Executive Summary: Accountability to Affected Populations
Community perceptions of humanitarian assistance in South Sudan

Introduction
A research study piloted by REACH in South Sudan captured community perceptions of humanitarian service delivery in relation to key Accountability to Affected Populations (AAP) themes. The study produced findings in the following areas: awareness, relevance and fairness of humanitarian interventions, as well as respect towards affected populations. Quantitative data was collected in August 2019 as part of REACH’s Area of Knowledge (AoK) data collection initiative and qualitative data was collected in six states (Jonglei, Lakes, Eastern Equatoria, Western Equatoria, Western Bahr el Gazhal, Northern Bahr el Ghazal) between July and September 2019.

Key Findings
1. Assessed settlements desire targeted, reliable and timely information about humanitarian assistance. Vulnerable sub-groups require tailored communication and dissemination strategies. 61% of assessed settlements reported receiving enough information about humanitarian assistance.¹ Direct, in-person consultation with a humanitarian worker or local leader (generally through a community meeting) was listed as the most preferred communication channel. The majority of respondents agreed that aid providers should transmit information through existing communication channels, namely via chiefs and formalised community meetings, and that secondary modalities, such as loudspeakers, are only useful as a supplement. However, hierarchies in information sharing within communities exist. Persons with disabilities (PWDs) reported mobility restrictions limit their attendance at formal meetings, curtailing access to reliable information about humanitarian assistance. Furthermore, female participants noted that they were often reliant on men to pass along information and expressed a unique concern for single-headed households, who were often excluded from standard community information flows.

Defining AAP
REACH employed the IASC² definition of AAP as “an active commitment to use power responsibly by taking account of, giving account to, and being held to account by the people humanitarian organisations seek to assist”.

Survey Demographics
2,534 key informants interviewed from 1,954 settlements across 72 counties in all 10 of the former states of South Sudan

- 1,302 (54%) female KIs
- 1,232 (46%) male KIs

17 focus group discussions (FGDs), 26 key informant interviews (KIIs) and in-depth informative interviews (IIs) with local leaders, humanitarian workers and community members

Figure 1. Top 5 preferred methods for receiving information about assistance

<table>
<thead>
<tr>
<th>Method</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Community meeting</td>
<td>56%</td>
</tr>
<tr>
<td>Via community members</td>
<td>22%</td>
</tr>
<tr>
<td>Loudspeaker</td>
<td>10%</td>
</tr>
<tr>
<td>Non-consensus³</td>
<td>7%</td>
</tr>
<tr>
<td>Phone call</td>
<td>2%</td>
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</tbody>
</table>

1. This figure is drawn from the 66% of assessed settlements who reported receiving humanitarian assistance in the six months prior to data collection
2. The Inter-Agency Standing Committee
3. When an even number of KIs reporting on the same settlement report differing answers for the same indicator, the responses are deleted and reported as non-consensus (NC) to maintain data quality.
2. Assessed settlements reported mixed satisfaction with the level, quantity and relevance of humanitarian assistance they have been receiving. 56% of assessed settlements reported dissatisfaction with humanitarian assistance. Insufficiency - the perception of too little aid going to too few people - topped the list of reasons for dissatisfaction, with 42% of assessed settlements citing it as their main concern. Insufficiency was the most recurrent theme throughout this study and was reported as the main complaint across FGDs of all demographics. Another reported cause of dissatisfaction was that the period of assistance provision was too short (11%). However, 18% of assessed settlements provided non-consensus responses to this question, suggesting the reasons for dissatisfaction are likely more variant at the household level than community level. In terms of perceived relevance of assistance, 54% of assessed settlements reported the type of assistance received was the most needed by the community. Even in those communities where the aid received was perceived to be needed most, perceptions of insufficiency remained. Furthermore, the majority of assessed settlements (84%) reported a preference for in-kind assistance over cash-based assistance.

3. Assessed settlements reported a broad desire for more feedback from and communication with humanitarian service providers.

