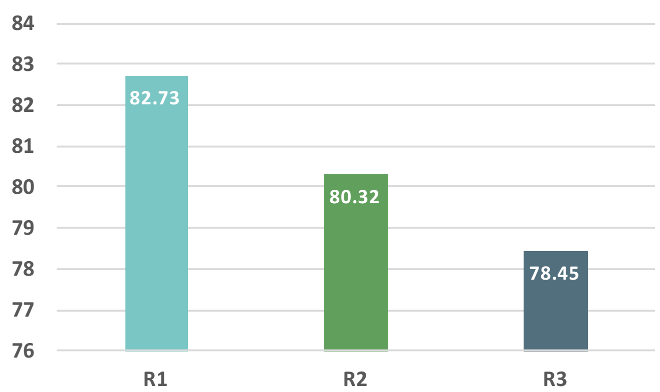
Respondents with a female CBD were more positive. As with question 2, respondents from Amerjal were more positive and those from Mabok Tong were less positive.



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

1	48 (10%)
2	145 (31%)
3	159 (34%)
4	91 (20%)
5	16 (4%)
6	2 (0.4%)
8	1 (0.2%)
11	2 (0.4%)

Relationship

Other	14%
Mother	86%

Distance to the closest CBD

Less than an hour	445 (96%)
Half a day	16 (3%)
A Day	3 (1%)

Distance to health facility

Half a day	336 (72%)
Day	67 (15%)
ss than an hour	61 (13%)

CBD gender

Male	47%
Female	53%

Location (Boma)

Mabok Tong	166 (36%)
War Baai	120 (26%)
Ajiep	94 (20%)
Amerjal	84 (18%)

Have you used the CBD before?

No	5%
Yes	95%

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%

Client Voice and Choice Initiative

iCCM Program / Aweil South / South Sudan

ROUND 1

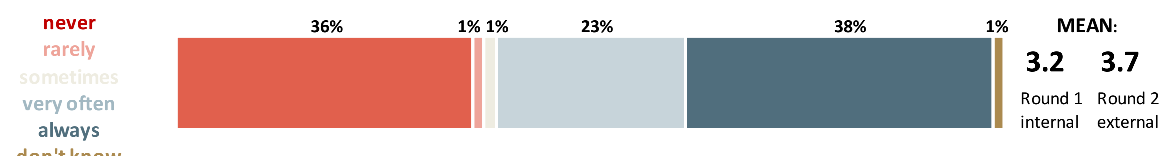
March 7-11, 2016

Putting people first in humanitarian operations.

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

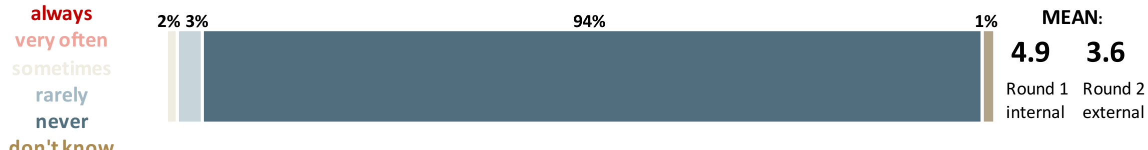
Responses from all three locations were very positive.

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



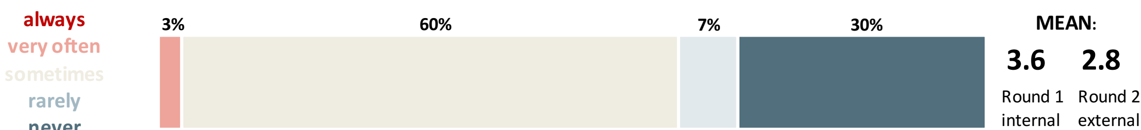
9 respondents from Hong Wekdit, 9 from Mabior, and 7 from Mayomlac said they had never received information.

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



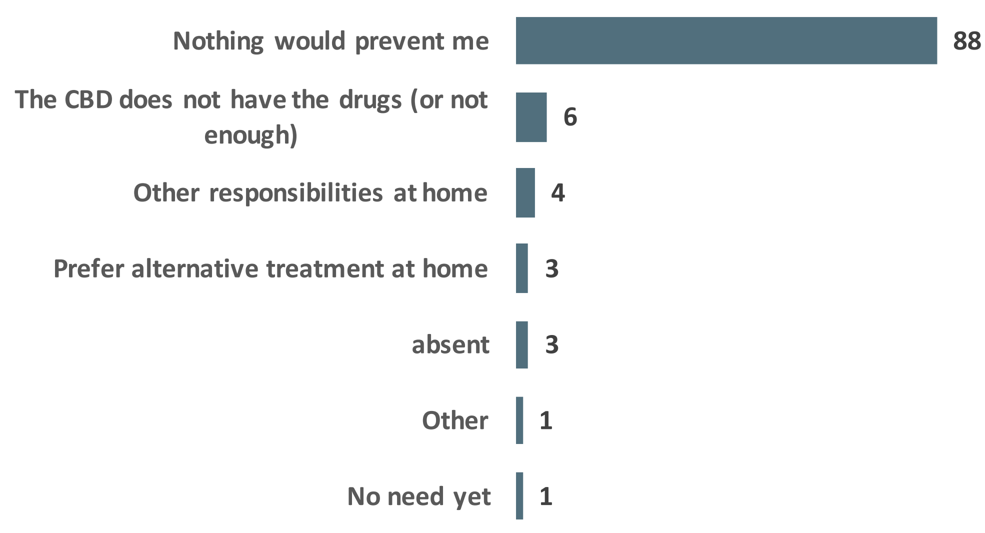
The vast majority of respondents from all locations said that they 'never' feel endangered when accessing the CBD services.

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

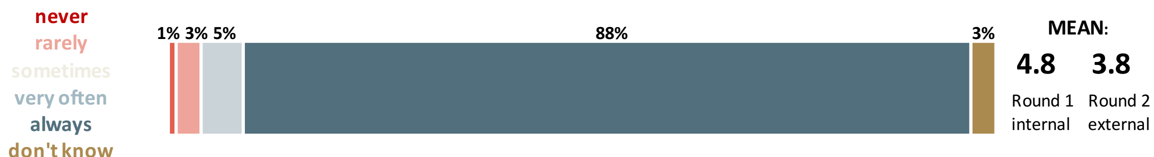


More than half of respondents from all locations indicated that the CBD 'sometimes' ran out of drugs. Respondents from Mabior were more positive than the rest.

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

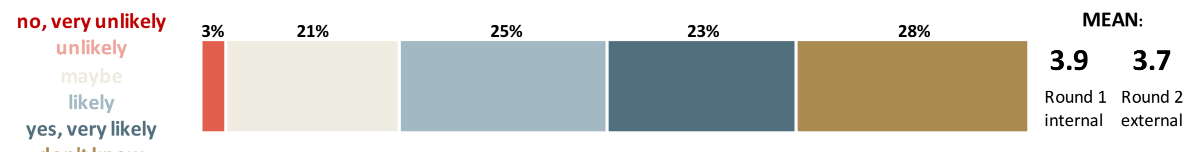


Question 6: **Does the CBD treat people with respect and dignity?**



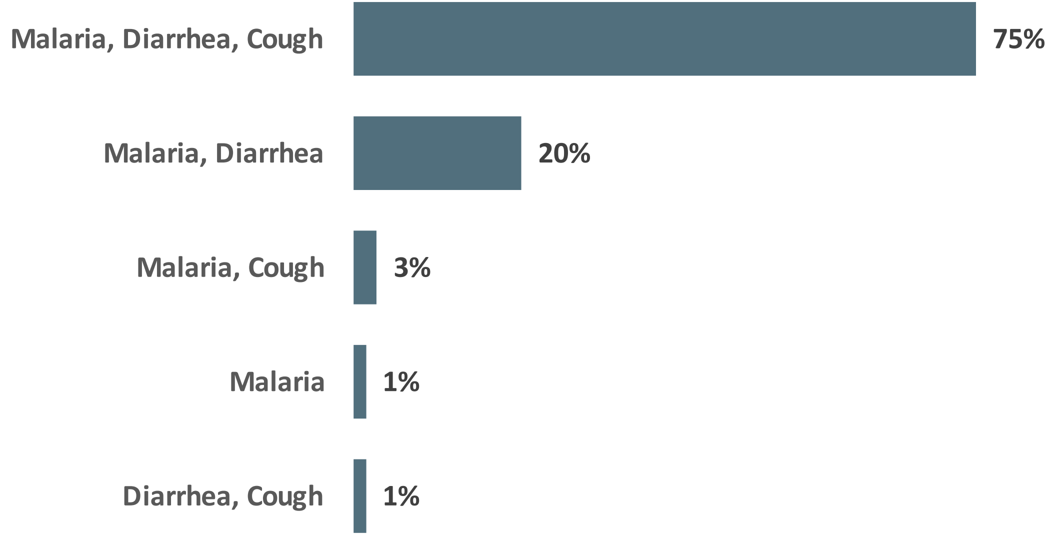
Respondents from all locations were very positive on this question.

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:

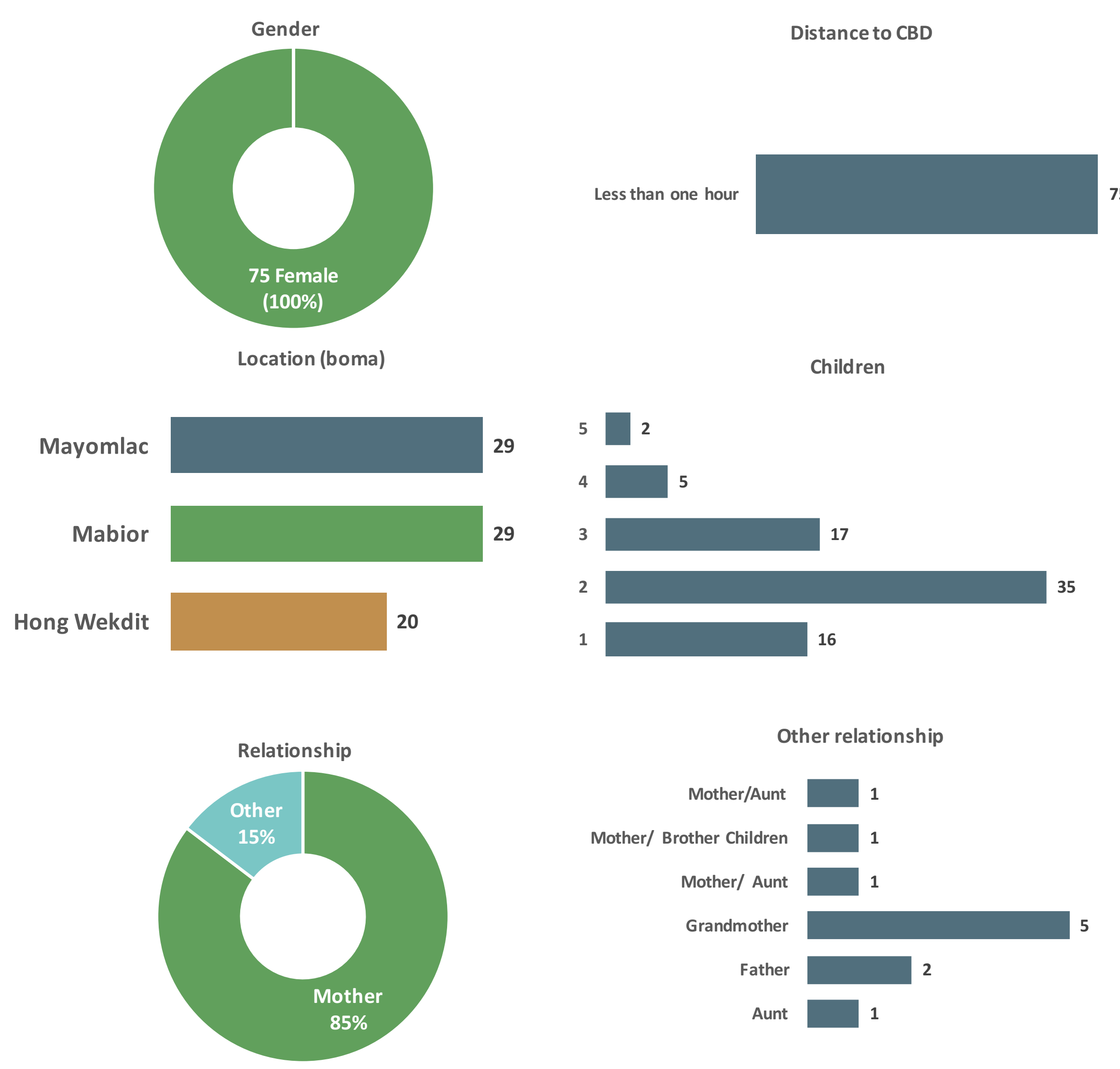
- “The CBD is our only source for getting drugs”
- “very happy with services”
- “thank you to IRC”

