

CASE STUDY

Beneficiary feedback tools in West Darfur

Medair began a modest health project in West Darfur back in 2001 which has expanded over the last 2 years into a multi million dollar emergency relief programme for 230,000 IDP's.

Despite the pressures and constraints of managing a relief programme, the Medair North Sudan team saw their situation as an opportunity to develop beneficiary feedback tools that could in turn be applied to other projects and programmes in Sudan.

A pilot study was initially conducted in 2 IDP camps in February 2005. The data obtained has helped to identify problem areas and assess the impact of interventions. Two tools were used – household questionnaires and patient voting.

Household Surveys:

Medair visited 104 households in 14 locations over the course of 5 weeks where the following basic questions were asked:

- Where do you get your water from?
- Are you happy about the time you are waiting to queue for water?
- Do you use a latrine?
- Did you get a visit from a hygiene promoter last month?
- Did you change any of your behaviours based on this visit?
- Do you feel that you are treated respectfully by the health clinic staff?
- Were you given an explanation of how to use the drugs?
- Would you attend the ante-natal clinic if you were pregnant but not sick?
- Would your neighbour attend the clinic if she was raped?
- Which of the services Medair provides do you consider to be the most important?
- To whom would you complain if you were not satisfied with the quality of the services that Medair provides?

Key issues identified from the quantitative data were: unsatisfactory waiting times at hand-pumps, low attendance rates for post rape care (because beneficiaries did not expect their visit to lead to legal justice) and wide variations between locations concerning hygiene promotion visits and its effectiveness. Medair was also able to discover problems in specific locations through the qualitative data obtained from follow-up questions.

Satisfaction Surveys In The Clinics (Patient Voting) :

When leaving a clinic, patients were asked to register their satisfaction level in three areas (1: staff conduct; 2: drug explanation; and 3: waiting time) by depositing a counter in containers with happy, neutral or unhappy faces.

Feedback was gathered from a sample of 768 patients in 10 clinics, and the satisfaction levels were:

- Staff conduct (87% happy, 9% neutral, 5% unhappy)
- Drug explanation (82% happy, 12% neutral, 6% unhappy)
- Waiting time (54% happy, 25% neutral, 21% unhappy)

The overall satisfaction ratings (a combination of all three areas) for the clinics ranged between 65-95%.

Lessons learnt

- The development and implementation of beneficiary feedback tools needs ongoing input and time to further test, adapt and improve. Creative solutions need to be found in order not to burden the team with too much additional work.
- Beneficiaries really appreciated the fact they were being asked for their opinion. This is a positive side effect that should not be overlooked as respect is being expressed and dignity restored.
- It was possible to discover valuable information and performance indicators for the programme in a fairly short amount of time.

Rebekka Meissner, Zachariah Ahmed Adam & Robert Schofield, [Medair](#)