Client Voice and Choice / Ground Truth Solutions Pilots

Kenya, Kakuma Camp, April to November 2016

Case Study – December 2016

Verify internally administered feedback mechanisms: In IRC Kenya the pilot employed IRC staff to administer the survey and focus group discussions. Whilst this was a cost efficient option and benefitted from the close relationship which the teams have developed through routine interaction

Improvements to the Responsiveness of the Programme Following Piloting:

Both the Safe Programming and the Health teams were very receptive to the learning generated through the experience of piloting the Ground Truth methodology. The teams have reflected on the different ways that they currently collect feedback (the channels in use) and on how to broaden and strengthen their proactive engagement with clients. The Health and Safe Programming teams both reviewed the feedback reports in advance of the calls with the CVC team and GT and offered some interpretation of the findings and possible course correction. Going forward, it will be important for the Health team to establish a standing action point in their programme management meetings to review client feedback, discuss its implications for programming and take decisions and make action plans for how to respond. There is a risk otherwise that the structure of the decision making process offered

Context Enablers to Responsiveness:

+ The IRC Kenya programme had already been taking a Safe Programming approach to its health programming in Kakuma camp, so had some foundations for the collection of feedback already in place. Providing and receiving feedback was familiar with clients and staff.

+ The Kakuma camp population is relatively stable, and we have good predictability of programming needs and our abilities to be able to respond. These conditions enable continued and reliable access to the camp, for staff to develop relationships with clients and to engage them easily in feedback mechanisms.

Context Inhibitors to Responsiveness:

- The current feedback mechanisms are very much owned and directed by the Safe Programming team. Whilst this team flies the flag for protection mainstreaming and accountability, ensuring that it stays on the agenda in our health programming in Kakuma, it has resulted in the Health team taking on less of an active responsibility for theses aspects of the work, including the collection and use of client feedback.

- More than 22 languages are spoken in the camp, with residents originating from over 20 different

Part 3: Designing the Feedback Mechanism: What We Did, Question Design and Lessons Learned

GT Cycle:

Description of GT Methodology:

people at regular intervals on key aspects of a humanitarian program, analyse what they say, and help agencies to understand and communicate the resulting insights back to affected communities. The objective is to provide agencies with real-time, actionable information from people at the receiving end of aid that can be translated into program improvements, while empowering people to express their views.

For further information of how we implemented these stages, see Annex 2.

Designing the Feedback Mechanism—What We Did:

Question Development and Testing: CVC and GT facilitated a workshop with management from the Health and G&R teams and with field staff from the Kakuma health programme. Through the workshop, the team was invited to suggest themes upon which they were interested in obtaining their

erified by the

programme team. Questions were tested by the Safe Programming team in Kakuma during the visit,

d, answers implied

questions overlapped or additional ones needed to be posed. GT made the final revisions to the

Leadership support: The IRC Kenya country management were heavily invested in and supportive

Internal Dialogue: The Safe Programming and Health teams joined a Skype call with CVC and GT to

clients felt more comfortable in revealing their perspectives on more sensitive issues such as trust and treatment when the person administering the feedback channel is seen to be independent; and / or (2) the possibility of staff had not been so willing to record and share more negative feedback in rounds one and two in case it reflected negatively upon their performance. Of course, the change in scores may also indicate greater confidence of the client group to share feedback. However, one might have then see other scores changing also. Suggested lessons from this include: (1) bringing in

Internal Responsiveness: Efforts should be placed by programme management at all levels to ensure that staff feel empowered and comfortable to pass on any feedback that they hear from clients and to share their own ideas with decision makers about how the feedback can be addressed. Creating an internal culture of responsiveness, where staff across the hierarchy feel confident to communicate with each other in proactively identifying problems and ways that we can together improve programming will be important for the team. With an ongoing presence in the camp, the Health team also has a great opportunity to engage clients themselves in open listening exercises, and in participating in decision making over programme design and delivery.