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



Client Voice and Choice Initiative

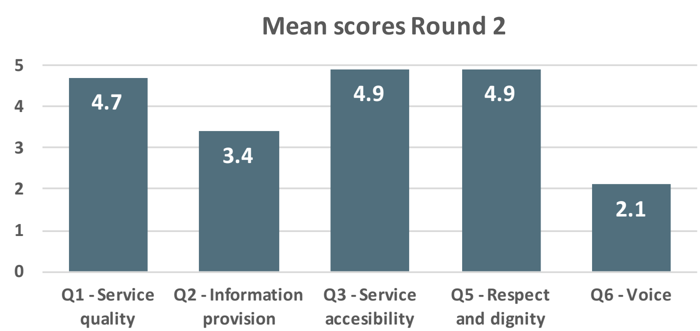
iCCM Program / Aweil South / South Sudan

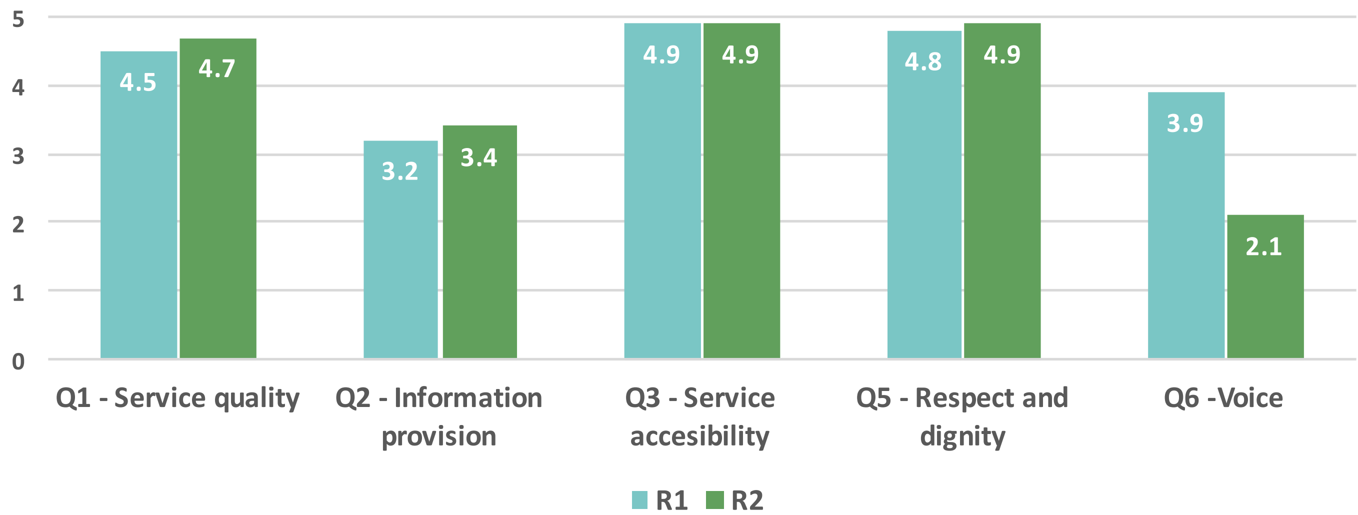
Round 2 Internal – June 13th, 2016

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.





Survey Questions

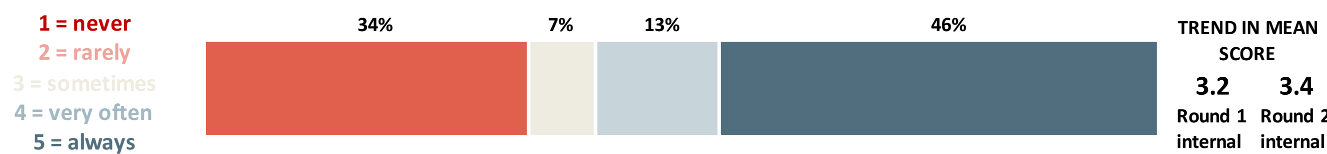
Q1. SERVICE QUALITY

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 then round 1, with no significant differences among demographic groups.

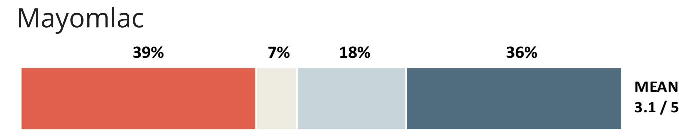
Q2. INFORMATION PROVISION

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



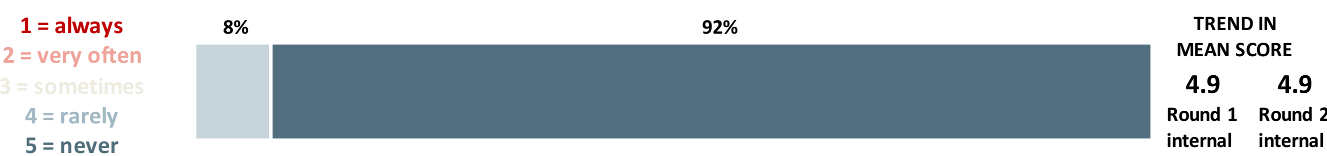
Similar to above, the mean score for this question on information provision has remained largely similar between rounds. There is still room for improvement here, with 34% reporting they never receive information from the CBD. Respondents from Mayomlac boma are the least positive with a mean score of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

Mayomlac



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.

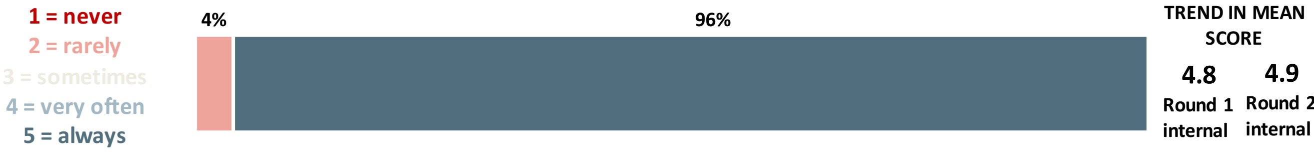
Q4. SERVICE ACCESIBILITY

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 than 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?

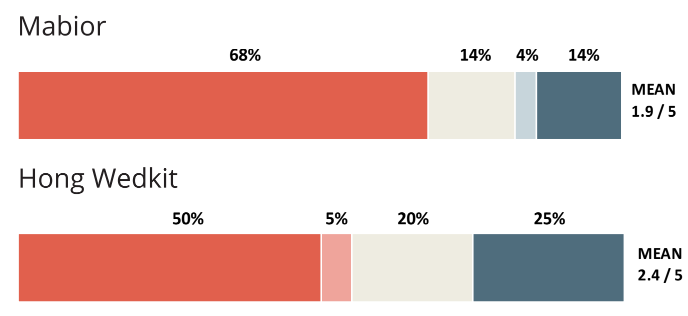


Respondents from all locations were very positive on this question, with mean scores remaining high.

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 Mabior provided the most negative responses; 68% responded 'very unlikely', with a mean score of 1.9. Respondents from Hong Wekdit 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:

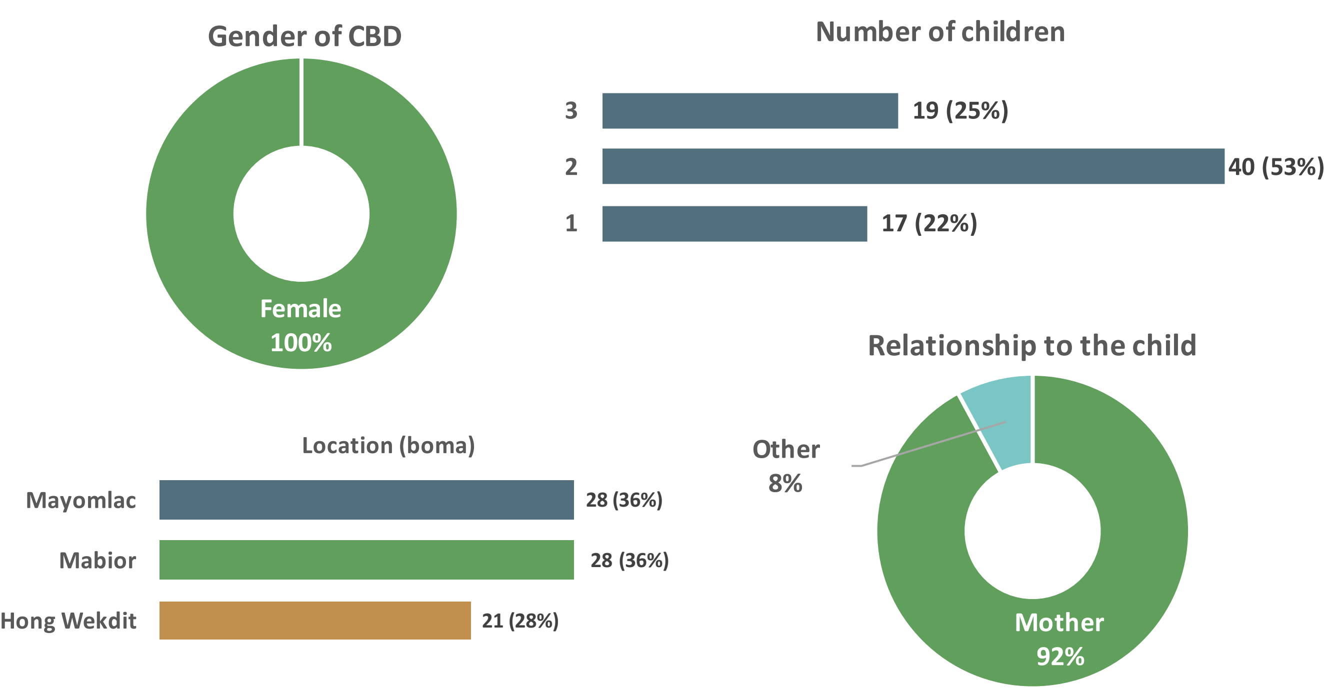
a) **Follow the Ground Truth cycle** despite this being the final round. Discuss the main findings with your own staff and partners to verify and deepen the analysis and demonstrate that feedback is taken seriously. These "sense-making" dialogues should focus on three main themes: (i) the areas where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

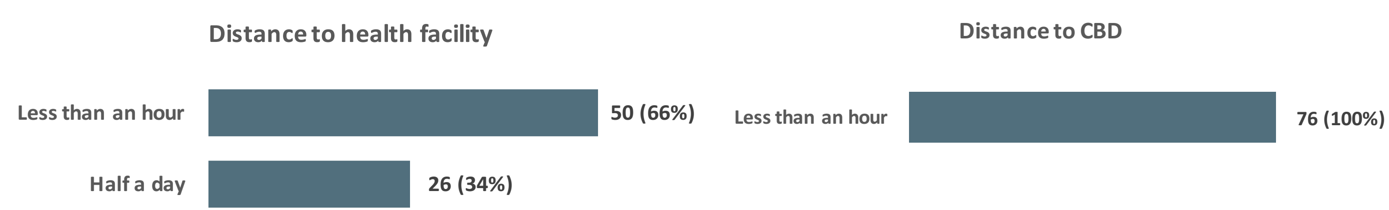
b) Beyond this specific pilot, **continue to champion a culture of continual improvement, mutual respect and open dialogue** among iCCM staff, CBDs and communities. This may include continuing regular surveys on aspects of the programme, but should always include responding to whatever you hear – be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

c) E**mpower 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.

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.

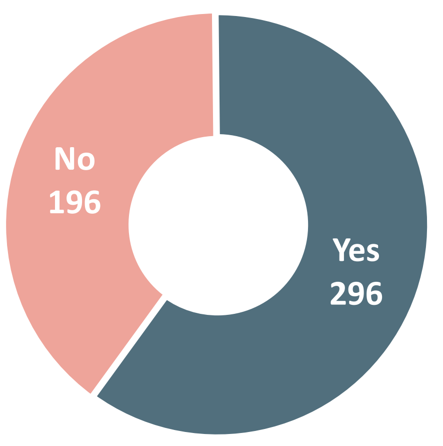
Summary Findings and Recommendations – Round 1

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

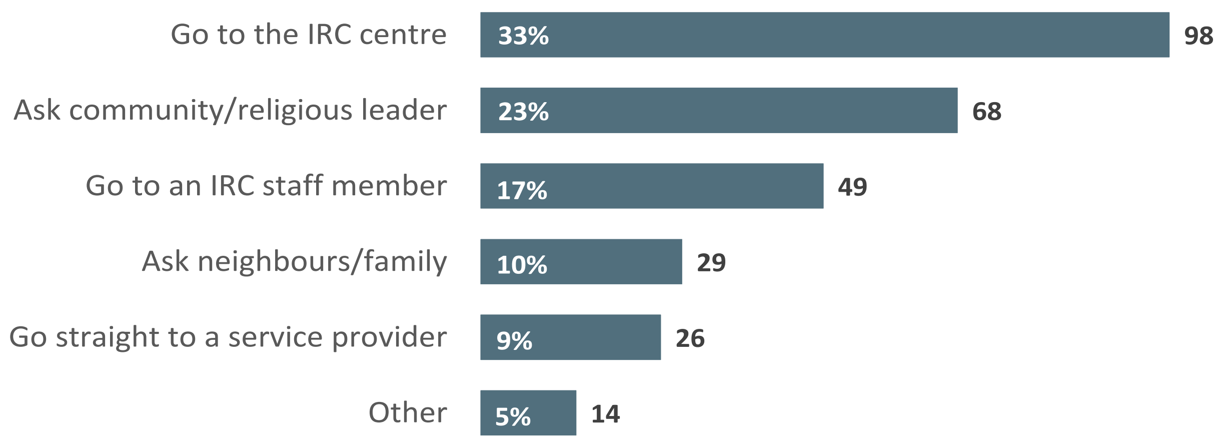


Do you know the IRC centre?

