



**GROUND TRUTH  
SOLUTIONS**

**Client Voice and Choice Initiative**

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iCCM Program / Aweil East / South Sudan

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Round 3 External – May 25th, 2016

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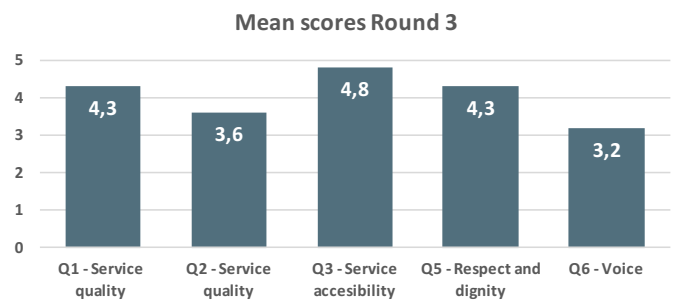
*Putting people first in humanitarian operations*

## Summary findings

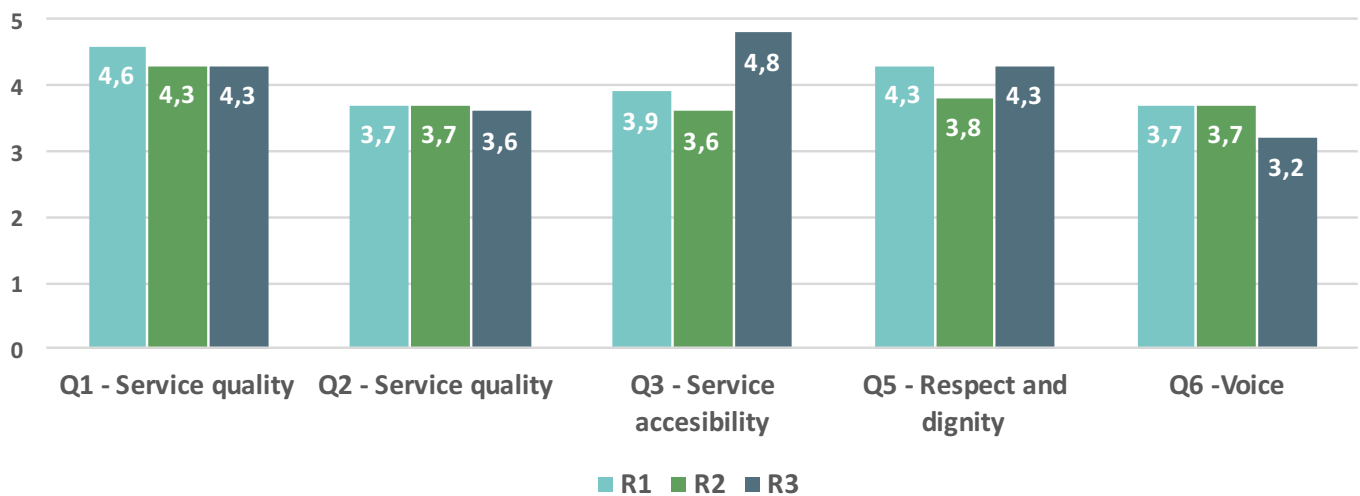
As part of the IRC Client Voice and Choice Initiative (CVC) to meet the strategic commitment of becoming more responsive to its clients, GT had been collecting feedback on the IRC’s iCCM programme in Northern Bahr el Ghazal (South Sudan). This report represents the 3rd and final feedback on the programme.

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

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



### Trend of mean scores



## Survey Questions

### Q1. SERVICE QUALITY

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



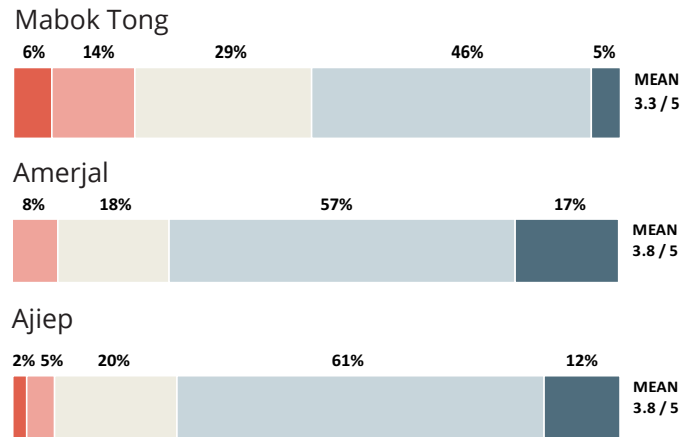
Mean scores for this service quality question are the same as in round 2, with no significant differences among demographic groups.

