INTERNATIONAL RESCUE COMMITTEE

IRC Client Voice and Choice Initiative and Ground Truth Solutions

Pilot Case Study: Health Programme

Southern Syria; Jordan Cross-Border Implementation

July 2016

What is Client Responsiveness?

For the International Rescue Committee (IRC), being responsive means understanding our clients' perspectives—their preferences, aspirations, and expectations—and reflecting those in decision-making processes.

For further information, please see Annex 3. Client Responsiveness Performance Matrix.

Overview

Host Programme; Location: Health, implemented by the IRC Jordan cross-border team and Syrian Arab Medical Society (SAMS); southern Syria
Pilot 5: Internal data collection
Pilot Date: January 2016–July 2016
Survey Dates: March 2016 (Round 1) and June–July 2016 (Round 2)

Summary of Key Learning from Pilots

- **Strengthen capacity for conducting surveys and facilitating focus group discussions.** The Jordan cross-border team have no direct access to clients inside Syria, and instead work through a team of research and monitoring and health assistants based in Syria. These staff received basic training to perform the monitoring and evaluation functions, but required additional training to facilitate dialogue sessions as part of the Ground Truth approach. Although this training initially required time and effort to conduct, resulting in some delays between survey Rounds 1 and 2, these staff now have improved capacity for undertaking similar exercises in the future. Programme teams should consider when and how to accommodate the necessary upfront investments in strengthening the capacity of staff and partners for implementing the client feedback loop.

- **Integrate the client feedback loop into the programme design from the outset to improve buy-in and ownership.** There was reluctance among some programme team members hosting the pilot to devote time and attention to implementing each stage of the Ground Truth cycle. The IRC's Client Voice and Choice (CVC) team and Ground Truth explained the rationale behind the methodology and sought to ensure that the client feedback loop was designed to accommodate the constraints faced by the programme team and addressed their needs. However, client responsiveness often competes with other programme team priorities. The pilot was tested in addition to and alongside routine programme implementation and monitoring and evaluation practices. To alleviate this challenge would have involved integrating a feedback methodology into the programme implementation plan and staff roles and responsibilities from the beginning. Additional efforts by humanitarian organisations in general are necessary to motivate and incentivise staff in the field to prioritise client responsive practices alongside other key priorities.

- **Involve partners in the design and implementation of the feedback mechanism.** The Jordan cross-border team partner SAMS was involved in the design of the client feedback mechanism and motivated and committed to client responsiveness. The Jordan team felt that SAMS could have been further involved. This underlies the importance of organisations working with partners together to be more client and partner responsive.

Annexes for Reference

1. Background on IRC's Commitment to Client Responsiveness
2. Background on Ground Truth Piloting
3. Client Responsiveness Performance Matrix
4. Pilot Feedback Reports from the Ground Truth Surveys

Host Programme Description

The programme objective is to provide immediate healthcare assistance to conflict-affected communities in southern Syria and support the reestablishment of health services in partnership with Syrian non-governmental organisations and civil society groups. The programme provides health facilities in southern Syria with medical supplies, equipment, and medicine, and also provides staff incentives and operational costs, including fuel, to facilities through partner organisations.

Programme services are available to everyone who needs them; clients are those people who come to the health facility to access services. While health facility staff (SAMS) may also, in some ways, be considered clients since partner perspectives are of equal importance to the IRC, for the purpose of this pilot only the users of the health facility were surveyed.

The programme is funded by USAID's Office of U.S. Foreign Disaster Assistance and the UK Department for International Development.

Pre-Existing Programme Responsiveness and Barriers to Responsiveness

The Jordan cross-border team were cognisant of the importance of client responsiveness and very familar with client responsive practices. Key team members interviewed highlighted the importance of obtaining information that is actionable and managing client expectations.

Nevertheless, the Jordan team indicated that it collected a lot of information that was currently not used; the volume of information exceeds capacity to analyse and interpret it and, without that ability, to systematically apply it to inform programme design and delivery decisions. In addition, between the different actors conducting various surveys and focus group discussions, clients quickly tire of responding, a condition referred to as "survey fatigue."

As the pilot began, the programme would be identified as poor, according to the draft Client Responsiveness Performance Matrix (Annex 3.).

Improvements to Responsiveness Following the Pilots

Despite initial reluctance regarding time and effort required to introduce the Ground Truth feedback mechanism, the Jordan cross-border team were thorough and diligent in administering the survey, facilitating the dialogue sessions with local leaders, and taking course-corrective action. If the feedback and response mechanism is integrated into programme plans, staffing roles and responsibilities, and budgets from the outset of future programming, this will lead the Jordan team's health programme to demonstrate a satisfactory level of responsiveness.

The programme—like those in the rest of the Syria Response Region (SRR)—is committed to improving client responsiveness. If this commitment and its implications for action are also held by all staff, then the programme has a good chance of becoming responsive to its clients and partners.

Host Project Opportunities and Responsiveness Constraints

+ Most clients have access to the Internet and telephones, the primary means for the IRC to communicate with clients in southern Syria. The Internet and telephones also provide additional communication opportunities.
+ The Jordan cross-border team has a high level of awareness regarding client responsiveness and what it involves, and further supports a regional commitment to invest in client responsiveness. This strengthens process buy-in.

- Access is a major constraint in this pilot. The team cannot access programme locations at all. SAMS management—based in Amman, Jordan—has the same challenge. Both the Jordan team and SAMS have to work remotely with staff hired from and based inside southern Syria. Given the conflict, many skilled Syrians have already left the most affected areas, resulting in recruitment challenges, particularly for people with the capacities and skills required to facilitate the feedback mechanism.
- Given the emergency context, the Jordan team are overstretched regarding the demands of their daily work. This limits their capacity to progress as rapidly with the implementation of the feedback cycle as recommended by the Ground Truth approach.