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**.

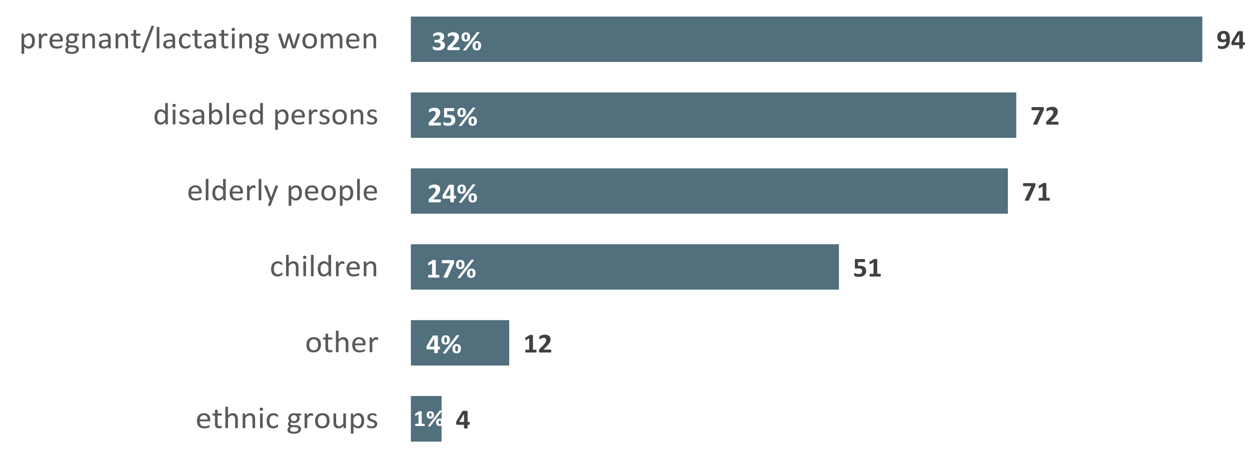
To learn more about the demographic breakdown of the ones who know the centre and those who don't, please go to the *Sample Size and Demographics* section on pages 13 – 15.

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

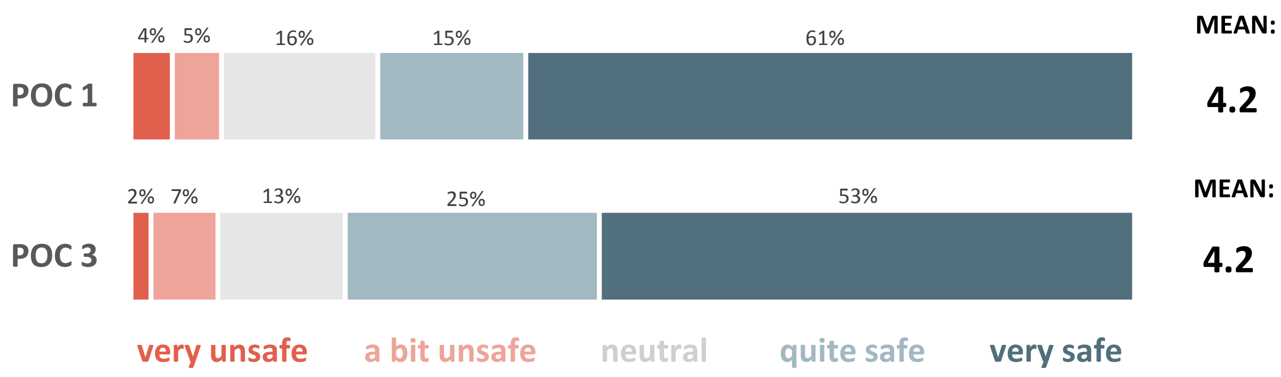


One third of the respondents said they would go to the IRC centre. Those respondents who indicated that they had special needs (see p. 15) were more likely to go to the IRC centre than those that did not indicate that they had special needs, which most frequently chose to ask a community or religious 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]

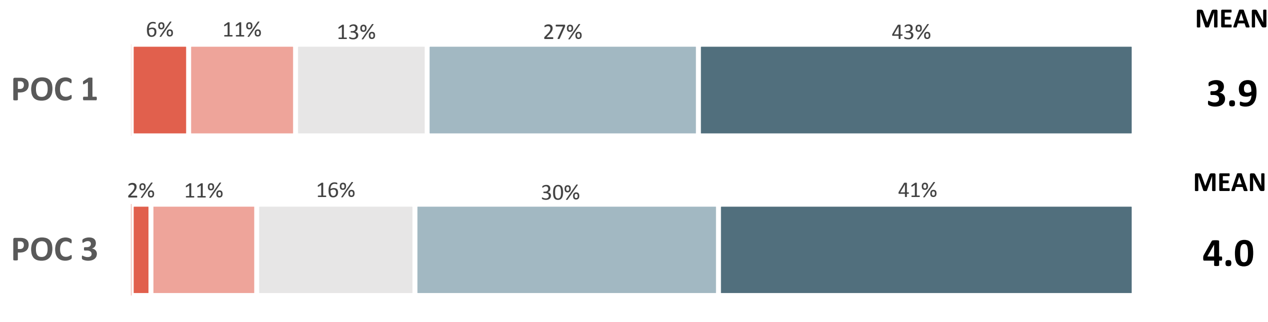


Question 3: **Do people feel safe using the IRC centre?**



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.

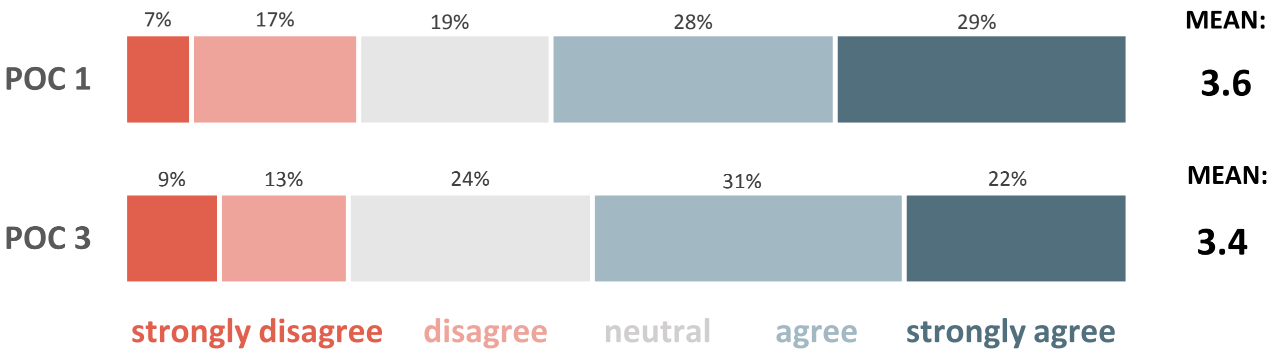
Question 4: **Does the IRC centre treat people with respect and dignity?**



strongly disagree disagree neutral agree strongly agree

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.

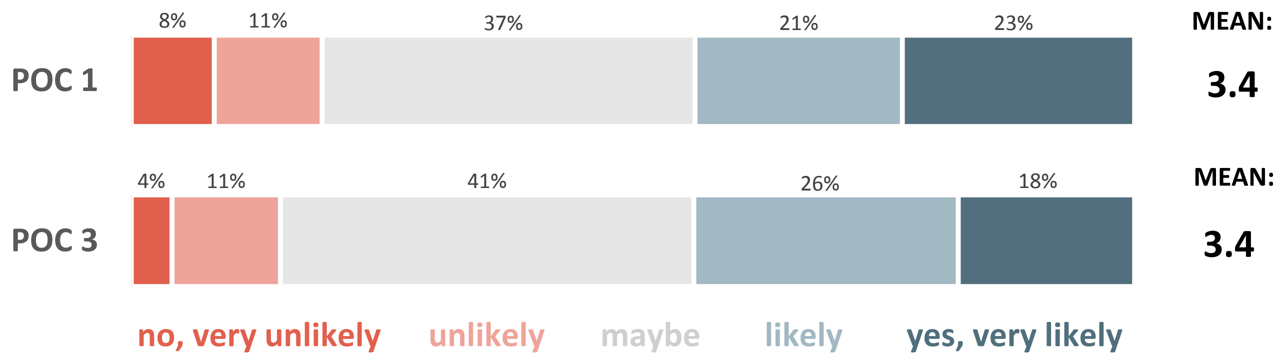
Question 5: **Does the IRC centre help people make informed choices about which services they can access?**



strongly disagree disagree neutral agree strongly agree

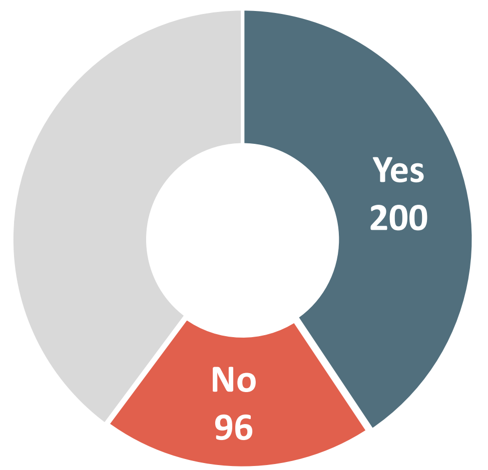
While there were more positive than negative responses to this question overall, in both PoCs, more than 20% of respondents said the IRC centre does not help them to make informed choices. Female respondents answered this question slightly more positively than male respondents (means: 3.6 vs. 3.4). The 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.

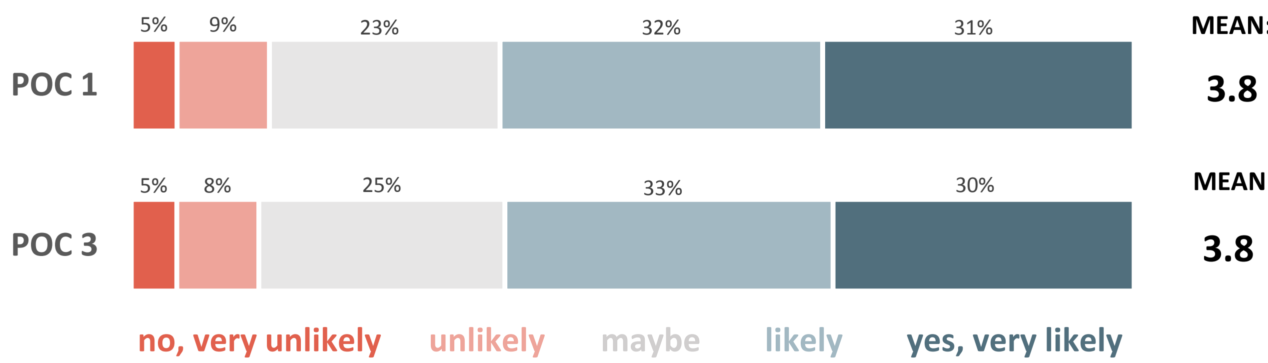
SECTION II – PEOPLE WHO HAVE BEEN TO THE IRC CENTRE



Have you gone to the IRC centre?

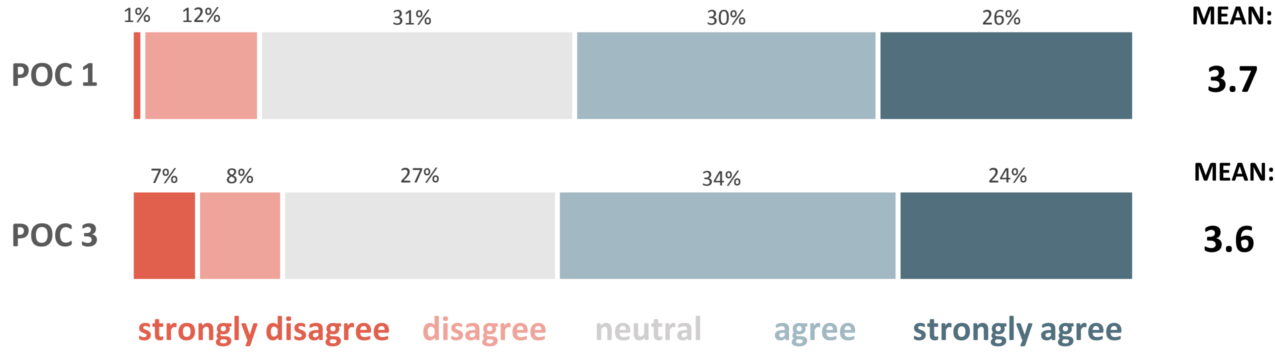
60% of the 296 respondents who said they knew the IRC centre **have actually visited it**, that is 41% of the total number of respondents (492) that were approached for this survey.

