FACTSHEET

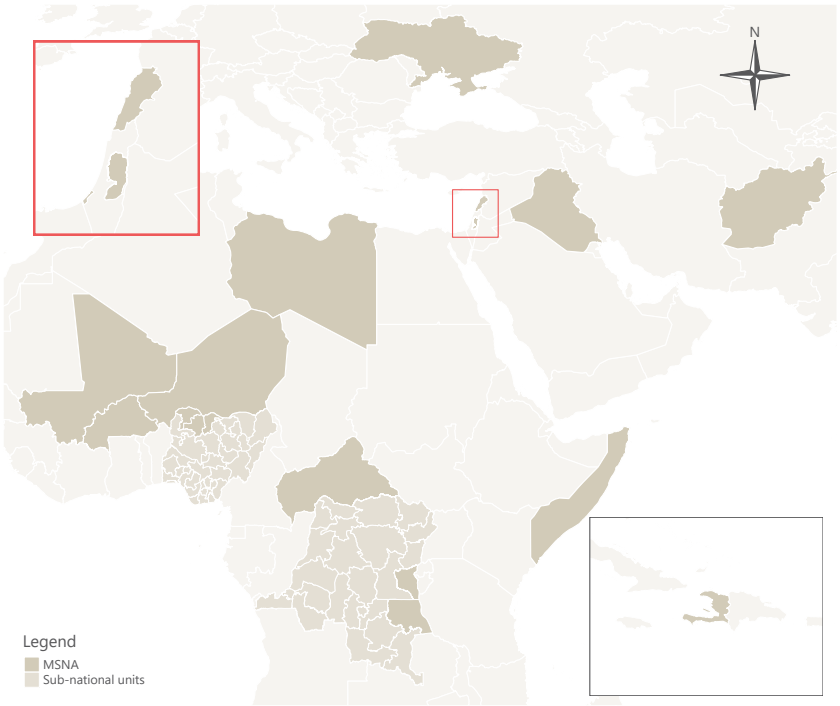
Multi-Sector Needs Assessments (MSNA) 2022 - Key Findings: Accountability to Affected People (AAP)

July 2023
Global

KEY MESSAGES

- Despite some localized improvements in 2022 MSNAs, **assistance continues to cause dissatisfaction among recipients**, primarily due to insufficient assistance available to cover most pressing needs.
- Across almost all MSNAs, the primary barrier hindering timely access to humanitarian assistance was the **lack of clear information about available assistance.** Year after year affected people report that they need straightforward information on how to register for assistance, yet collective information services remain elusive in most humanitarian contexts.
- In spite of efforts on collective complaint and feedback platforms, **awareness of such mechanisms remains low** in humanitarian responses, with limited progress in 2022 MSNAs compared to previous years.
- Most households in crisis-affected areas report **preferring to receive information about assistance face to face or via 'traditional' channels**, including in contexts where digital technologies are becoming common.[1]
- In 2022 MSNAs, self-reported priorities were primarily centered around **food, livelihoods, health care services and shelter.** These tend to stay remarkably stable over time in protracted contexts and in the absence of major shocks, yet these priorities are not always matched by the response.

Countries included in the analysis[2]:



CONTEXT & COVERAGE

In 2022, REACH implemented 23 MSNAs in collaboration with country-level coordination bodies and partners. The overarching goal of MSNAs was to enhance the availability of comparable evidence on multisectoral needs, priorities, preferences and perceptions of people living in areas affected by crises in order to support humanitarian decision-making.

This document specifically showcases assessment results on indicators typically associated with AAP, including overall satisfaction with assistance, preferred means of communication, priority needs and assistance modality preference.

In this factsheet, results from 14 MSNAs conducted in 2022 the sampling methodology and indicators allowed for comparison, including: Afghanistan (AFG), Burkina Faso (BFA), the Central African Republic (CAR), the provinces of Tanganyika and Sud Kivu in the Democratic Republic of the Congo (DRC - TS), Haiti (HTI), Iraq (IRQ), Lebanon (LBN), Libya (LBY, covering the Libyan population, excluding refugees and migrants), Mali (MLI), Niger (NER), North West Nigeria (NGA NW)[3], the occupied Palestinian territory (OPT), Somalia (SOM), and Ukraine (UKR).

