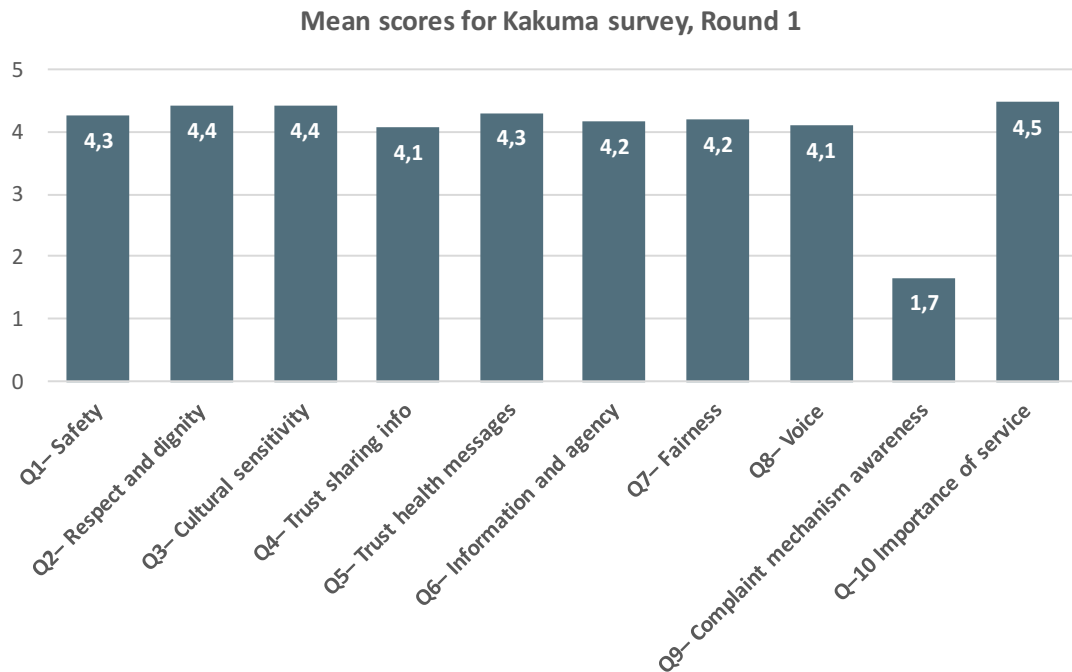




## Client Voice and Choice Initiative: Kakuma / Kenya - Round 1



### Summary

Overall, scores are very positive. This is a good indication of how the programme is working and how it interacts with the community. That said, these scores should not be a cause for complacency, and there are areas for improvement, especially among particular community groups. In addition 21% of respondents had never been visited by a CHP, and this is an area for concern. It is important to close this feedback loop, and discuss the data with community members, which can help surface additional insight and possible ways forward. This is even more important given one comment received during the collection process - "We are constantly being asked questions by different people from different agencies but we do not see change." - closing the loop can help overcome the natural survey fatigue people can feel, and improves the relationships between IRC and the community.

### Headlines

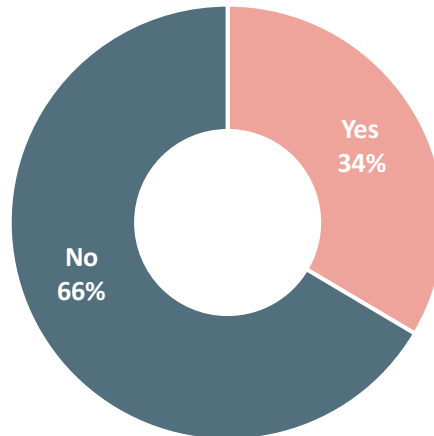
Those over 50 years old are regularly more positive than those aged 26-49. This is true for being treated with respect and dignity, CHP cultural sensitivity and trusting the CHP with confidential information. Those over 50 also feel the most involved in determining how the service is offered, although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

Somali respondents were often the least positive - trusting the CHPs and the health messages less, citing higher levels of discrimination, feeling the least involved in service delivery decisions and being less aware about how to complain. South Sudanese on the other hand tended to be the most positive, feeling safer and more involved in how the services are run.

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



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



**Question analysis**

- Somewhat unsurprisingly, those who answered positively about trusting the health information also felt that they had the information they needed to make health choices.
- Those who answered positively about having a say in how service were provided tended to answer positively about trusting the CHP with their confidential information too.
- Two thirds of respondents did not know how to make a complaint. Of the 56 people who did, most felt comfortable making complaints through community leaders (62%). A further 20% prefer complaining direct to IRC staff, followed by via help desks (11%) and suggestion boxes (7%).
- Of the 20 people who identified groups who were excluded, 40% selected ethnic minorities and 25% chose both the elderly and women and children.

**Demographic Breakdown of respondents**

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

**Methodology**

This report presents the feedback from 200 inhabitants of the Kakuma Refugee Camp, Turkana County, Kenya. Data were collected during the week of 11 April 2016 via household surveys conducted by IRC trained incentive staff in English, Kiswahili, Somali and Arabic. The camp was randomly divided into clusters. Within each cluster, blocks were selected using purposive sampling to ensure ethnic diversity among respondents. Within blocks, households were selected randomly.