Scenario: setting up complaints, feedback and response mechanisms

Beneficiary Communications Bootcamp / Colombo October 2013

Cholera prevention programme in Lamuku, Utopistan

Context overview

Lamuku is a district of Utopistan. Your organisation, the Utopi Red Cross Society (URCS), is starting a cholera prevention programme in Lamuku because it is particularly prone to flooding and this has led to a recent spike in cholera across the region. URCS already has a presence in Lamuku, but this is the first time that they have worked in cholera prevention, as it is a relatively new problem in this district of Utopistan.

Cholera treatment is managed by the Government but URCS has begun working closely with the Utopi Ministry of Health to delivery a hygiene promotion campaign. This has run into difficulties in other parts of Utopistan, because cholera has traditionally been a highly taboo subject and volunteers have faced incidents of aggression by community members. In addition, there was a recent scandal of a man claiming to be a Red Cross volunteer selling fictitious “cholera cure” medication. This story made the national news but URCS has not yet been able to comment, deepening mistrust of the campaign. Also in the news today, the CEO of Airtel, one of largest Utopi telecoms companies, has pledged to support the Government’s fight against cholera; a personal interest of his as he lost his parents to cholera when he was a child.

Lamuku has a population of approximately 500,000. However the majority of residents are concentrated in the capital, Utopiville. Only about 100,000 people live across 5 smaller towns in the region.

The Utopi Red Cross has a regional office in Utopiville and one small branch office in the largest of the other 5 towns, Campuku. The cholera programme will employ 5 members of staff in the Utopiville office and 5 members of staff in the Campuku office. 100 Hygiene promotion volunteers will be hired and trained to work across the different areas of Lamuku. Each office will hold weekly team meetings and once a month the two offices will hold a joint cholera meeting including the volunteers.

The programme is due to begin in the 5 towns because these semi-rural areas are deemed to be more at risk than Utopiville. Campuku will be the first, launching next month, and the programme will be rolled out to the other 4 towns at two-monthly intervals. The Utopiville campaign is due to start 6 months later. There is potential for the programme to be scaled up to cover other regions if more funding becomes available. URCS is also thinking of starting a livelihoods programme in Lamuku next year.

URCS is planning the following activities as part of their cholera prevention programme:

* Training of 100 hygiene promotion volunteers
* House to house visits
* Hygiene promotion demonstrations in the 5 town centres
* Distributions of soap, water purification tablets and oral rehydration salts
* A mobile cinema screening a short film on cholera, a Q&A session with the public and hygiene promotion demonstrations

Approximately 90% of Utopiville residents are literate, but this figure drops to 60% in the smaller towns. Illiteracy rates are particularly high among older people. In Utopiville, 90% of residents own a mobile phone. In the semi-rural areas, there is an 80% mobile phone ownership rate per household. This figure drops to 50% in the most disaster prone areas near the banks of the Utopi River. There is a strong civil society in all areas with local councils representing citizens, however these are almost exclusively made up of men. You have heard that the most trusted source of health information is the radio, and women particularly enjoy listening a weekly show run by a local NGO. However you have also heard that they may be stopping this programme due to lack of funding.

Task

You have been tasked with setting up a complaints, feedback and response mechanism for the Lamuku cholera programme.

1. Decide what channel(s) to use and explain why.
2. Explain the steps you will take to set up this/these channel(s)
3. How will you ensure that the most vulnerable have a voice?
4. What steps will you put in place to manage the system?
5. How will you measure impact?
6. What are the top five complaints, feedback or questions that you anticipate receiving from the public?
7. How do you intend to respond to these?
8. If you need budget for your activities, how will you persuade the head of the cholera programme to give you the money you need?