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



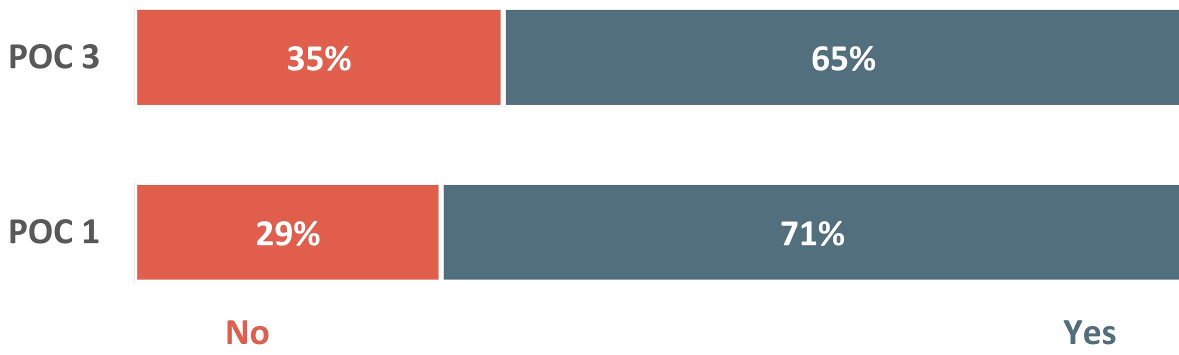
The majority of respondents said they would be likely or very likely to recommend the IRC centre to friends or family. The ones who have been living in the PoCs the longest (those who arrived in 2013) were most positive (mean: 4.0). That said, almost 40% were not active promoters, which needs to be explored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

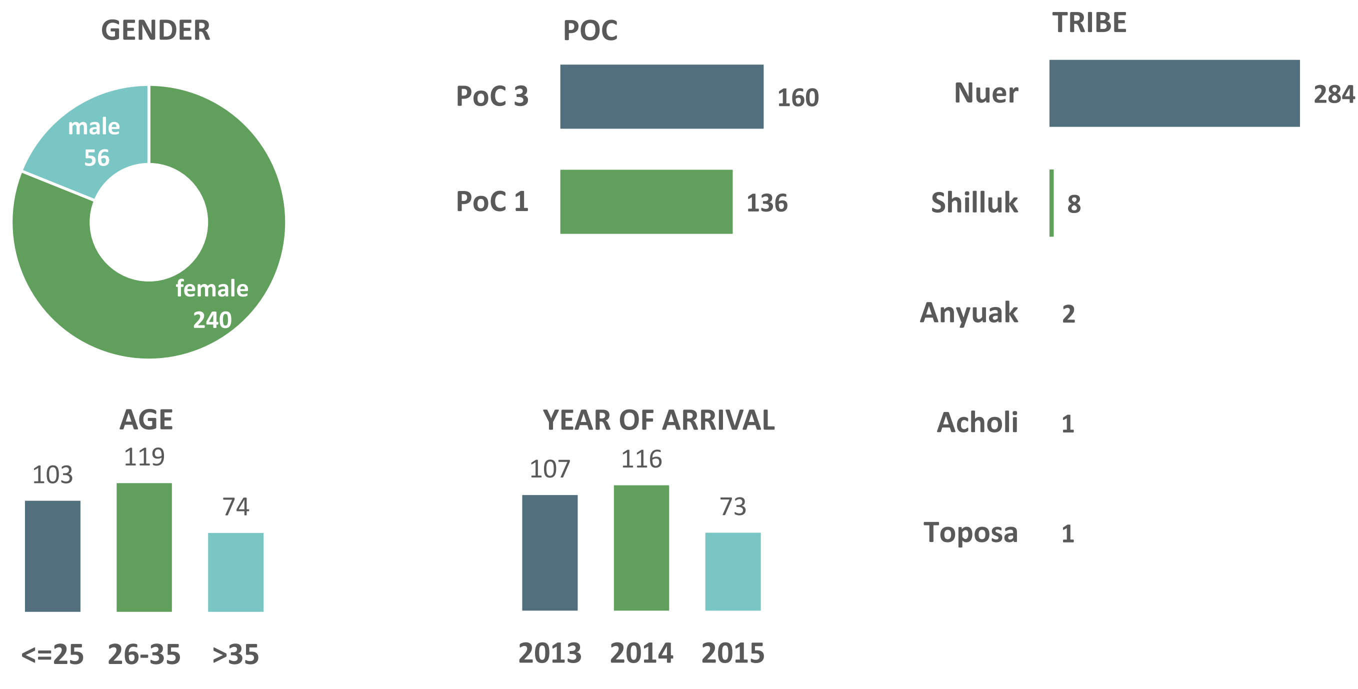
The sample size was 492 respondents out of a population of 27.990 in PoCs 1 (7,434) and 3 (20,556), which gives a representative sample at the overall level. 296 said that they knew about the IRC centre, and were hence asked the main questions of the survey instrument (questions 1-9).

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

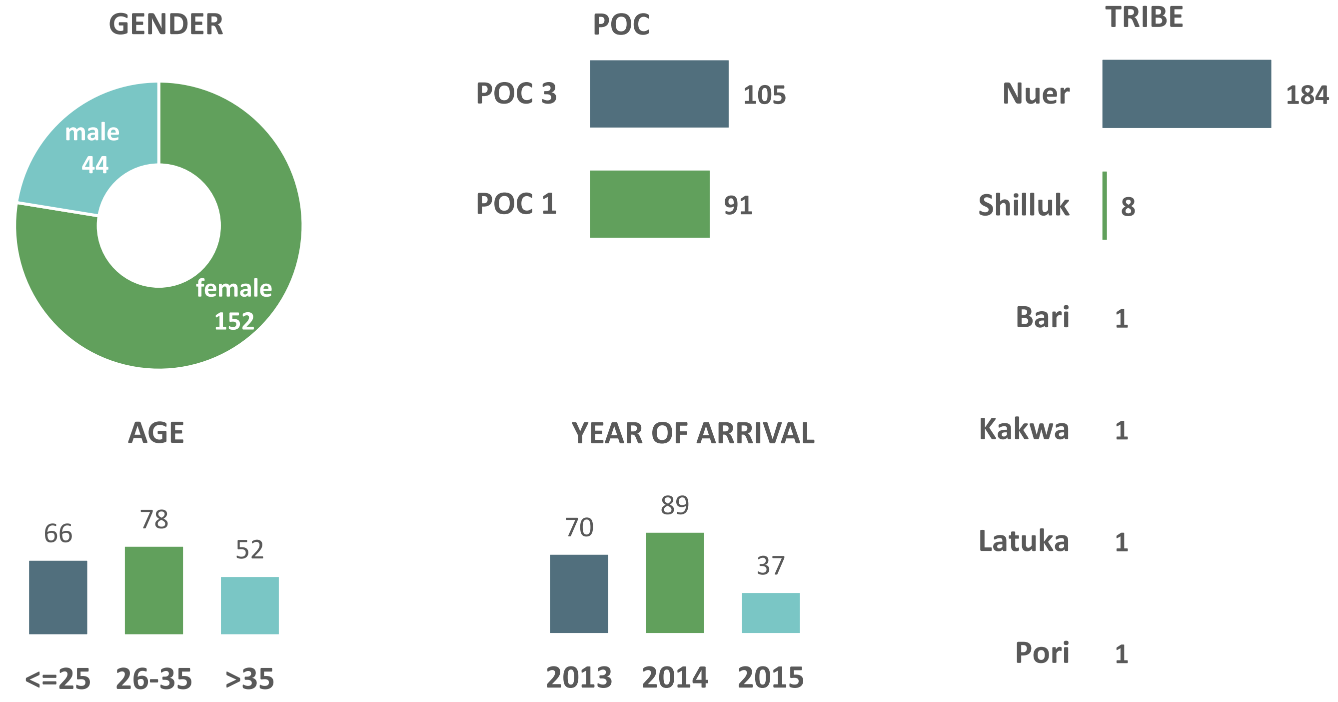
RESPONDENTS WHO KNOW THE IRC CENTRE

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

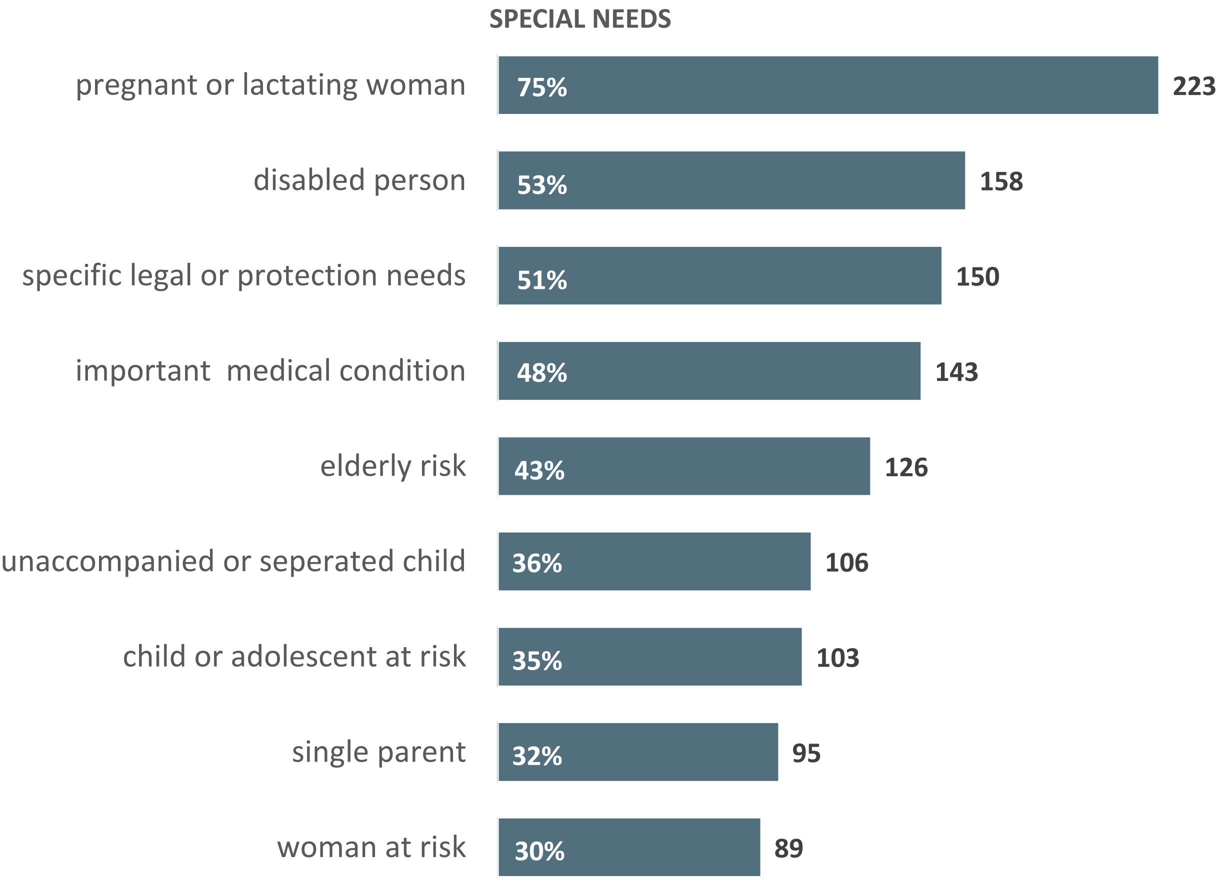


RESPONDENTS WHO DO NOT KNOW THE IRC CENTRE

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.



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.

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.

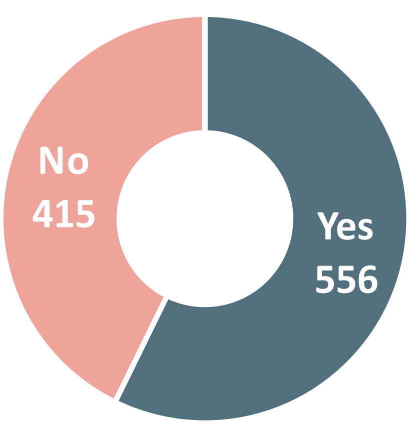
Summary Findings and Recommendations – Round 1

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



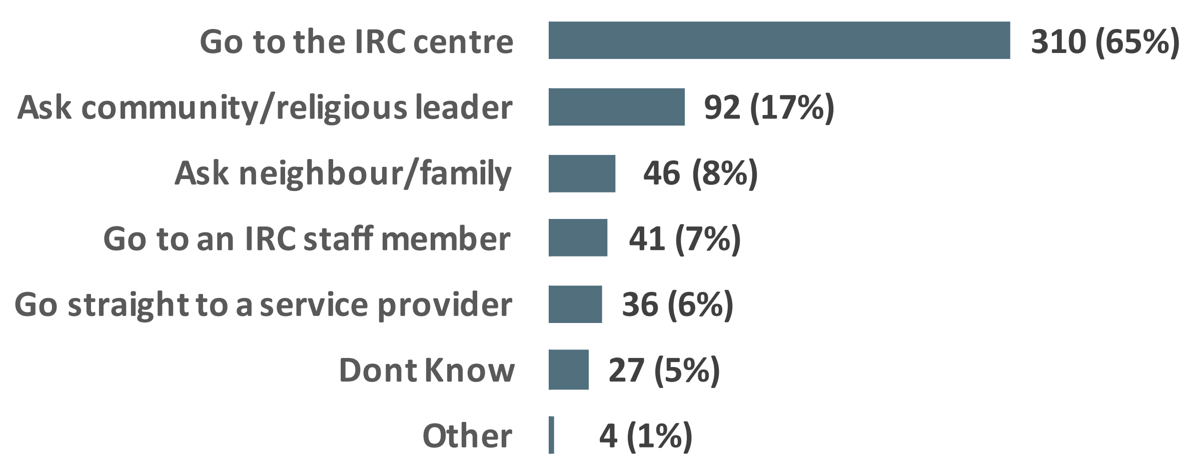
Do you know the IRC centre?