Designing the Feedback Mechanism—What We Did

The feedback mechanism was designed in three stages:

Preparations: The programme team were invited to complete a questionnaire summarising the objectives and approach of the programme, options for accessing the clients to solicit client perspectives, and particular areas of client feedback that they wished to obtain.

Question Development: The CVC team and Ground Truth facilitated a workshop attended by country programme management, staff conducting monitoring and evaluation and communications, as well as those involved in specifically implementing the health programme. At the workshop, the team was invited to suggest themes for which to obtain information from their clients' perspectives. Ground Truth subsequently drafted questions that the Jordan team verified. The areas of interested cohered with the themes that the CVC team and Ground Truth identified as potentially relevant for all programme teams.

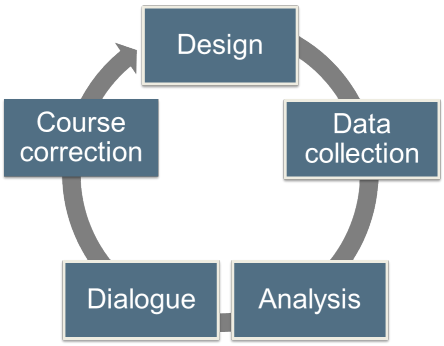
Question Testing: Given accessibility challenges, the initial testing had Ground Truth visit Health programme clients from southern Syria living in north Jordan and tested the questions with them. This activity subsequently refined the questions based on how the Jordan-based clients understood the questions.

Ground Truth Cycle

Description of Ground Truth Methodology

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

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



Designing the Feedback Mechanism—What We Learned

- **Adapt the design of the feedback mechanism to the capacity, motivation, and time of the programme team.** One of the key areas of learning for CVC and Ground Truth was the importance of the workshop in helping design the feedback mechanism and specifically to design survey questions. The Jordan cross-border team members contributing to the end-of-pilot review all commented that this was one of the most productive and useful parts of the Ground Truth process. However, the CVC and Ground Truth experience in facilitating the workshop suggested that the workshop could have taken place in a half, rather than full, day. For other country programmes considering how to best design a feedback mechanism, it would be incumbent upon them to recognise the most appropriate format for a workshop. Those staff leading the design of a feedback mechanism must be responsive to the preferences of the particular programme team in question.

- **Involve the partner in the design of the feedback mechanism.** Key SAMS staff were involved in the workshop, but could have been more involved in identifying themes to explore through the surveys and questions, according to the Jordan team. When implementing programmes through partners (where a humanitarian organisation's contact with its clients is minimal), teams need to recognise how to best support their partners to be more client responsive, ensure that the work they are delivering through their partners is responsive, and be more responsive to the partners themselves.

Implementing the Feedback Mechanism—What We Did

Survey Administration: The original intention of the pilot was to contract an external firm to collect data. This was identified as the preferable option for the Jordan cross-border team, given their workload and access challenges to the site locations. However, identifying a third-party firm with the capability and access to the site locations proved difficult. Ground Truth also explored a number of remote technology-based options for the data collection. In the end, the most viable option was to use IRC staff on the ground. IRC staff working inside Syria were trained to conduct the survey and subsequently administered it. The sample size was 526 people in Round 1 and 509 people in Round 2. There were two-and-a-half months between the Round 1 and Round 2 surveys.

Preparation of the Report: The survey data was passed from the Jordan team to Ground Truth, which prepared the Feedback Reports for each of the pilots after each survey round (see Annex 4. Pilot Feedback Reports from the Ground Truth Surveys). The reports provide a breakdown of question responses where relevant, and include some narrative interpretation of the data to prompt the Jordan team when reviewing the report.

Internal Dialogue: The Jordan team first discussed the results and potential course correction with their partner SAMS, then joined a call with CVC and Ground Truth to discuss the Feedback Reports, the issues to explore further in the dialogue sessions, and adjustments to the survey for the next round, where applicable. A standard set of questions were used to facilitate discussion on this call.

External Dialogue: The Jordan team arranged dialogue sessions with community leaders in the five locations where the surveys were conducted. The team relayed the feedback from the surveys to the leaders and sought their insights regarding certain information highlighted in the feedback. These activities prompted discussion about possible options for course correction. The team then prepared a brief report back from each of the five sessions.

Course Correction: The Jordan team identified what course corrections they could immediately make, including further awareness-raising efforts regarding the services provided at the health facilities.

Adaptation of the Feedback Mechanism: After the first round of feedback, CVC and Ground Truth worked with the Jordan team to adjust survey questions, which were reflected Round 2.

Survey Themes and Questions

These were the questions asked in Round 2, which were revised slightly following Round 1 to take account of overlaps in questions and the need to solicit further detail and clarity on responses to other questions.

1. (Access) How easy is it to get to the [name of hospital]?
2. (Service Quality) Does [name of hospital] provide the services you and your family need? (in Round 1, this question was framed as, "Do you know what health services are available at the hospital?")
3. (Respect and Dignity) Do you think the health facility treats some people better than others?
4. (Agency) Do you think the health facility will act on your feedback provided today?
5. (Outcomes) How optimistic are you about your future?

Implementing the Feedback Mechanism—What We Learned

- **Allow sufficient time between rounds for the project team to course correct in response to the feedback.** As in other pilots, the Jordan team indicated that they would have preferred additional time in between survey rounds and the dialogue sessions that follow to allow for completion of all the steps of the Ground Truth cycle (internal and external dialogue, as well as the training, translation, and other preparation needed in support) and for course correction without compromising the programme implementation schedule. Given the fast pace of the programming in southern Syria, CVC, Ground Truth, and the Jordan team had originally planned a one-month spacing between three rounds. After Round 1, it became evident that the Jordan team would need more time between rounds to complete the Ground Truth cycle and leave time to course correct. Thus, the Jordan team switched to a two-and-a-half month spacing, resulting in only two complete survey rounds rather than the intended three.