Despite humanitarian actors enumerating multiple methods of community consultation, such as participatory planning with affected populations, less than half (44%) of assessed settlements felt their opinions were taken into consideration. Many FGD participants in all assessed locations noted serious communication gaps in the consultation process. Some FGD participants recalled that despite outreach by humanitarians, neither assistance nor feedback materialised as a result. Participants consistently expressed a desire for feedback from humanitarian service providers, even if aid was not forthcoming.

Map 1. Proportion of assessed settlements reporting dissatisfaction with humanitarian assistance in the six months prior to data collection

Figure 2. Proportion of assessed settlements reporting a preference for in-kind vs. cash-based assistance

Figure 3. Proportion of assessed settlements where most people feel their opinions are considered by humanitarian service providers

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The Case of the Bahr El Gazhals

Western Bahr el Gazhal (WBeG) and Northern Bahr el Gazhal (NBeG) states consistently ranked lowest on a variety of AAP indicators. Only 7% of assessed settlements in NBeG and 22% of assessed settlements in WBeG reported feeling satisfied with humanitarian assistance. Beginning in 1989, both NBeG and WBeG were the main targets of the massive humanitarian relief operation “Operation Lifeline Sudan” (OLS) in response to the Bahr el Gazhal Famine. Many FGD participants in both states used the OLS period as a frame of reference for their satisfaction with aid, during which they perceived a greater amount of aid being delivered to more people. This perception that aid delivery was previously more robust consequently heightened expectations on the provision of aid today, contributing to low levels of satisfaction (see Map 1).
4. Misunderstanding around beneficiary selection and complaints of insufficiency caused a perception of “unfairness” in humanitarian aid delivery among a majority of assessed settlements. Less than half (41%) of assessed settlements perceived assistance was going to the households most in need. This perception of unfairness was linked to widespread lack of knowledge of how assistance recipients were selected and belief that aid was too narrowly targeted and insufficient in quantity. Despite anecdotal reports of corruption/favoritism, the role of chiefs in beneficiary selection was generally uncontested. Chiefs were generally perceived to have the clout, credibility and trust to select the most vulnerable members of the community for assistance; however, many FGD and KII participants, whether local leaders or constituents, did not feel adequately informed about the criteria humanitarian agencies employed when conducting their own beneficiary selection assessments.

5. The majority of assessed settlements reported feeling respected in their day-to-day interactions with humanitarian workers. 80% of assessed settlements felt respected in daily interactions with humanitarian service providers. In particular, in multiple FGDs with PWDs, participants reported humanitarians often showed them more respect and compassion than members of their own communities.

6. Among assessed settlements, communicating through community leaders was the preferred method for sharing feedback. Over half of assessed settlements (64%) expressed a preference for channelling feedback to humanitarian service providers through community leadership, such as local chiefs, leaders of women’s groups, and other existing community structures. This method was considered effective to most participants; as local leaders were relatively accessible in the community. However, some participants expressed concern that local leaders, particularly chiefs, could not be relied upon to bring complaints forth to humanitarian service providers and sought direct, in-person communication with humanitarian representatives.

7. There is a reported disparity between the existence of AAP and community-feedback mechanisms (CFMs), and community awareness of them. Common methods of soliciting community feedback included hotlines, help desks at distribution sites, community committees or mobilisers, meeting with local leaders, and working through AAP focal points, who are responsible for following up on the concerns of affected populations. However, in almost all FGDs with non-humanitarian actors, participants were unaware of how to make complaints about assistance outside of conveying dissatisfaction to community leaders. In certain FGDs, participants mentioned making complaints through formal channels, such as writing a letter to the RRC or registering complaints with the help desk at distribution sites, but rarely receiving feedback in return.
8. Protection concerns tied to accessing assistance were reportedly low.

Among assessed settlements at the national level, 19% reported that accessing assistance in the six months prior to data collection had exposed people to protection concerns. The two concerns that did emerge were reported as long distances to distribution sites and the threat of robbery/looting of assistance. This relatively low perception of protection concerns tied to assistance speaks to the relative success of protection mainstreaming in the humanitarian response.

Operationalizing AAP Recommendations

The following recommendations are designed to serve as an evidence-based series of recommendations for partners implementing AAP initiatives in South Sudan. They have been endorsed by the members of the Communication and Community Engagement Working Group (CCEWG).