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?**

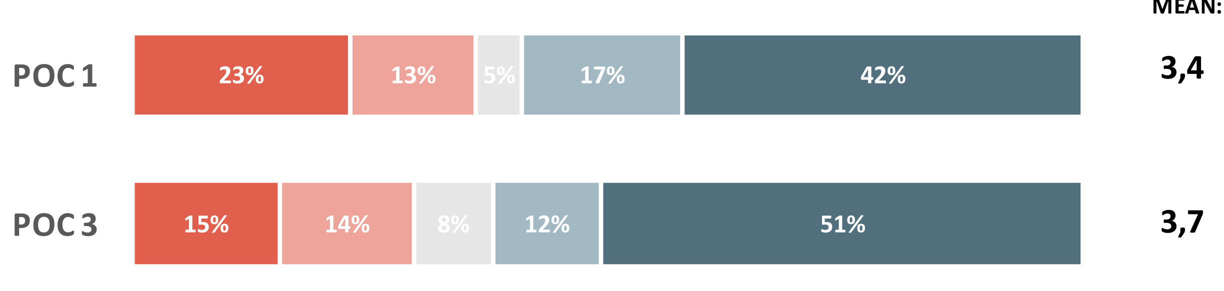
This question examines how many people turn to the IRC centre or staff when they need something or help in finding a service in the PoCs, and what are popular alternatives. It helps determine the relevance of the IRC service.



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?**

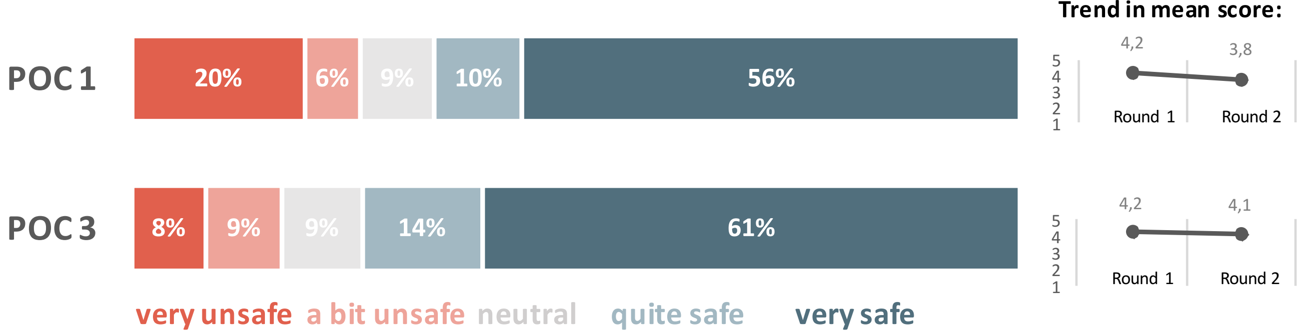
This question also asks about the relevance of the services offered by IRC, namely the provision of information about the services that different organizations provide in the PoCs. It was only added in Round 2 of data collection, as many respondents in Round 1 seemed to be unaware about the services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

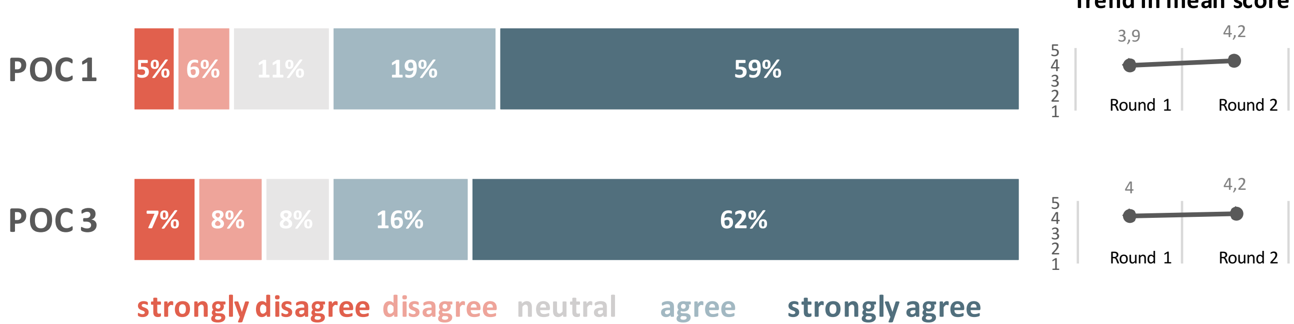
This question looks at the issue of safe access, a central component of any humanitarian response, by asking respondents how safe people feel in using the IRC centre.



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?**

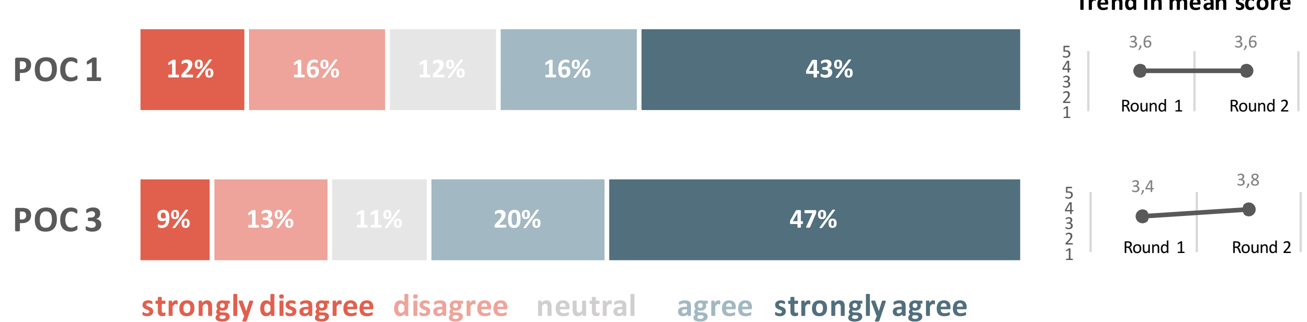
This question enquires into the relationship between IRC staff and people in the PoCs. By asking respondents about their perception of whether the IRC centre treats people with respect and dignity – another central component of a humanitarian response – it also sheds light on the quality of services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

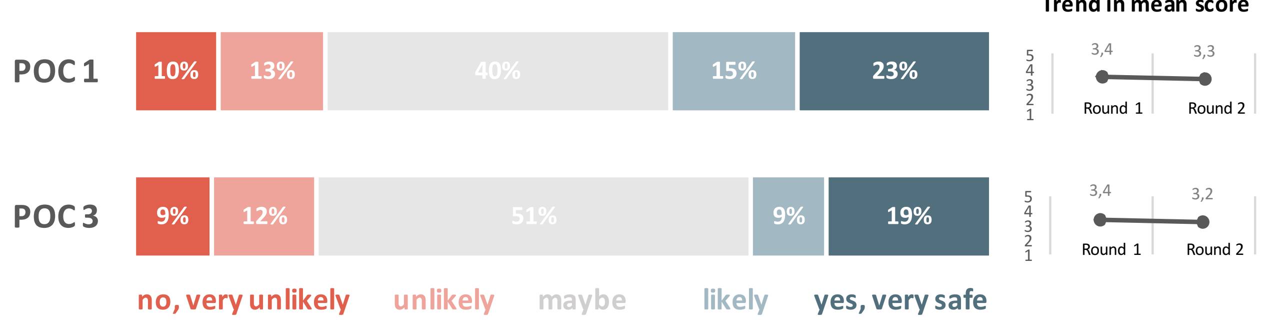
Question 5: **Does the IRC centre help people make informed choices about which services they can access?**

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?**

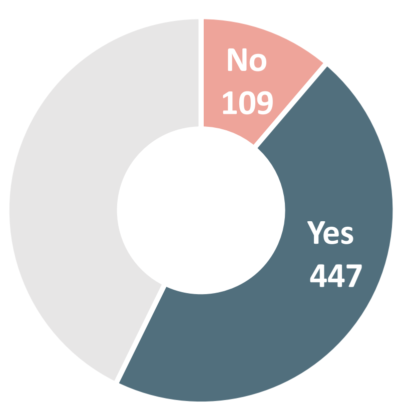


In both PoCs, the mean has decreased between Rounds 1 and 2. Only 29% considered it likely that the IRC would respond to their feedback, whilst 49% were unsure and 22% found it unlikely.

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 credibly issue, which IRC should address across all programmes.

SECTION II – PEOPLE WHO HAVE BEEN TO THE IRC CENTRE

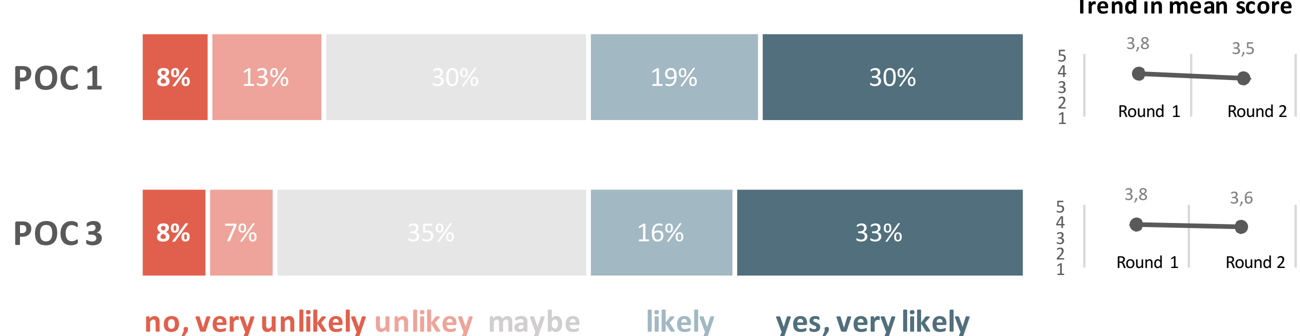
Have you gone to the IRC centre?



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?**

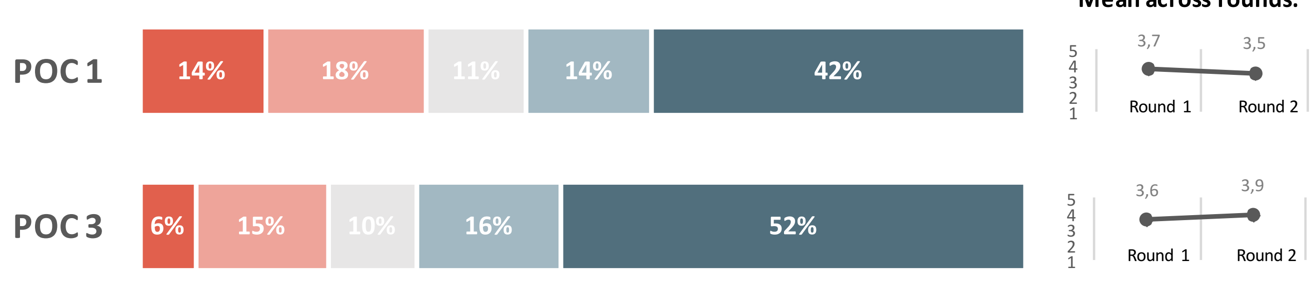
This question asks about the satisfaction of respondents with the IRC centre. The likelihood of someone to recommend a service he/she has used generally counts as a good indicator of his/her overall satisfaction.



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?**

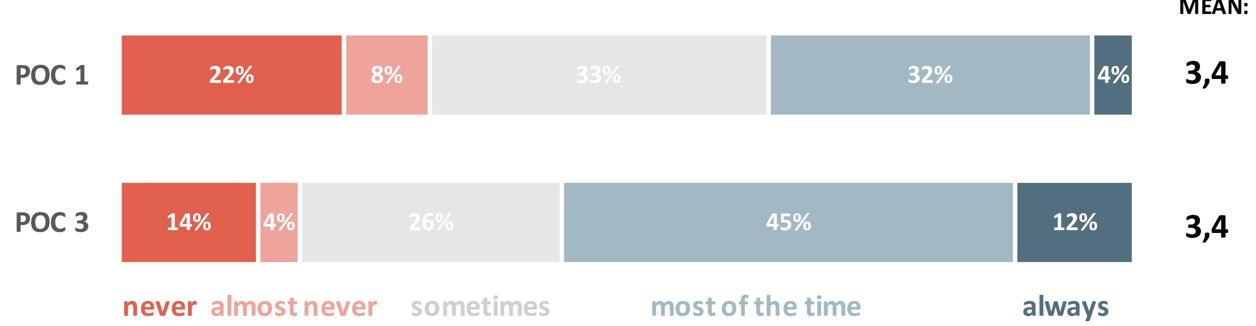
This question relates to the quality of services provided. It aims to reveal to what extent the IRC centre fulfills its declared objective.