## Q2. SERVICE QUALITY

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

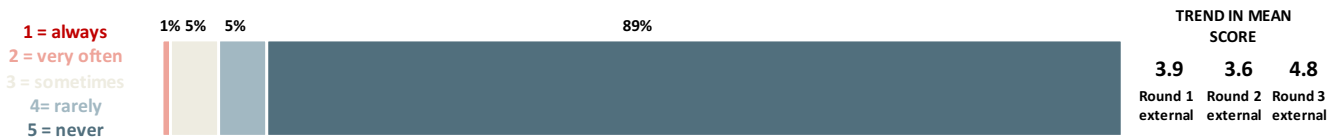


Similar to above, the mean scores for this question on information provision has remained similar across all three rounds. There is still room for improvement here, and we would expect to see scores slowly rise over time. Respondents from Amerjal and Ajiep were more positive than those from Mabok Tong.



## Q3. SERVICE ACCESIBILITY

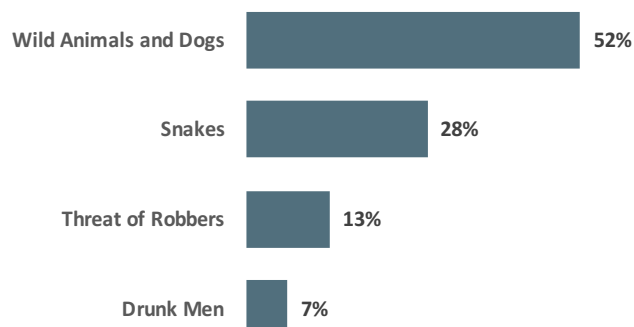
Have you faced any danger or threats to your physical safety when accessing the CBD services?



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

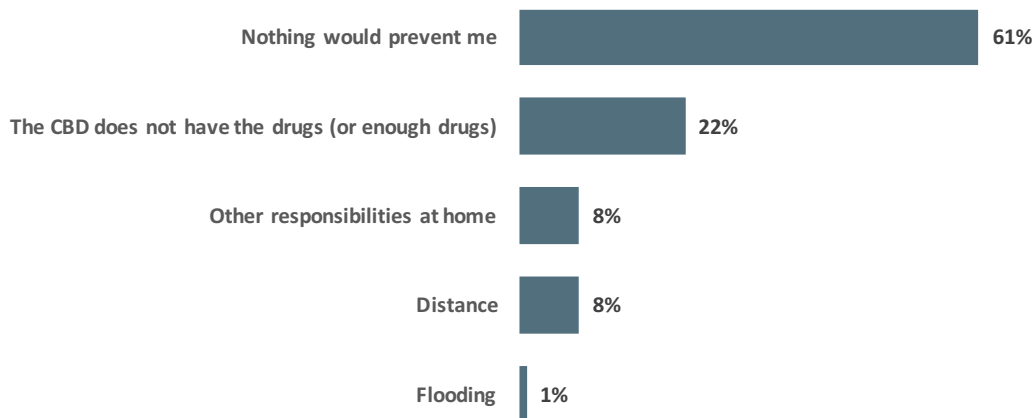
### Q3.1. Follow-up question

What kind of danger or threat have you faced?



### Q4. SERVICE ACCESIBILITY

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



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

### Q5. RESPECT AND DIGNITY

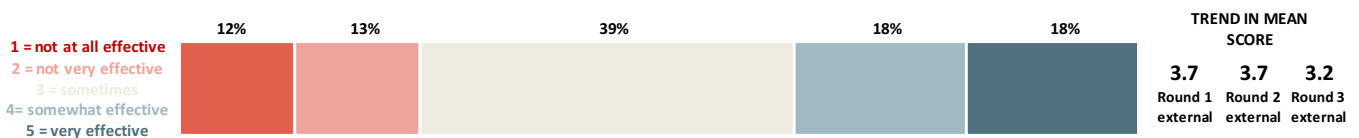
Does the CBD treat people with respect and dignity?



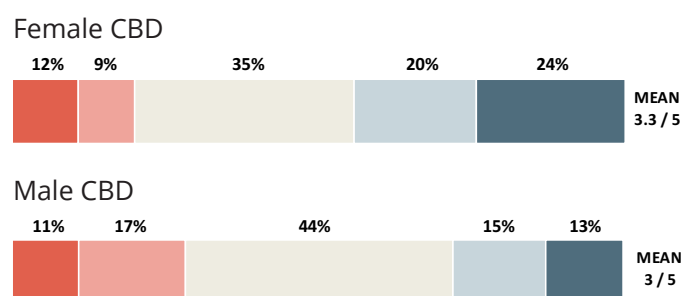
On the question of respect and dignity, scores have return to the round level, with a mean of 4.3. Respondents with a female CBD were slightly more positive than those with a male CBD: 92% responded 'always' or 'very often', 87% for male CBD.

### Q6. VOICE

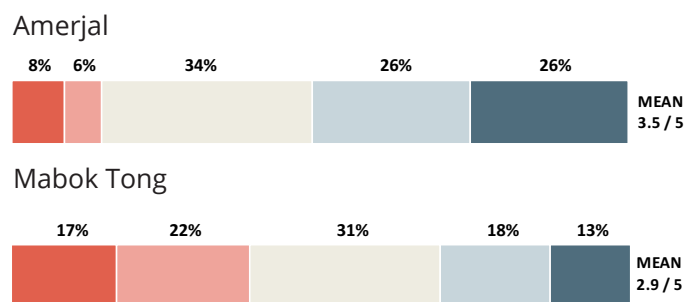
Do you feel you have an effective platform to voice your concerns to the IRC?