INCREASE AWARENESS OF SERVICE DELIVERY AMONG AFFECTED POPULATIONS

1. Affected populations need specific, reliable information about the assistance available to them

   a. Agencies should prioritize a multi-channel communication strategy with specific considerations taken to:
      i. craft a communication strategy that features differing cultural perceptions of accountability and preferred methods for receiving information;
      ii. target demographics with limited access to formal information dissemination channels. This includes vulnerable groups such as persons with disabilities (PWDs) and single-headed households, as well as people living outside camp or urban settings where information infrastructure and access is more limited.

   b. Information about available assistance and programming should flow through existing community communication structures, namely through in-person communication with chiefs and customary leaders;

   c. Agencies should continue leveraging existing communication structures established by vulnerable sub-groups (e.g. attending meetings organized by PWDs in Protection of Civilian Sites (PoCs); working directly with women’s community outreach groups or protection teams) and enhanced sustained and targeted engagement with these groups, to ensure information reaches the most vulnerable members of the population;

   d. Information dissemination strategies must be consistently re-assessed, based on the evolving needs, preferences, and changes in assistance modalities (i.e. moving from in-kind to cash-based assistance).

2. Address the disparity between community awareness vs. use of AAP mechanisms

   a. Given that a majority of assessed settlements reported being unaware of how to give feedback about assistance outside of conveying dissatisfaction to community leaders, suggesting a disparity between the existence of AAP and community feedback mechanisms (CFMs), and community-based-complaint mechanisms (CBCMs) and community awareness of them, agencies should proactively communicate with affected people about the existing CFMs and how to access them.
ENSURE FAIRNESS AND RELEVANCE OF HUMANITARIAN INTERVENTIONS

3. To combat perceptions of unfairness and consistently reported misunderstandings regarding targeting criteria, humanitarian agencies should:
   a. Ensure transparency with communities in the following areas:
      i. Criteria for beneficiary selection;
      ii. Duration of the response, when assistance is scaling down, and/or when it will be stopped indefinitely;
      iii. How and why certain activities are being implemented in certain areas
   b. Clearly articulate the role that all relevant actors play in the aid-distribution process, including humanitarians, local authorities, and traders;
   c. Given the reported perception of corruption in the selection of beneficiaries among some communities, establish accountability mechanisms to address issues of perceived favoritism, patronage and/or corruption among customary leaders, local authorities, and humanitarian staff.

4. Prioritize “closing the feedback loop” with affected populations.
   a. A majority of assessed settlements consistently stressed a desire for feedback following assessments and project implementation, indicating the need to better incorporate mechanisms into programming that capture and act upon community feedback and suggestions to strengthen programming and facilitate information flows directly to affected people before, during, and after project cycles.

STRUCTURAL RECOMMENDATIONS

5. The humanitarian community in South Sudan should adopt a harmonised and widely understood definition of AAP, to ensure agencies have a common understanding of what it means to be accountable to affected populations and work towards a common goal.

6. Existing AAP mechanisms and humanitarian services should be mapped, and perceptions must be tracked systematically, to avoid duplication and ensure responsive programming.

7. Develop AAP mechanisms that are tailored to specific contexts, needs, and socio-cultural contexts—AAP initiatives should not be replicated countrywide without these regional considerations being taken into account.

8. Multi-sectoral mechanisms should be established in which community members can raise concerns and receive responses on an individual basis and/or through community representatives.
   a. This effort should be calibrated with other agencies so that communities are not provided with contradictory information or overlapping mechanisms.

9. Empower the CCEWG as an effective coordinating body for AAP in South Sudan.
   a. The CCEWG should support the Inter-Cluster Coordination Group (ICCG) and be empowered to coordinate, support, and promote two-way communication pathways on services, assistance, rights, and obligations for affected communities.
   b. Cluster coordinators should coordinate more closely to enhance accountability at every stage of the humanitarian programme cycle.
   c. Develop a set of standard AAP indicators for multi-sectoral monitoring.
      i. Ensure these indicators are devised in a participatory fashion to include the voices and perspectives of affected populations.