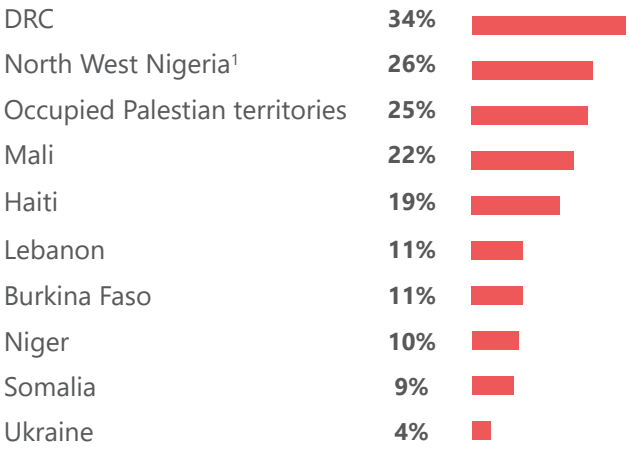
METHODOLOGY:

The MSNA data was re-analysed for the purpose of cross-crisis comparability. Results are presented for AAP indicators found across most contexts. The exact wording of questions associated with each indicator varied across countries. For more information, please refer to the **methodology note**, available separately.

Satisfaction with humanitarian assistance

- While drivers of dissatisfaction with humanitarian assistance are complex and context-specific, and as such deserve individual in-depth exploration, it is striking that in 2022 MSNAs, **satisfaction with assistance was found to be the highest in Ukraine, where the funding to support the humanitarian response is relatively high** and the lowest in the Democratic Republic of Congo, a crisis that tends to be considered among the most neglected crises in the world.[4 5]
- While self-evident, this serves as a useful reminder that being accountable to affected populations is also, fundamentally, about **ensuring that resource prioritization is accurately based on the level of needs.**

% of households who were not satisfied with the assistance received[6]:



Across most 2022 MSNAs, the most frequent reason cited to explain dissatisfaction with humanitarian assistance was the **insufficient quantity of assistance available** to cover all the most pressing needs.

While considering findings on satisfaction of humanitarian assistance, it is important to keep in mind that the concept of satisfaction with assistance received is complex and it requires a careful consideration of qualitative data and a strong grasp of historical trends in relation with humanitarian assistance in each area of interest. Some factors may very well have an influence on overall appreciation of assistance received, including cultural factors, the relative importance of assistance in relation to their survival and well being, etc.[7]

% of households who reported not being satisfied with the way humanitarian actors behaved in their area:

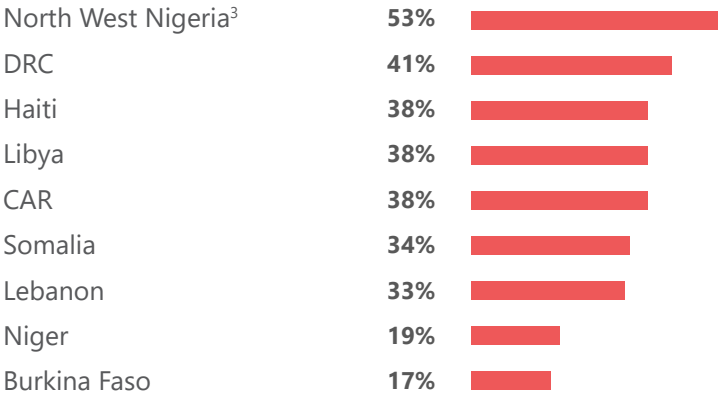
CAR[8]	Somalia	Lebanon	Haiti	DRC	Niger	Burkina
35%	24%	23%	20%	15%	12%	7%

Focus on the Central African Republic

- The MSNA in the Central African Republic has allowed to identify **key areas of dissatisfaction** among both aid recipients and non-aid recipients about the assistance that is being provided in their area, and the overall behaviour or ways of working of humanitarian actors.
- In total, 35% of households reported that they did not always feel treated with respect by humanitarian actors. Among those, 40% reported that **their views and complaints were not taken into consideration**, while 36% stated that their dissatisfaction was associated with a perceived tendency of humanitarian actors to only work with community leaders rather than involving the community more meaningfully. Another 19% reported that humanitarian actors do not provide enough information about the activities that they implement and the assistance available.
- At the same time, **awareness of complaint and feedback mechanisms remained low** in CAR (16%). Accordingly, surveyed households suggested that humanitarian actors should hold more community meetings in order to foster engagement with community members, and to discuss about the feedback being provided at community level.