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% marigin 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

	Count
male	170
female	386

AGE

<24	24-27	28-33	>33
142	119	172	123

YEAR OF ARRIVAL

2013	2014	2015	2016
271	97	186	2

POC

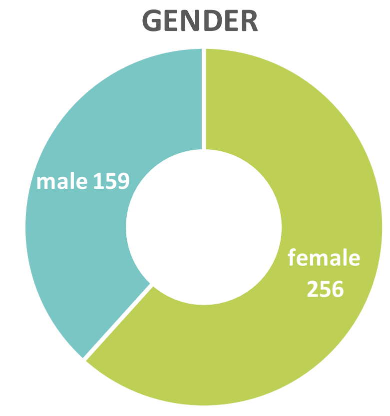
	Count
POC 3	471
POC 1	85

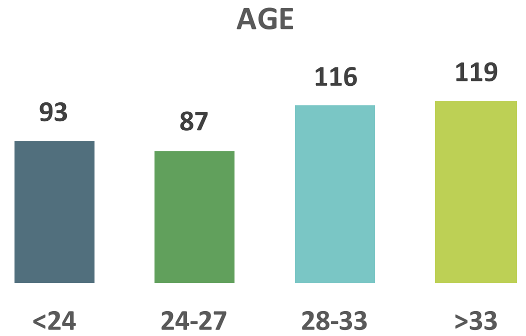
TRIBE

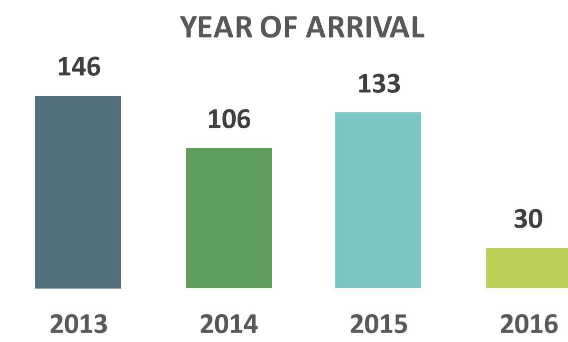
	Count
Nuer	555
Shilluk	1

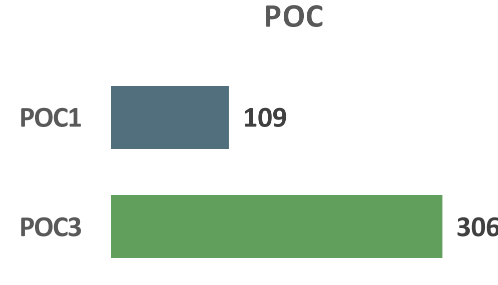
RESPONDENTS WHO DO NOT KNOW THE IRC CENTRE

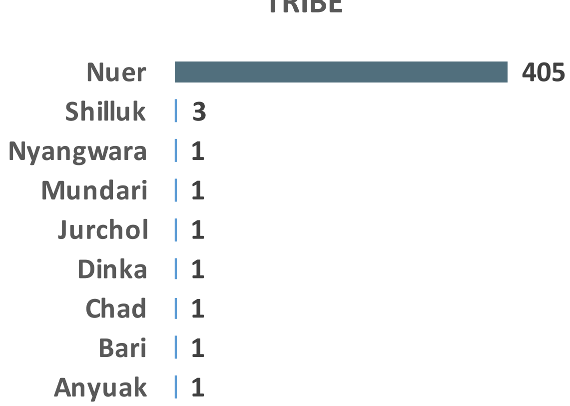
The graphs below depict the demographic breakdown of the 415 or 43% of all 971 respondents who said they did not know the IRC centre. The values state the count of respondents.



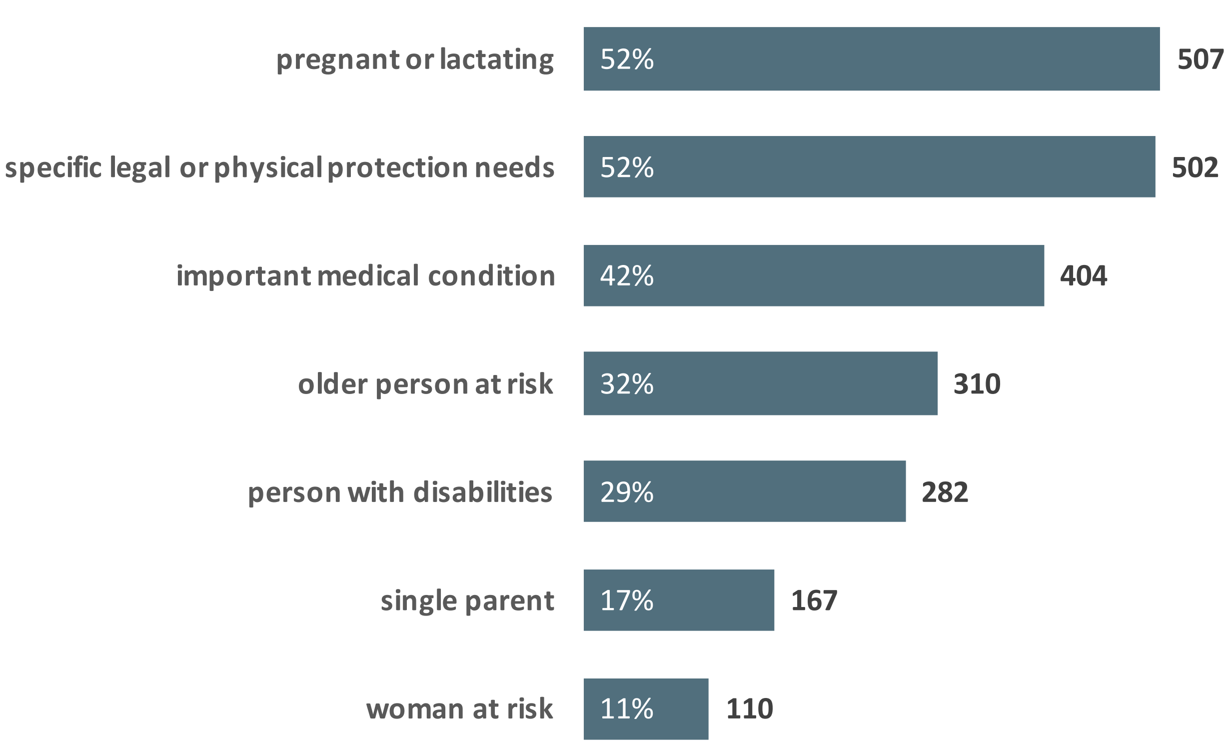








All 971 respondents were asked (i.e. self-identify) if they had any special needs, and were given multiple options to choose from. The graph below depicts the number of respondents who chose each option.



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.

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 protetion 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.

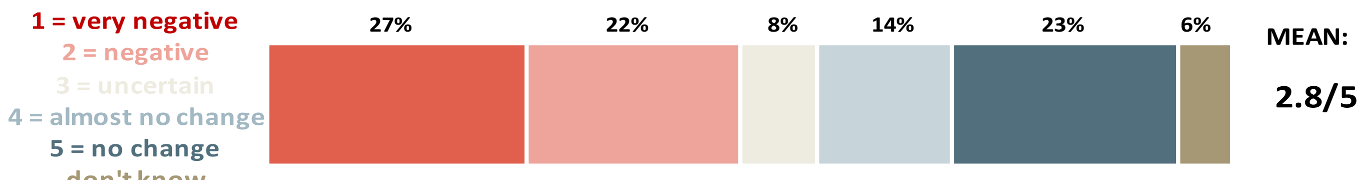
Summary findings

- 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

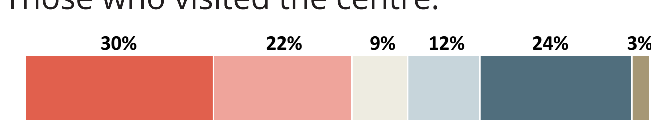
Question 1

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?

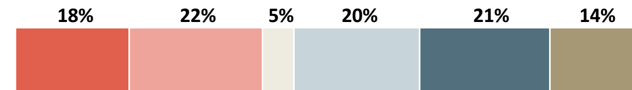


- Unsurprisingly, those who had visited the centre were more concerned about the possible impact of it closing down than those who had not used the centre.

Those who visited the centre:

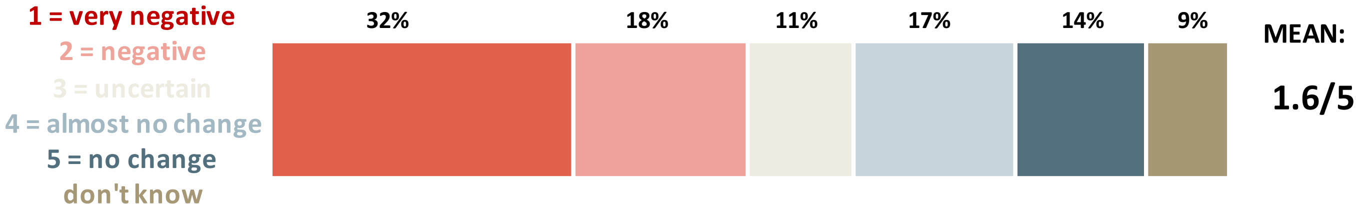


Those who have not visited the centre:



Question 2

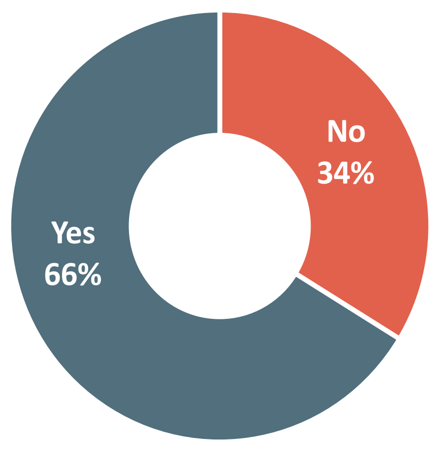
To what extent will the closure affect the ability of people with special needs to access services?



- 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

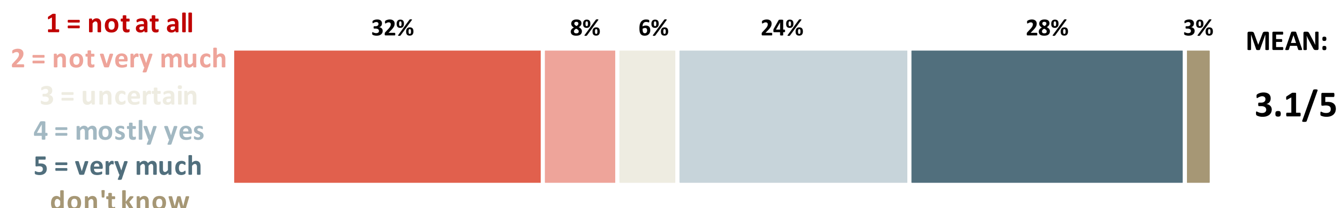
Were you aware of recent efforts by the IRC centre to get feedback on the services it offers?



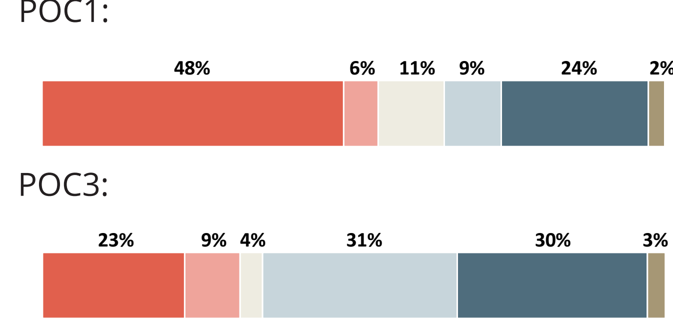
- Those who had visited the centre were more aware of the recent efforts. 74% of respondents who had visited the IRC centre indicated that they were aware.
- Respondents from PoC 3 were more aware than those in PoC 1 (72% Vs 57%).

Question 4

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

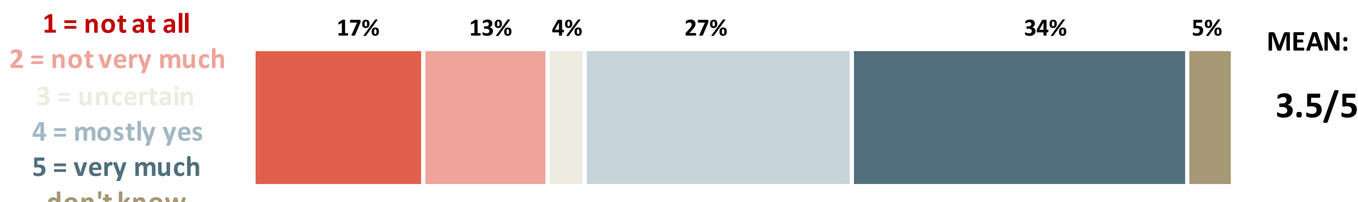


- Respondents from PoC 1 and PoC 3 varied in their answers: PoC 1 scored a mean of 2.5 while the mean for POC 3 was 3.4.
- In addition, those with physical problems (disabled and the elderly) were more negative (mean score of 2.6 compared to the total mean of 3.1).