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



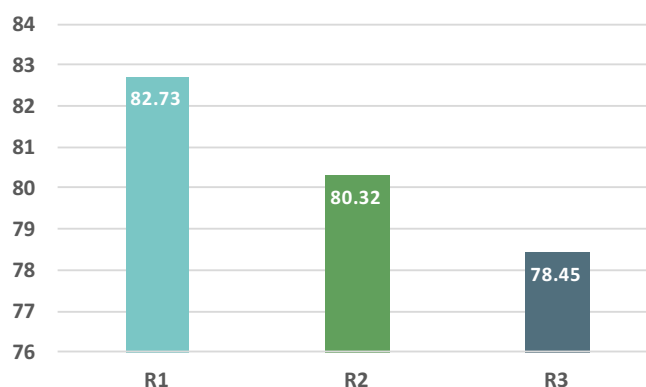
Respondents with a female CBD were more positive. As with question 2, respondents from Amerjal were more positive and those from Mabok Tong were less positive.



## Satisfaction score

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

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



## Recommendations and next steps

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

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

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

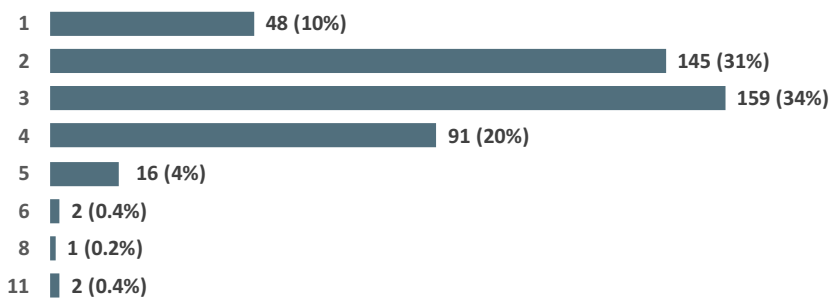
c) Empower CBDs, CBD monitors and others to **systematically collect and report up any feedback** they receive to the iCCM senior management. This can result in ongoing feedback at no extra cost or effort, and can provide valuable information about aspects of the programme. Simultaneously, they can be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

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

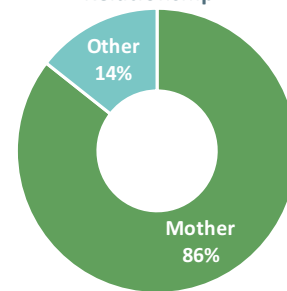
## Demographics

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

Number of children



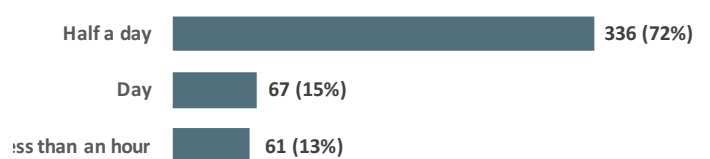
Relationship



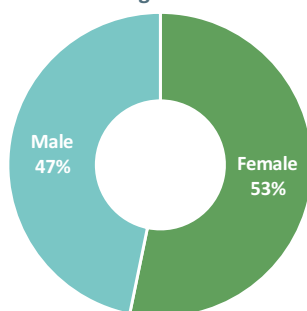
Distance to the closest CBD



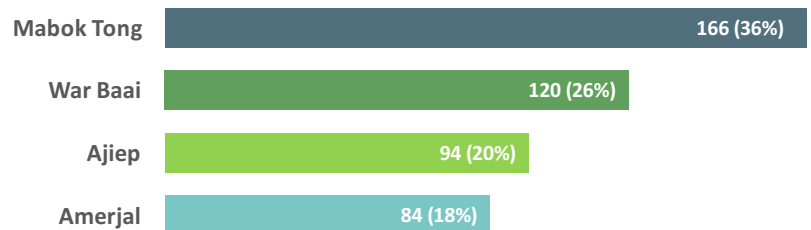
Distance to health facility



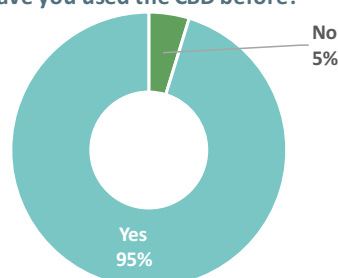
CBD gender



Location (Boma)



Have you used the CBD before?



## ***Methodology***

### **• *Survey development***

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

### **• *Data collection***

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

### **• *Sample design***

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

<b>BOMA</b>	<b>EST POP</b>	<b>EST POP &lt;5</b>	<b>Target SAMPLE</b>	<b>ROUND 1 SAMPLE</b>	<b>ROUND 2 SAMPLE</b>
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
<b>Total</b>	<b>17378</b>	<b>3650</b>	<b>348</b>	<b>322</b>	<b>387</b>

# 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%