COLLECTING CLIENT FEEDBACK TO IMPROVE SERVICE DELIVERY

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The Good & Great Standards are IRC's approach to program quality. These Standards help guide us to make our programs better, and ensure that everyone has a shared understanding of what program quality looks like in practice. It also helps us build shared accountability for high quality programs. This case study – one in a series on learning from G&G experience -- shows that when we combine IRC best practice with critical thinking, creativity, and ambition, we can improve the quality and impact of our programs".

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INTRODUCTION

In Thailand, IRC aims to design and implement interventions on health, protection, women protection and empowerment (WPE) and livelihoods based on client perspectives and preferences. However, the team had faced a number of internal and external constraints that made it hard to involve clients in key strategic and programmatic decisions. Barriers included low literacy rate, cultural constraints, limited access to knowledge, and lack of awareness of client's right to report their feedback and concerns.

In 2018, the IRC team in Mae Hong Son province conducted **community outreach sessions** for the first time in Ban Mai Nai Soi, and Ban Mae Surin Refugee Camps. The purpose of the community outreach sessions was to address the **obstacles and barriers** to regular consultations with clients and getting systematic **client feedback**. Furthermore, the sessions aimed to identify real-time issues and challenges which clients encounter and to get feedback on **IRC's service delivery**.

BACKGROUND

IRC Thailand serves approximately 90,000 people who have been displaced from Myanmar. Operating from Bangkok and four field offices in Mae Hong Son, Mae Sot, Kanchanaburi, and Ratchaburi provinces, IRC provides essential health, protection, and livelihoods services.

To achieve the Good Standard on Client Responsiveness and to provide effective and relevant services to their clients, IRC Thailand team wanted to design a feedback approach that could include clients in decision-making processes in the design, start up, implementation and close-out phases of the project. In the past, the camp committees in Ban Mai Nai Soi, and Ban Mae Surin refugee camps were responsible for receiving and responding to any complaint or request made by the refugees. Refugee committees were established by the camp administration and regular meetings (every two months) were set up with them to discuss and address key challenges. The role and participation of IRC in those discussions was very marginal. Additionally, though the IRC team engaged with the refugee population through home visits, focus group discussions and bilateral meetings, there was no formal mechanism to **systematically record, analyze and respond to client feedback**. Hence, IRC was not well-placed to address specific issues and include client feedback in programmatic decision making. IRC was also not participating in meetings organized by the camp committee or other Community Based Organizations (CBOs), so a majority of the concerns[1] that the refugees had, were overlooked during project implementation.

The majority of refugees in the community were also not familiar with **IRC's feedback channels**, and they were not willing to provide feedback using suggestion box because of **cultural sensitivities**. Instead, they preferred to communicate their feedback and suggestions to the IRC through the camp management committee. **Language and cultural barriers, limited knowledge, and lack of awareness of client's right to report their feedback** also created hurdles to achieve Good standard on Client Responsiveness.

Since IRC Thailand did not have a robust system to consult with clients and collect, analyze and respond to client feedback, the team was concerned that they were not meeting the day-to-day needs of the IRC clients.

[1]The issues related to IRC programming are discussed through our partners' staffs and partner organizations in regular meetings with IRC.

APPROACH

After a series of internal consultations and reviewing the available guidance on Client Responsive Programming, the Thailand team decided to conduct **multi-sector community outreach meetings** with refugees (housewives, mothers, husbands and elderly people), some members of camp committees and CBOs. This would give IRC an opportunity to gather feedback from a diverse mix of people (both IRC clients and camp committee members) to better shape their implementation approach. This would also provide the IRC team an opportunity to strengthen their relationship with clients, camp committees and CBOs.

For the outreach sessions in both Ban Mai Noi Soi and Ban Mae Surin camps, the participants were informed in advance about the time and location of the meeting, and the responsible person from each project thematic area (**Health, WASH, WPE and Protection**) participated and gathered feedback.

To collect quantitative data, the country team also agreed to develop and conduct a detailed survey in the same community so that the findings from both community outreach meetings and survey were analyzed for complementarity. When IRC clients visited health facilities for consultation, they were asked to fill out a detailed survey form which included 13 questions on **engagement preferences, quality of IRC services, impact of IRCs interventions, access, respect, dignity, fair treatment, and voice and empowerment.** For the clients who could not read or interpret the survey questions, the health staff supported them in filling out the survey forms and explaining to them the purpose of the form and the questions.

OUTCOMES

The community outreach engagement approach gave IRC information that was then used to revise the project implementation strategy. Below are the key findings used by the Thailand country program:

- Some of IRC's clients who required health and counseling services **did not know where to seek specific services,** despite the fact that IRC offered these services in their community. Moreover, they also lacked information about IRC referral policy and pathways; they did not know that IRC would refer them to other relevant organizations, -- such as to the Thai hospitals outside of the camps -- if IRC could not support them directly. Sensitizing and promoting awareness within the community around availability of different healthcare and other services required more targeted information sharing and awareness raising in from the IRC project team.

- IRC clients expressed that they were previously not very vocal in providing feedback because they thought that their information will not be kept confidential. Also, members of the Karenni culture follow a specific style when providing feedback, so the receiver needs to be familiar with the culture to fully understand a complaint.
- Clients shared that the service providers were not always respectful of clients and did not give them enough time during visits. The feedback highlighted the need to train service providers on their treatment approach, communication skills, counseling and education. The staff in healthcare centers needed to be encouraged and motivated to give more time to their clients during counseling sessions.
- Clients shared that emergency referral houses were often dirty and clients were dissatisfied with their experience there.

Based on these findings and community outreach sessions,IRC was able to build more trust and more directly respond to community feedback.

Additionally, during implementation, IRC staff communicating to the communities about how their feedback was taken into account and about their plans to improve IRC services and meet the needs of their clients in the future .

This improved the quality of the project by becoming more responsive to the needs and preferences of IRC's clients. The quality of health services increased because the activities were re-shaped drawing based on feedback from a diverse group, which resulted in a more practical and effective implementation approach.

Community outreach session with refugees in Ban Mae Suri camp, Thailand

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[2] *Clients are not able to provide enough information, leaving us having to guess what they want. Sometimes we have to ask multiple questions to get get answers·*

LEARNING

The IRC Thailand team learned a lot about how to best design proactive client feedback channels.

1. For example, the team determined that the **community outreach sessions and meetings needed to be structured in order to obtain relevant and actionable data** for further use. If the staff do not have prior experience of managing discussions in diverse communities, it may take a few attempts before they are able to hold a successful meeting with actionable data.

2. Additionally, when planning these sessions, it is **critical to consider the availability of the clients** or other participants. For example, in Thailand, full attendance is less likely early in the morning, as most refugees, particularly men are working during that time to earn money to fulfill their family needs.

3. During data collection it is crucial to **consider and take care of the privacy and confidentially of the interviewees.** It is important to find ways to collect quality information that is not influenced by external factors (friends, other family members, camp management etc.)

4. In addition, it is very important to **listen carefully to how our clients give feedback and consider how we would like to receive feedback.** For exemplar, better awareness of the Karenni cultural made it easier to collect and respond to their feedback.

Based on the results of community outreach sessions and data collection through survey, the Thailand team decided to continue client interactions and engagements on a regular basis to better meet the needs of their clients and to gather feedback for course correction and decisions making. **The Thailand team strongly recommends such activities to other country programs, ideally throughout the project phases.**

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Explore the Client Responsiveness Standards and Practices, and read the Selection and Design of Client Feedback Channels guidance.