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 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 access 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

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

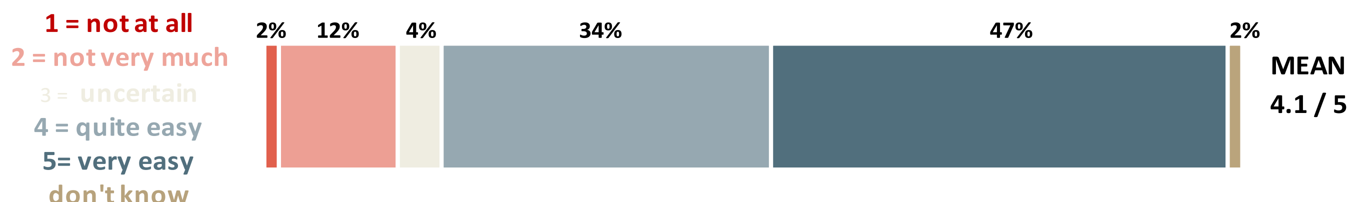
The bar charts in this report show the frequency (in %) that each option was chosen for a particular question, with colours ranging from dark red for negative answers to dark blue for positive ones. A legend on the left side of each bar chart shows the answer options given to respondents. The mean score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

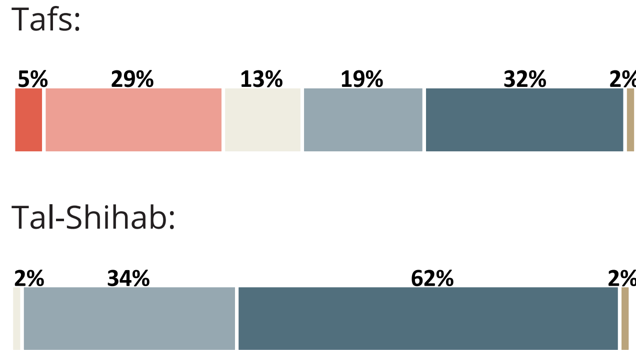
Survey Questions

Question 1

How easy is it to get to the hospital?

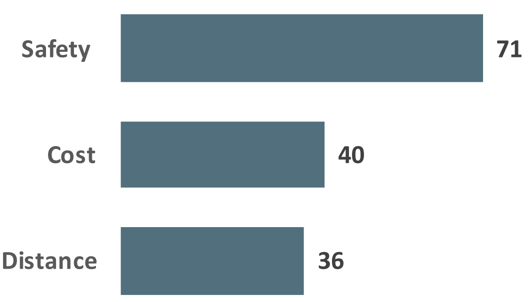


The results for all sub-districts were mostly positive, except for Tafs, where 34% of respondents found it not easy to get to the hospital. Older respondents found it more difficult to reach the hospital than younger respondents.



Follow-up question

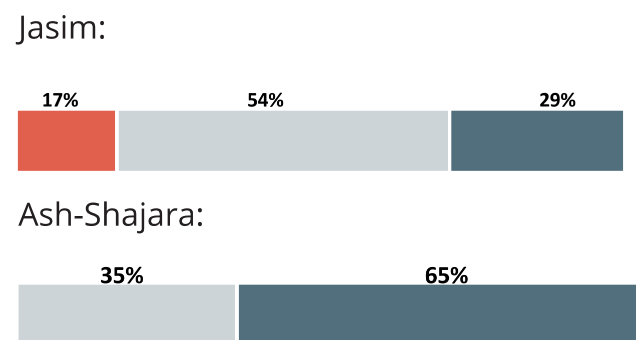
If you did not find it easy to get to the hospital, why? (total numbers)



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.



Question 3

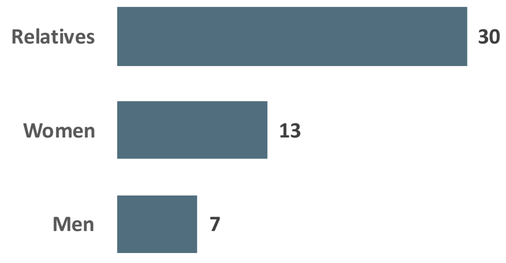
Does the health facility treat some people better than others?

Tal-Shihab:

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%).

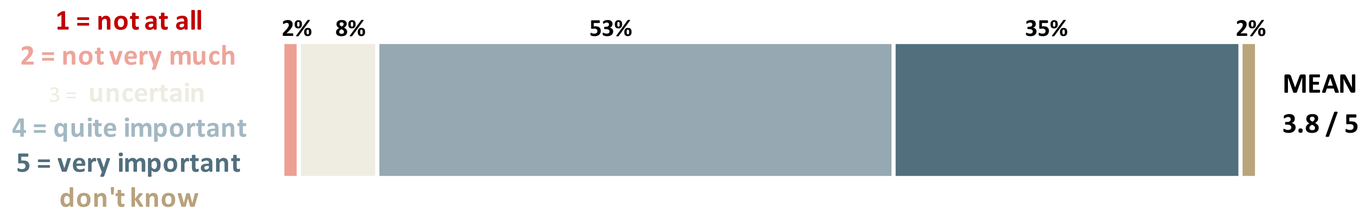
Follow-up question:

Who is treated better than others? (total numbers)



Question 4

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

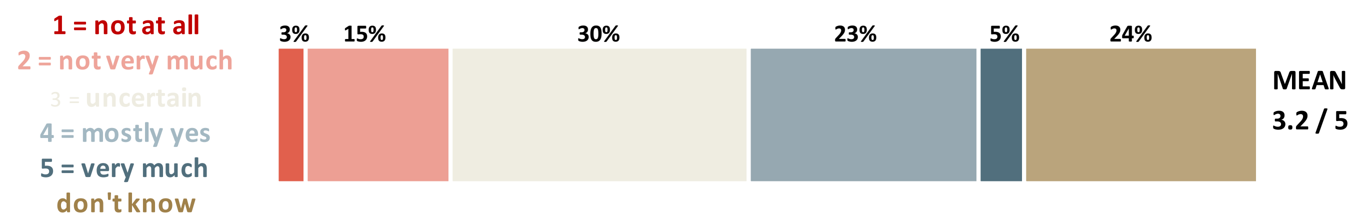


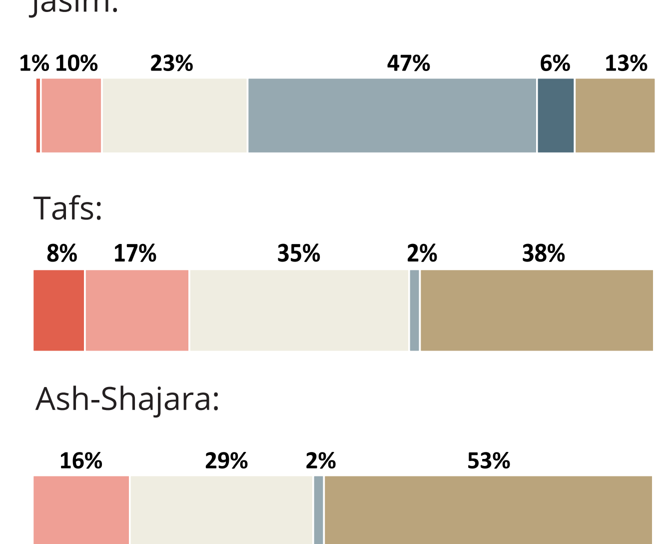
Rafid:

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?

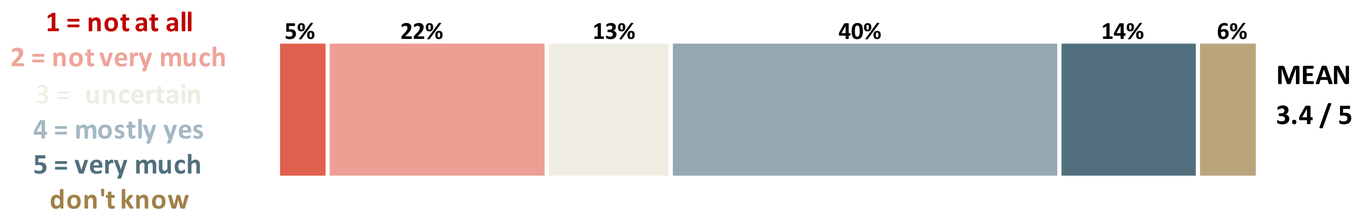


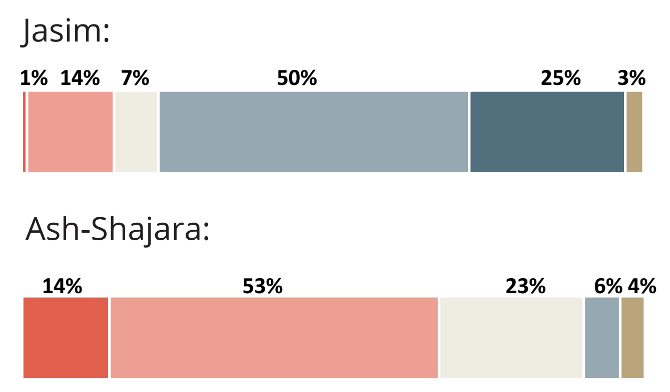


The majority of respondents answered either 'uncertain' or 'don't know'. Similar to question 6, ("How optimistic are you about the future?"), respondents from Jasim were the most positive, and those from Tafs and Ash-Shajara were the least positive (mean of 2.5 and 2.7). There is a positive correlation 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.

Question 6

How optimistic are you about your future?





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.

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?

No 10
Yes 516

Have you used the hospital before?

No 95
Yes 421

Location

Queneitra 50
Izra' 132
Dar'a 334

Gender

Female 216
Male 300

Age

15-27 115
28-35 140
36-44 124
45-78 137

Education level

No education 49
Primary 78
Intermediate 117
Secondary 152
University College 120

Citizenship status

IDP 155
Host 361

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.

Client Voice and Choice Initiative

Southern Syria

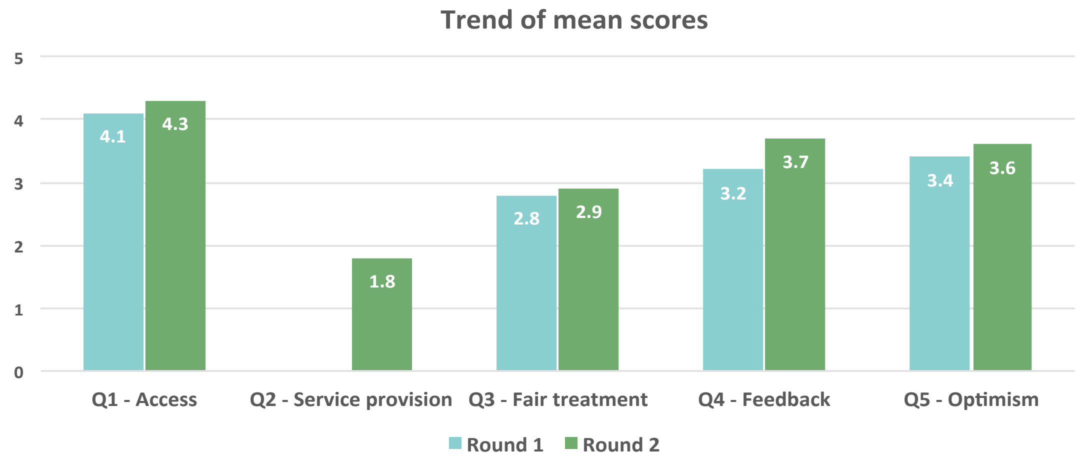
Round 2 – June 29 until July 15, 2016

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.

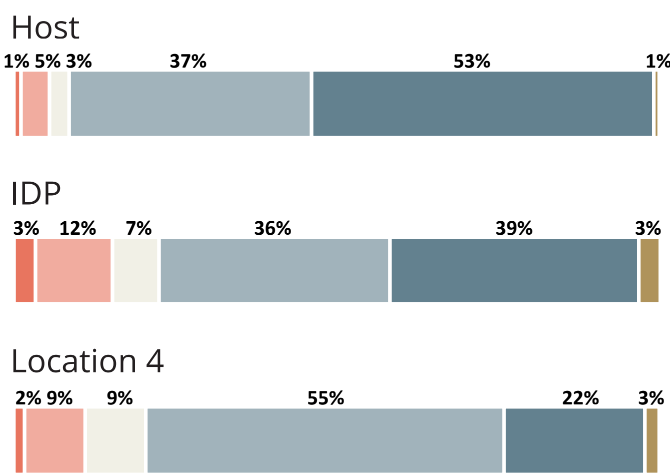
Survey Questions

Question 1

How easy is it to get to the hospital?

Access is generally improving

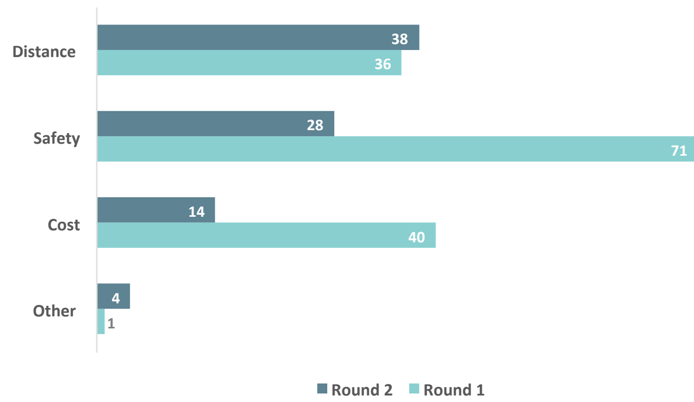
Overall, people find it easy to access the hospitals. We see an increase in the mean score from 4.1 in Round 1 to 4.3 in Round 2. Some 86% of respondents say they find it quite easy or very easy to get access to the hospital. IDPs (mean of 4.0) find it less easy to get access compared to the host community (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.