- **Use proxies for clients, where clients are not directly accessible.** Given the security context, it was not possible for the Jordan team to directly access clients for the purposes of facilitating focus group discussions. The Jordan team instead consulted local leaders in each of the five areas regarding the feedback results. In cases where client access is challenging, strategies such as this can be a useful way of closing the feedback loop back with the community in which the service is delivered, and effectively seek client perspectives on improving services.

Summary of Two Rounds of Client Feedback

The overall level of client satisfaction with the health facilities supported by the IRC and SAMS was generally very good. Positive responses to all questions (apart from question 2, which was newly introduced in Round 1) increased slightly from Round 1 to Round 2, perhaps reflecting the corrective action that the Jordan cross-border team took following Round 1 to raise awareness of the services offered at the health facilities.

Clients mostly reported that they had no problems accessing the facility, apart from in one location where more than one-third of respondents indicated that they faced some difficulties. The main barriers to access communicated by the clients were safety, cost of the services, and travel distance to the health facility.

In response to question 2 of Round 2, 71 percent of clients also indicated that the services provided generally met their needs, with a further 20 percent of clients reporting that they partially did. In a context like Syria, this is a commendable statistic. Female participants tended to be more positive than males overall.

Question 2 was originally formulated as, "Do you know what health services are available at the hospital?", with 49 percent of clients responding "Partially" and 11 percent responding "No."

Whether clients felt that the health facility services were provided fairly was less clear, with 29 percent of clients indicating they did not know, and 24 percent of clients in one site (the same site that reported more health facility access challenges) indicating that they thought that sometimes unfair treatment occurred.

Clients were similarly on the fence regarding whether they thought that the health facility would respond to any feedback that they provided. While 47 percent of clients indicated that they thought the health facility would respond, 42 percent of clients were unsure.

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

Following insight from Round 1 that highlighted that a significant number of clients were unaware of what health services were available at the facilities, the Jordan cross-border team conducted awareness sessions in each of the five programming locations. The sessions briefed clients on services available at the facility. The programme team also used this opportunity to gather additional feedback regarding specific services that the clients felt that the facilities lacked. Awareness-raising efforts are often one of the simplest course corrective activities that a programme team can do in response to client feedback and complaints. It can clarify what clients can expect and demand of the services, provide an opportunity to show that the implementing team is listening, and offer additional opportunity for feedback.

The Jordan team, SAMS, and the health facilities may wish to do more to explore the reasons why some clients in one site felt that services were not always offered fairly. [Note: Exact programme location sites are not identified to protect staff and clients.] The local leader consulted as part of the dialogue sessions following the survey also believed this to be the case; he indicated that preferential treatment for friends, relatives, and other network contacts is endemic. While substantial influence on the governance of the country is unlikely to be an option for the Jordan team and SAMS, they may wish to conduct additional awareness-raising sessions on humanitarian principles and to continue to monitor whether this hinders access of clients to the health facility services.

An open-ended question asked in Round 2 provided information on client perspectives on those services they thought were lacking at the health facilities. This information may be useful for the Jordan team and SAMS when working with the health facilities to identify what support to provide. The Jordan team has not yet investigated this in more detail, but CVC and Ground Truth recommend they consider doing so.

Next Steps and Recommendations from these Pilots

If the Jordan cross-border team and SAMS course correct in response to the feedback from clients, and continue to implement a feedback and response mechanism, over time they may see a positive improvement in the number of clients reporting that they believe that the health facility will act on their feedback. IRC's SRR programme teams are committed to introducing a region-wide programmatic feedback and complaints mechanism, to which the Jordan cross-border team will use. This bodes well for the sustainability of the programme team's efforts during the course of piloting the Ground Truth approach.

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

INTERNATIONAL RESCUE COMMITTEE

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

INTERNATIONAL RESCUE COMMITTEE

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.

INTERNATIONAL RESCUE COMMITTEE

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 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		
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.

INTERNATIONAL RESCUE COMMITTEE

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

GROUND TRUTH
SOLUTIONS

Client Voice and Choice Initiative

Southern Syria

Round 1 – March 25-28, 2016

INTERNATIONAL RESCUE COMMITTEE

UKaid
from the British people

Putting people first in humanitarian operations

Summary findings

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

Reading the Charts

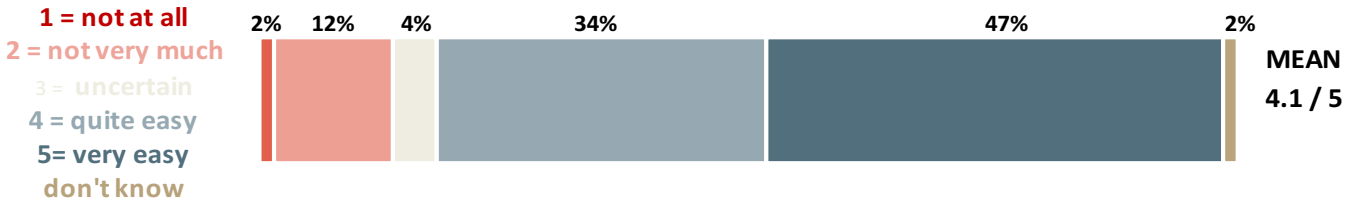
The bar charts in this report show the frequency (in %) that each option was chosen for a particular question, with colours ranging from dark red for negative answers to dark blue for positive ones. A legend on the left side of each bar chart shows the answer options given to respondents. The mean score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

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

Survey Questions

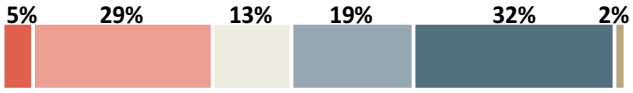
Question 1

How easy is it to get to the hospital?