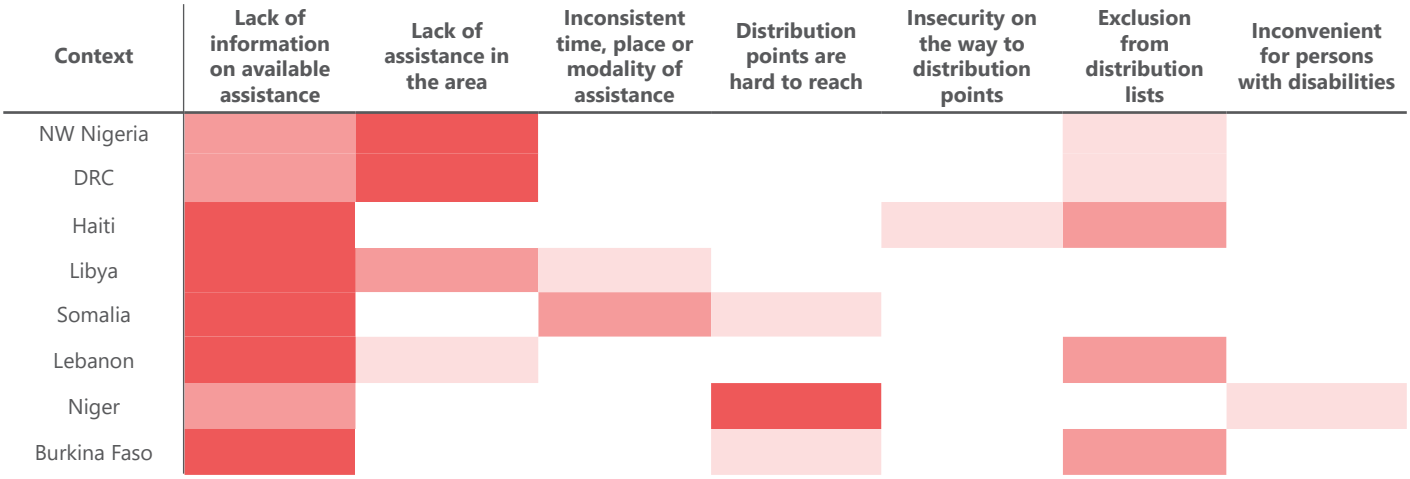
Barriers faced when accessing humanitarian assistance

% of households reporting facing barriers in access to humanitarian assistance:



In 2022 MSNAs, the most frequently cited barrier to accessing humanitarian assistance was **a lack of clear information about the humanitarian assistance available**. This finding is a reminder that glaring gaps persist in terms of collective information services (such as information desks and hotlines), in spite of decades of focus on strenghtening collective AAP. As humanitarian actors invest in innovative ways to engage with communities, **a key remaining question is whether the information that is provided genuinely enables people to find the assistance that they need,** as opposed to having to wait to be found by humanitarian actors.

% of households by self-reported barriers to access humanitarian assistance (top 3)[9]:



Focus on South Sudan

In South Sudan, REACH led a qualitative research on community perceptions of humanitarian assistance in 2022.[10] Prevalent means of dissemination of information about humanitarian assistance were found to greatly determine barriers to accessing humanitarian assistance itself by exacerbating existing patterns of exclusion at community level.