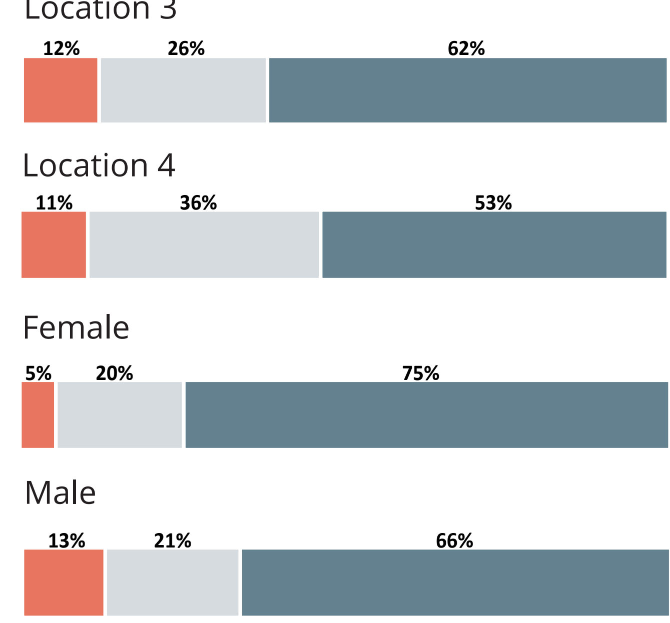


Question 2 (new question developed for round 2)

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

Hospitals are providing relevant services

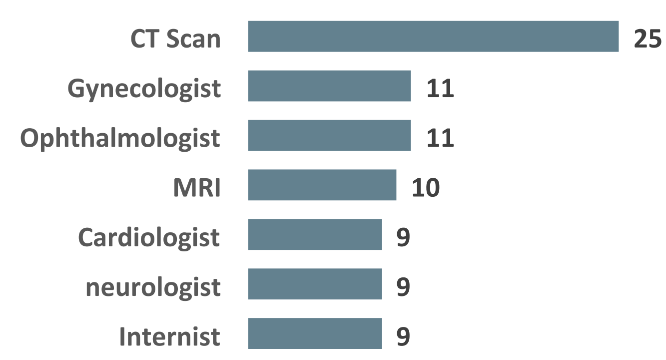
Overall, people report that the hospitals provide relevant and necessary services: 71% of the people answer 'yes', 20% feel that services are 'partially relevant' and only 9% say that the services they need are not provided by hospitals. Location 3 and location 4 have the lowest scores with 62% and 53%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



Follow-up question 1

Which services are missing?

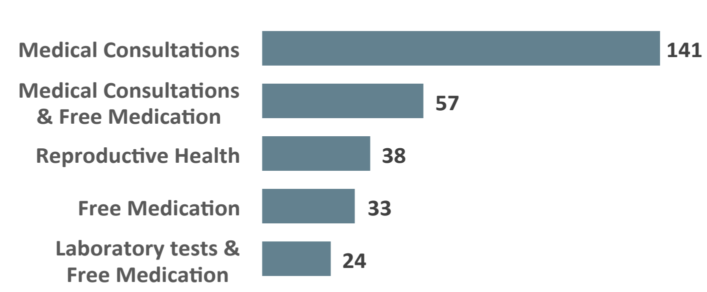
CT Scan was named most frequently as the service missing, followed by specialized medical staff and MRI machines.



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.



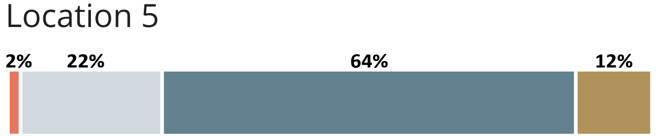
Question 3

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.

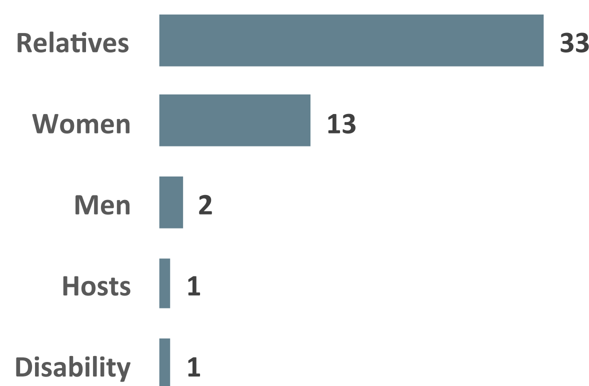
Location 5



Follow-up question

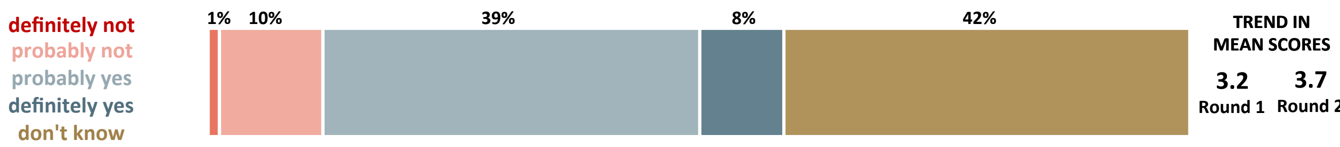
Who is treated better than others? (total numbers)

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?



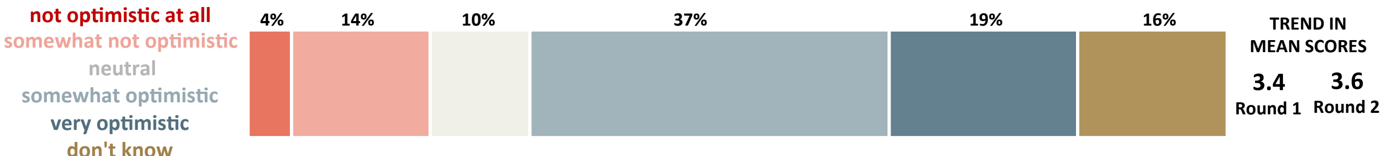
Respondents unsure if their feedback will be responded to

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'.

Location 2

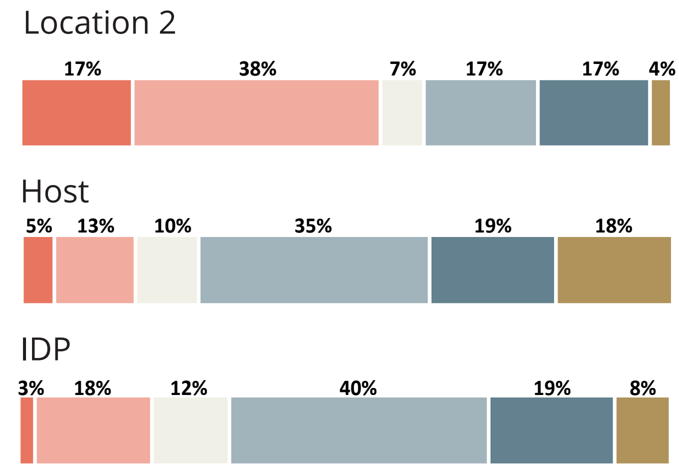
Question 5

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.

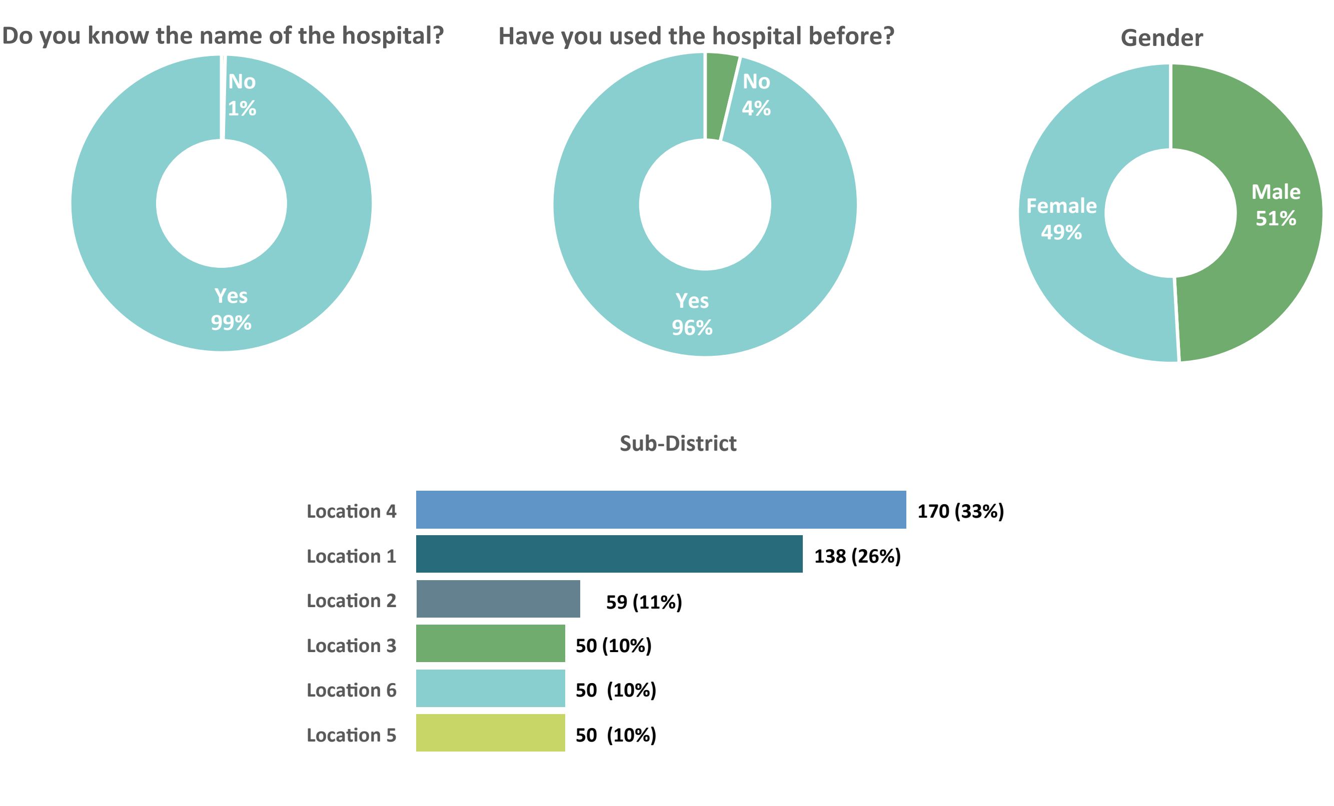
Respondents were approached on the street using an opportunity sampling methodology. They were asked if they knew the health facility and whether they wanted to participate in the survey.

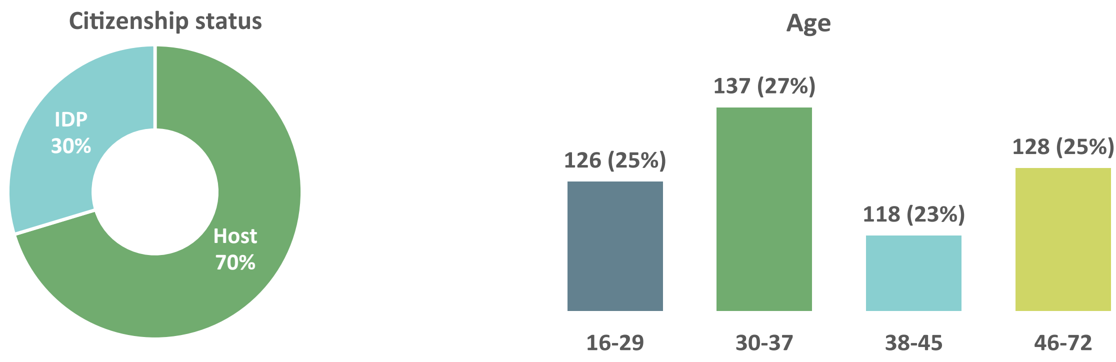
Location	Sample size	Estimated catchment population provided through health facility
Location 1	138	170,000
Location 2	59	60,000
Location 3	50	10,000
Location 4	170	250,000
Location 5	50	20,000
Location 6	50	20,000
Total Sample:	517	
Exclusions	8 [1]	
Male Sample	259	
Female Sample:	250	

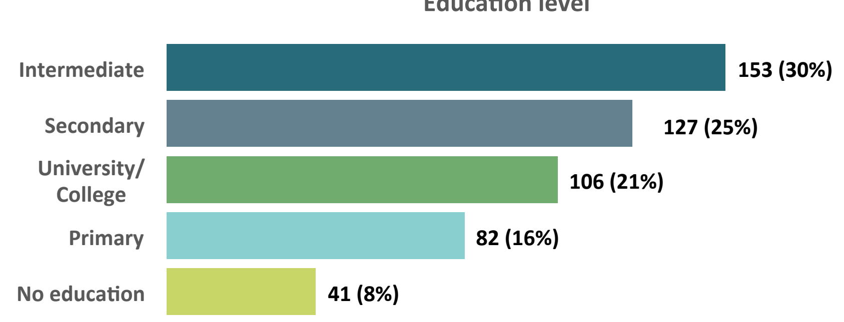
[1] Exclusions of people who did not know the hospitals or did not want to participate in the survey.

Demographics

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







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	Defnitely 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.