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

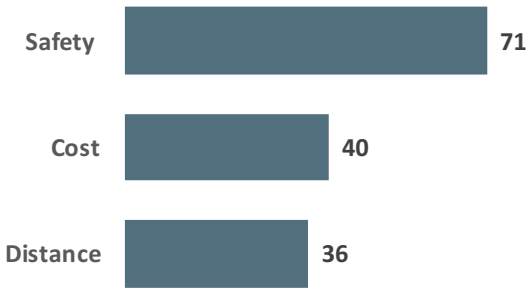
Tafs:



Tal-Shihab:

Follow-up question

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

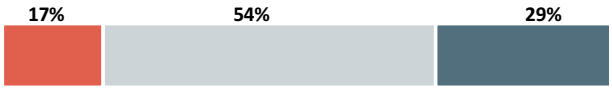


Question 2

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

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

Jasim:



Ash-Shajara:

Question 3

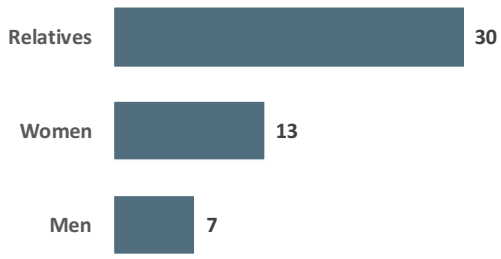
Does the health facility treat some people better than others?

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

Tal-Shihab:

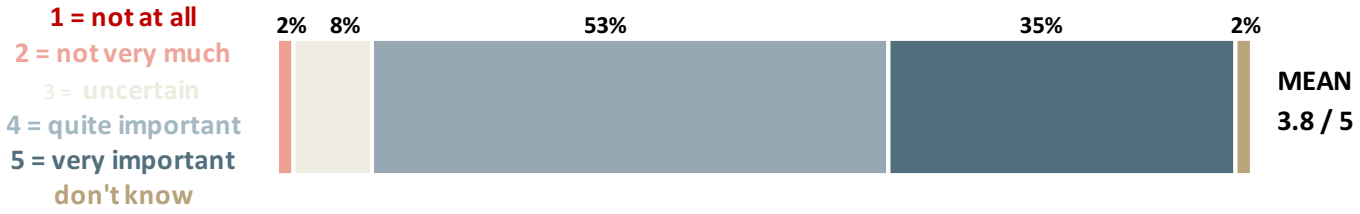
Follow-up question:

Who is treated better than others? (total numbers)



Question 4

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

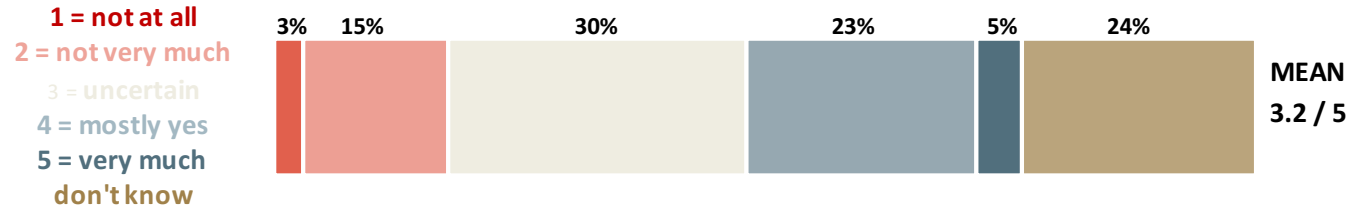


Responses were overall very positive, particularly those from Rafid. There was a positive correlation between this question and question 1 ("How easy is it to get to the hospital?"), i.e. respondents who found it easy to access the hospital also tended to find it important in meeting their family's health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

Rafid:

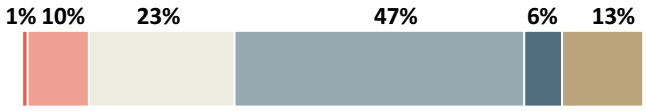
Question 5

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

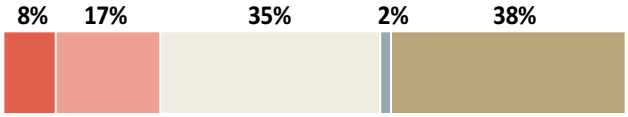


The majority of respondents answered either 'uncertain' or 'don't know'. Similar to question 6, ("How optimistic are you about the future?"), respondents from Jasim were the most positive, and those from Tafs and Ash-Shajara were the least positive (mean of 2.5 and 2.7). There is a positive correlation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

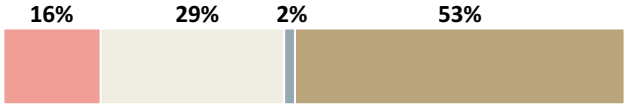
Jasim:



Tafs:

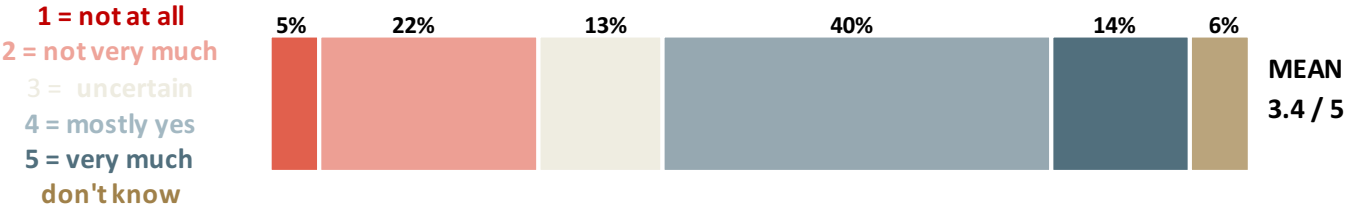


Ash-Shajara:



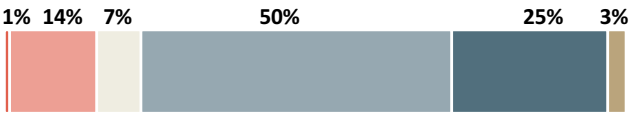
Question 6

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.