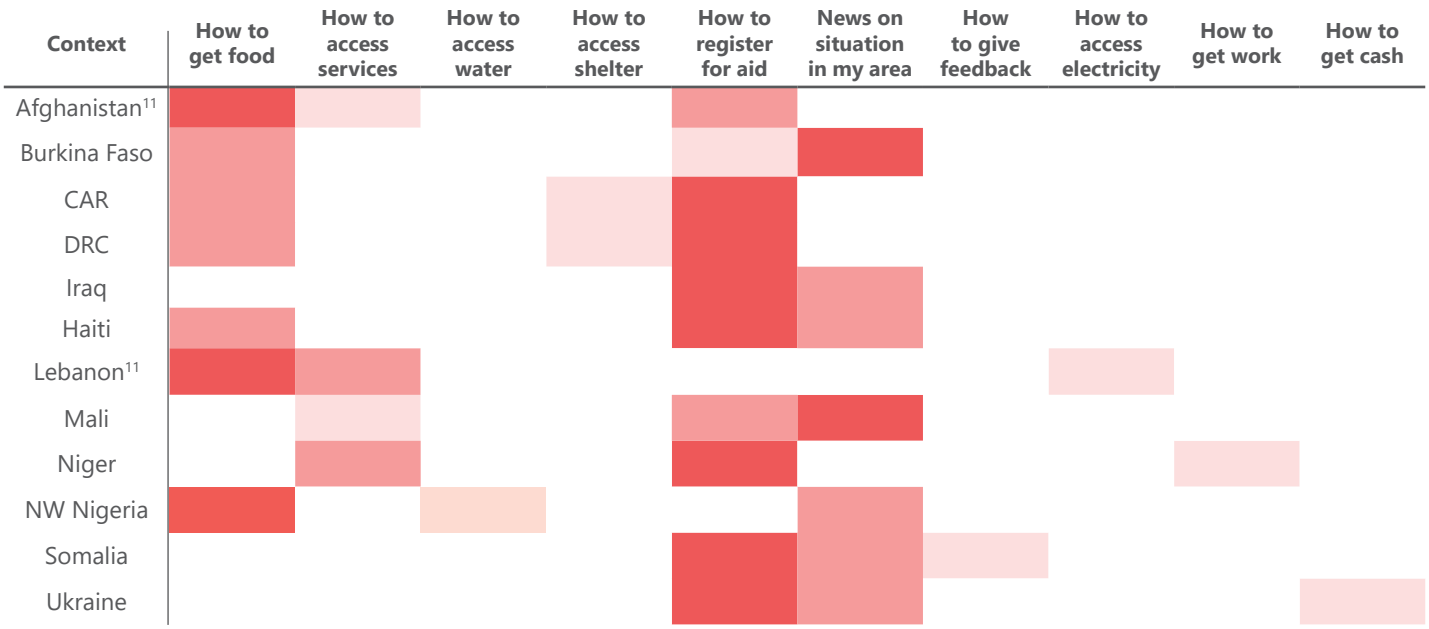
Information about humanitarian assistance was found to be predominantly shared in and around urban areas, preventing rural communities from knowing when and where assistance would be available. In addition, as information dissemination was heavily reliant on word-of-mouth, megaphones, the radio or public notices in public spaces, isolated individuals or individuals with mobility or hearing impairments and lower social connections, including elderly people, were less likely to receive timely information.

The 2021 and 2022 rounds of research on this topic in South Sudan also shed light on discontent among affected people regarding the way some community leaders relay information: respondents reported perceiving that community leaders, chiefs, and aid workers favoured friends and family when conveying information about humanitarian assistance. Selective information sharing further compounds the previously cited barriers to reach minority or marginalized groups.

Information needs and communication preferences

- In most assessed countries, **households were primarily interested in finding out how to register for aid, and how to get food.** These findings are a reminder that humanitarian responses largely lack collective information services that would make it straightforward for affected people to seek the information that they need about the type of assistance available in there area, the timing and location of registrations or distributions, and targeting criteria.
- **Community leaders were the most frequently preferred source of information about humanitarian assistance** in 2022 MSNAs. Yet, seeking information through community leadership could go hand in hand with humanitarian actors communicating transparently about their activities and engaging with affected people directly, including marginalized groups that could be excluded from community leadership outreach.

% of households by most needed information type (top 3)[9] [11]:



% of households by preferred channel and source to receive information about assistance (top 3):