Jasim:



Ash-Shajara:

Background

In April 2015, the IRC launched the Client Voice and Choice Initiative (CVC) to meet the strategic commitment of becoming more responsive to its clients – people affected by conflict and disaster around the world. Under this DFID-funded initiative, the IRC has partnered with Ground Truth Solutions (GT) to collect feedback from clients and bring their perspectives more systematically into decision-making calculations.
In southern Syria, IRC and GT are collecting three rounds of feedback for the IRC's health program in Southern Syria (Dar'a and Quneitra governorates). Under this program implemented in partnership with Syrian NGOs, the IRC supports health facilities inside Syria through the provision of medical supplies and financial incentives to health facility staff. Respondents are people living in catchment areas surrounding selected health facilities in six sub-districts (Rafid, Jizeh, Tafs, Jasim, Ash-Shajara and Tal Shihab).

Methodology

Survey Development

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

Data Collection

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

Sample Design

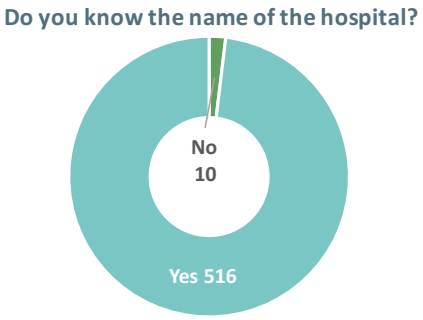
The sample size was 526 respondents, out of which 516 (98%) knew the health facilities the survey refers to and were hence asked the main questions of the survey. The sample was drawn from the populations living in catchment areas of around 5 km surrounding selected health facilities in six locations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

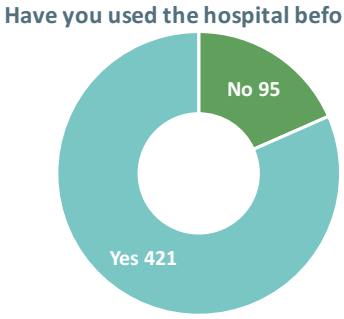
Location	**Sample size**	**Estimated catchment population provided through health facility**
Jasim	50	10,000
Jizeh	58	60,000
Rafid	170	250,000
Tafs	132	170,000
Tal-Shihab	51	20,000
Ash-Shajara	55	20,000
Total Sample:	516	
Female Sample:	216	

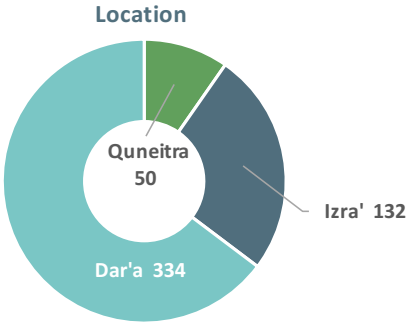
The sample for question 3 was only 485, after removal of invalid responses.

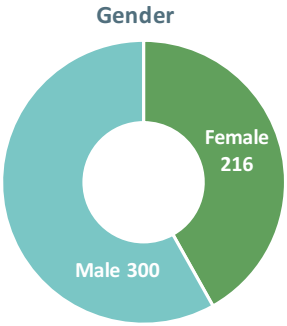
Demographics

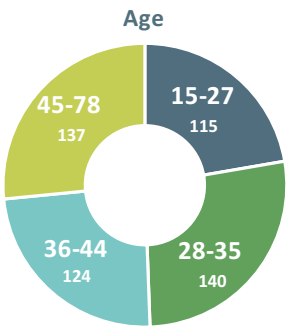
The following graphs provide additional information from questions posed to all respondents at the beginning of the survey:

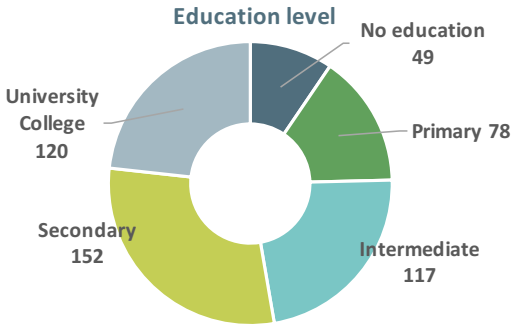


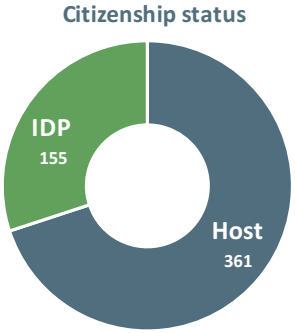












Annex

Breakdowns per health facility

District	Not at all	Not very much	Uncertain	Quite easy	Very easy	Don't know
Jasim	0	5%	0	50%	45%	0
Jizeh	0	9%	0	29%	59%	3%
Rafid	0	4%	0	28%	68%	0
Tafs	5%	29%	13%	19%	32%	2%
Tal Shihab	0	0	2%	34%	62%	2%
Ash-Shajara	0	0	0	47%	49%	4%

Question 1.b : If you did not find it easy, why?*

District	Cost	Distance	Safety
Jasim	5	5	3
Jizeh	2	5	0
Rafid	1	2	0
Tafs	32	24	68
Tal Shihab	0	0	0
Ash-Shajara	0	0	0

Question 2: Do you know what health services are available at [name of hospital]?

District	No	Partially	Yes
Jasim	17%	54%	29%
Jizeh	10%	38%	52%
Rafid	6%	44%	50%
Tafs	12%	57%	31%
Tal Shihab	5%	44%	51%
Ash-Shajara	0	35%	65%

Question 3: Does the health facility treat some people better than others?

District	No	Sometimes	Yes	Don't know
Jasim	62%	5%	8%	25%
Jizeh	66%	16%	0	18%
Rafid	46%	11%	0	43%
Tafs	56%	4%	4%	36%
Tal Shihab	53%	22%	6%	19%
Ash-Shajara	81%	2%	2%	15%

Question 3.b : Who is treated better than others?*

District	Relatives	Men	Women	Other
Jasim	14	0	0	5
Jizeh	4	0	1	0
Rafid	1	0	4	0
Tafs	4	7	1	1
Tal Shihab	13	0	7	0
Ash-Shajara	2	0	0	0

Question 4: How important is [name of hospital] in meeting your family's health needs?

District	Not important at all	Not very important	Uncertain	Quiet important	Very important	Don't know
Jasim	1%	0	4%	76%	19%	0
Jizeh	2%	3%	0	45%	50%	0
Rafid	0	0	0	36%	62%	2%
Tafs	0	4%	17%	49%	26%	4%
Tal Shihab	0	0	14%	42%	44%	0
Ash-Shajara	0	0	0	43%	55%	2%

Question 5: If you provide feedback to the health facility, do you think they will act on it?

District	Not at all	Not very much	Uncertain	Mostly yes	Very much	Don't know
Jasim	1%	10%	23%	47%	6%	13%
Jizeh	0	14%	36%	26%	10%	14%
Rafid	0	18%	36%	26%	10%	10%
Tafs	8%	17%	35%	2%	0	38%
Tal Shihab	2%	16%	22%	47%	9%	4%
Ash-Shajara	0	16%	29%	2%	0	53%

Question 6: How optimistic are you about your future?

District	Not at all	Not very much	Uncertain	Mostly yes	Very much	Don't know
Jasim	1%	14%	7%	50%	25%	3%
Jizeh	16%	14%	3%	34%	33%	0
Rafid	8%	18%	10%	46%	16%	2%
Tafs	4%	25%	16%	38%	4%	13%
Tal Shihab	0	20%	14%	53%	11%	2%
Ash-Shajara	14%	53%	23%	6%	0	4%

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

GROUND TRUTH
SOLUTIONS

Client Voice and Choice Initiative

Southern Syria

Round 2 – June 29 until July 15, 2016

INTERNATIONAL RESCUE COMMITTEE

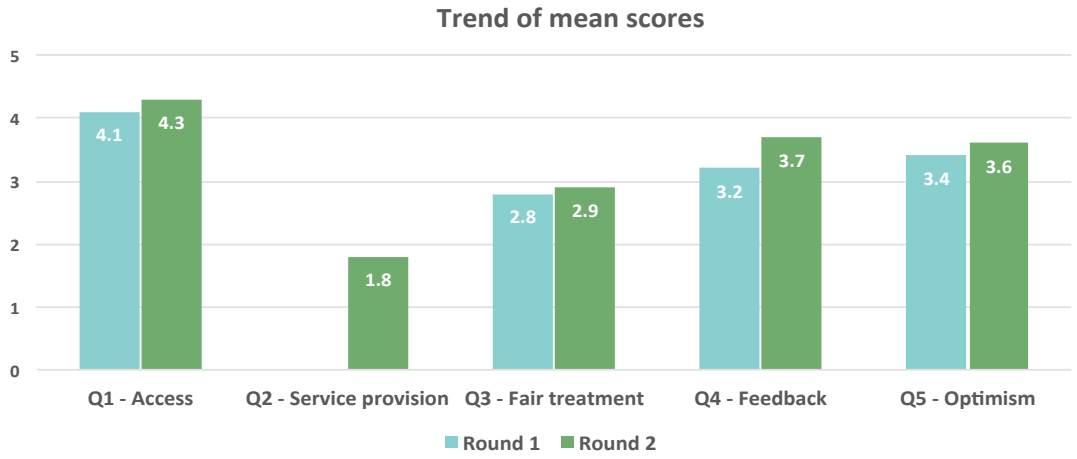
UKaid
from the British people

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.

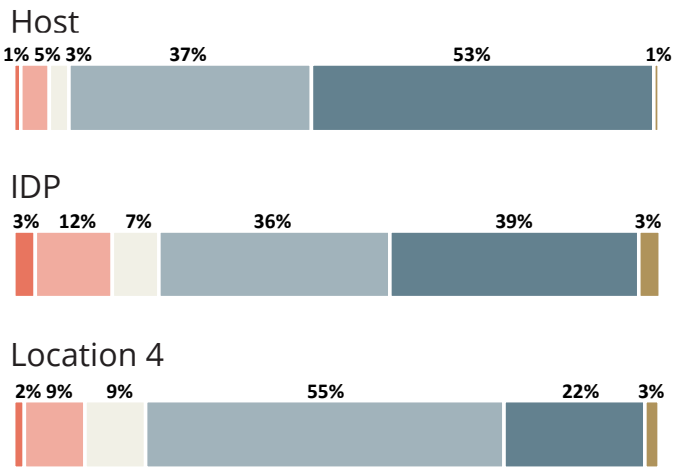
Survey Questions

Question 1

How easy is it to get to the hospital?

Access is generally improving

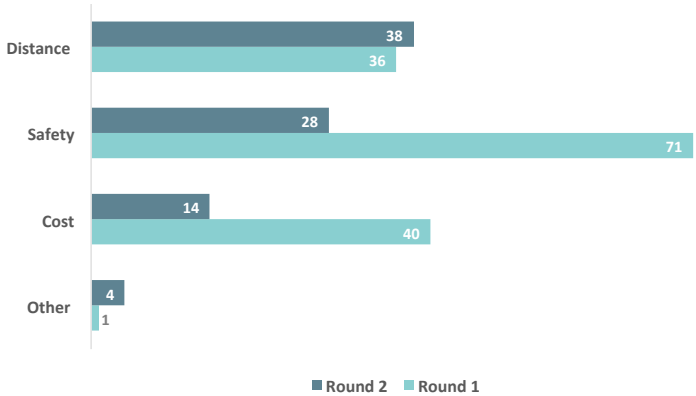
Overall, people find it easy to access the hospitals. We see an increase in the mean score from 4.1 in Round 1 to 4.3 in Round 2. Some 86% of respondents say they find it quite easy or very easy to get access to the hospital. IDPs (mean of 4.0) find it less easy to get access compared to the host community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