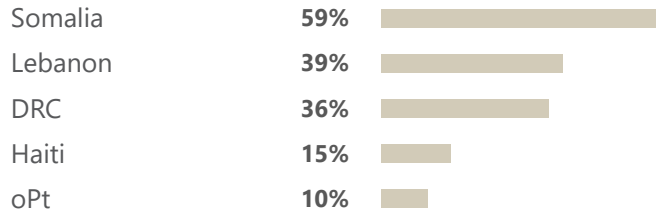
	Preferred channel			Preferred source		
Context	**1**	**2**	**3**	**1**	**2**	**3**
Burkina Faso	Phone call	Radio	Face to face	Community leader	Humanitarian worker	Government official
CAR	Radio	Loud speakers	Face to face	Community leader	Religious leader	Humanitarian worker
DRC	Radio	Phone call	SMS	*Not asked*	*Not asked*	*Not asked*
Haiti	Phone call	Radio / TV	SMS	*Not asked*	*Not asked*	*Not asked*
NW Nigeria	Phone call	Face to face	Loud speakers	Community leader	Religious leader	Humanitarian worker
Lebanon	Phone call	SMS	Social media	*Not asked*	*Not asked*	*Not asked*
Mali	Radio	Phone call	TV	Customary authority	Community leader	Government official
Niger	Community meetings	Phone call	Radio	Village chief	Community leader	Religious leader
Somalia	Radio	Face to face	TV	*Not asked*	*Not asked*	*Not asked*

Complaint and feedback mechanisms

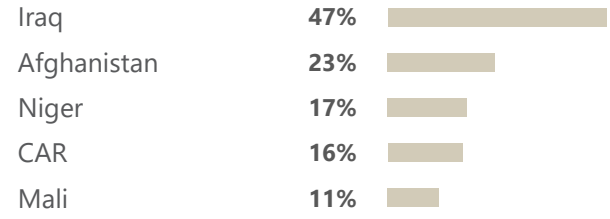
- **Awareness of complaint and feedback mechanisms remains low across humanitarian responses**. Where the question on awareness of these mechanisms was asked to all surveyed households regardless of whether they had received assistance or not, awareness of the existence of channels to provide feedback or communicate with humanitarian response actors was particularly low.
- Where the question was asked only to households that had received some kind of assistance, the proportions of households reporting awareness of the complaint and feedback mechanisms was relatively higher - particularly in Lebanon and DRC. However, in Haiti and the occupied Palestian territory, awareness of these mechanisms **was particularly low, even among households that had received assistance.**

% of households reporting being aware of how to submit complaints or feedback:

Among households that received assistance :

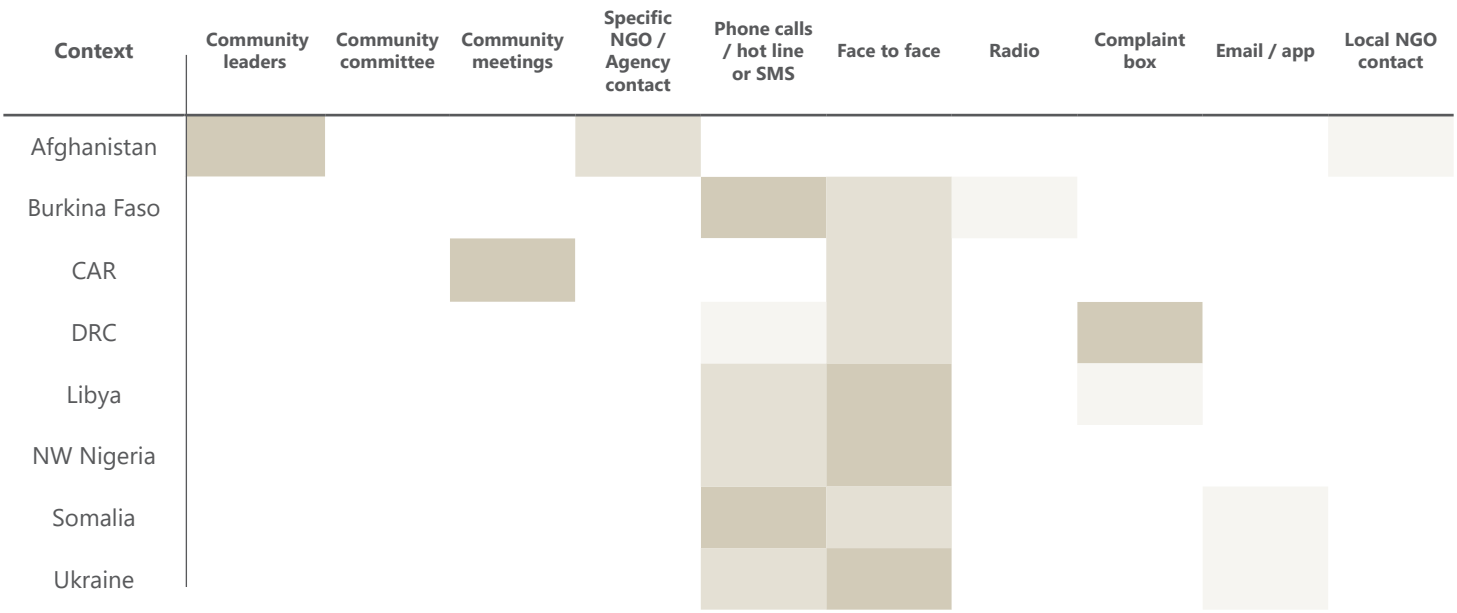


Among all surveyed households :