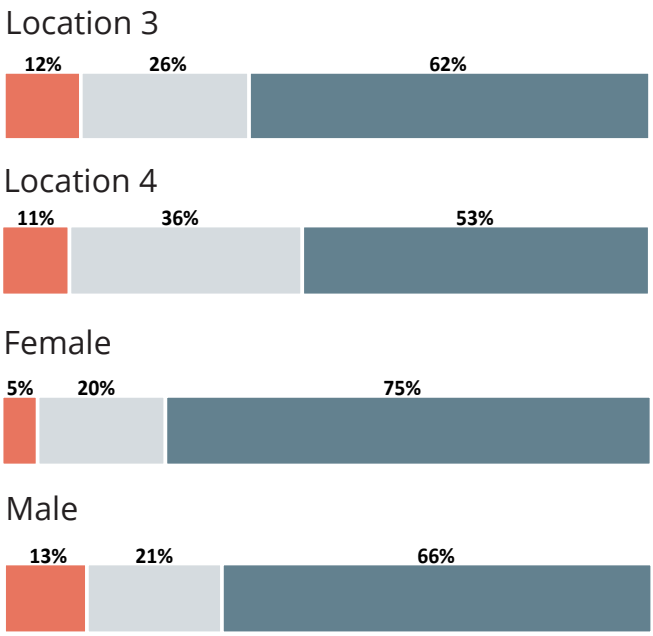


Question 2 (new question developed for round 2)

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

Hospitals are providing relevant services

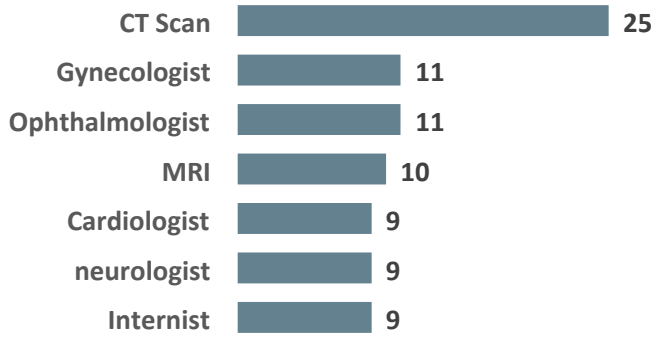
Overall, people report that the hospitals provide relevant and necessary services: 71% of the people answer 'yes', 20% feel that services are 'partially relevant' and only 9% say that the services they need are not provided by hospitals. Location 3 and location 4 have the lowest scores with 62% and 53% 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?

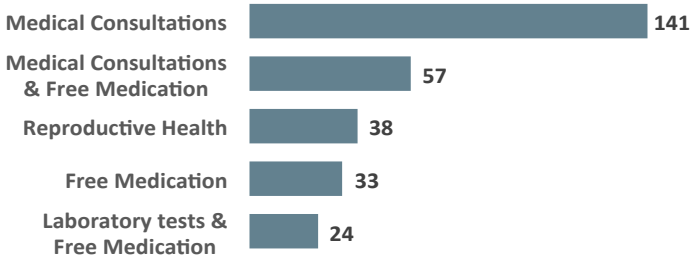
CT Scan was named most frequently as the service missing, followed by specialized medical staff and MRI machines.



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.



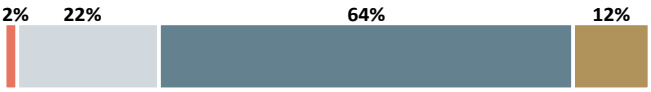
Question 3

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.

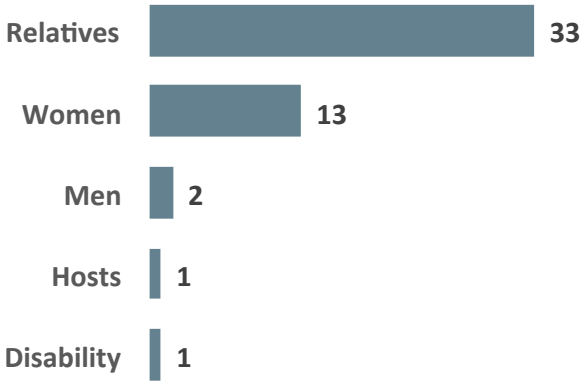
Location 5



Follow-up question

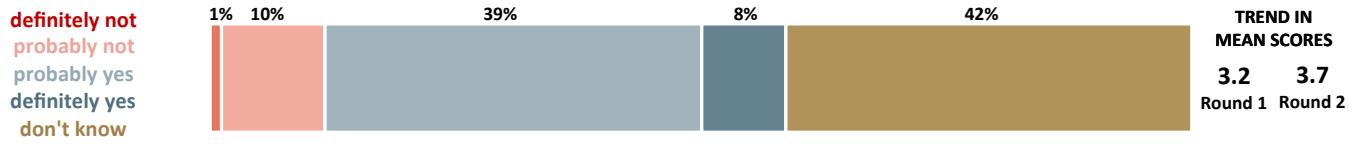
Who is treated better than others? (total numbers)

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?



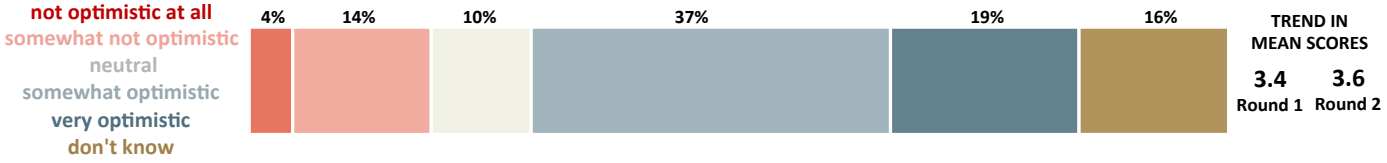
Respondents unsure if their feedback will be responded to

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

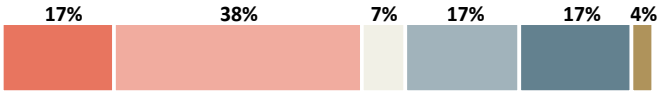
How optimistic are you about your future?



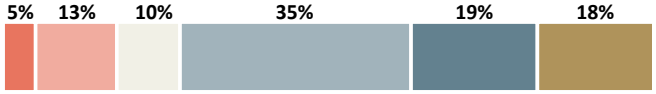
Respondents are cautiously optimistic

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.

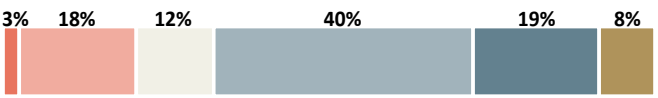
Location 2



Host



IDP



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.

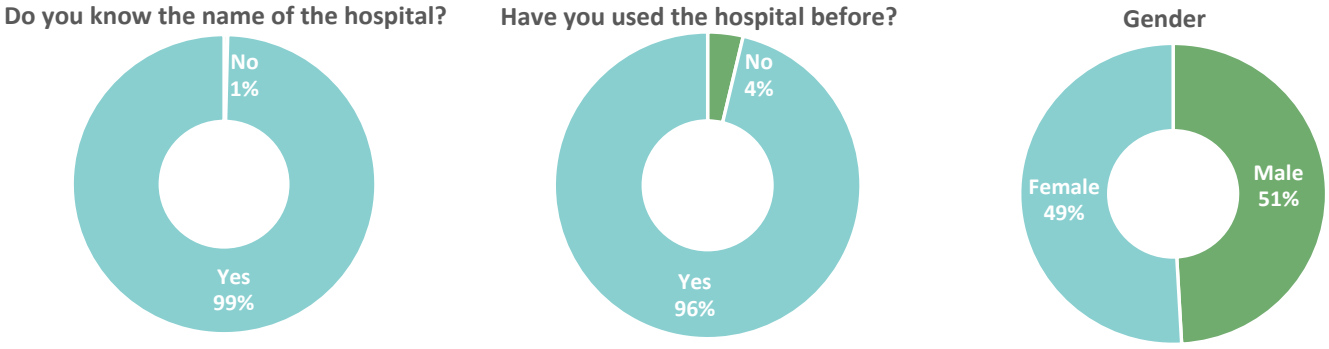
Respondents were approached on the street using an opportunity sampling methodology. They were asked if they knew the health facility and whether they wanted to participate in the survey.

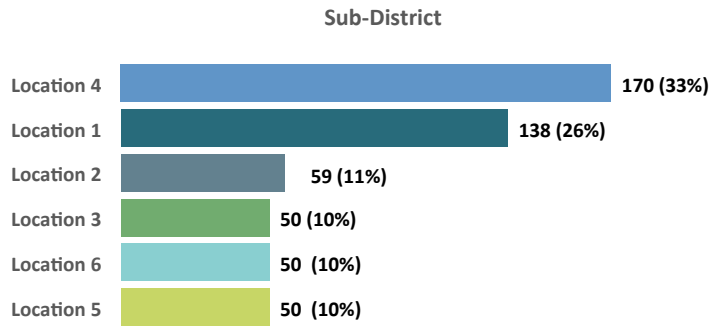
Location	Sample size	Estimated catchment population provided through health facility
Location 1	138	170,000
Location 2	59	60,000
Location 3	50	10,000
Location 4	170	250,000
Location 5	50	20,000
Location 6	50	20,000
Total Sample:	517	
Exclusions	8 [1]	
Male Sample	259	
Female Sample:	250	

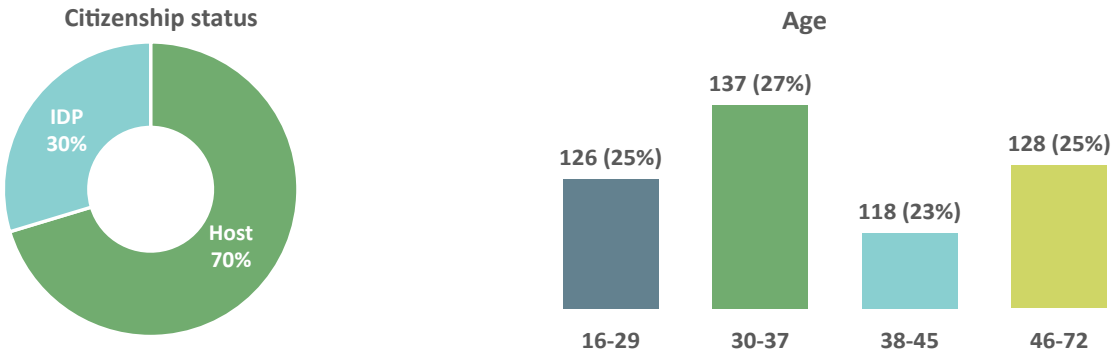
[1] Exclusions of people who did not know the hospitals or did not want to participate in the survey.

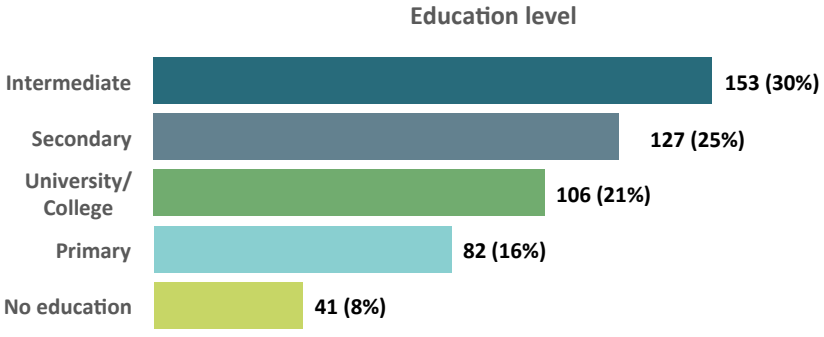
Demographics

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.