- Surprisingly, **low awareness of complaint and feedback mechanisms was also reported in places where inter-agency complaint feedback platforms exist.** This is the case in Afghanistan for example, where in spite of years of work to set up a collective feedback platform, awareness remains relatively low.[12]
- Most households (79%) expressed a preference for giving feedback about assistance face-to-face at home with an aid worker, followed by phone call (36%), or face-to-face with community or religious leaders (28%).

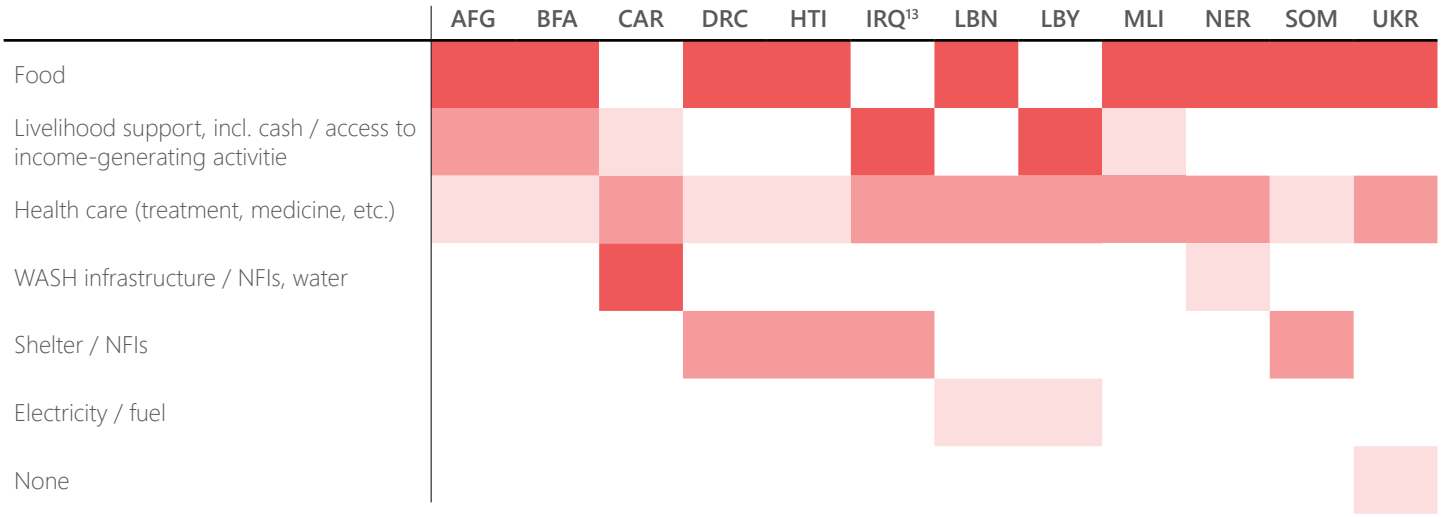
% of households by preferred way to make a complaint (top 3)[9]:



Priorities and preferences for humanitarian assistance

- Self-reported priorities for humanitarian assistance stay remarkably stable year after year in protracted contexts and in the absence of major shocks, with a heavy preference for food assistance or livelihood support across contexts, followed by healthcare services and, in major displacement crises, shelter support.
- In most MSNAs, priority needs were assessed by asking households to cite the type of assistance that they would most want to receive from humanitarian actors. **Answers to these questions are very likely to reflect an element of familiarity,** as households most likely provide answers partly based on their level of knowledge of what aid actors can provide.

% of households by reported priority sector for assistance (top 3)[9 15]:



- For respondents, questions on 'priority needs for humanitarian assistance' may be more commonly evocative of forms of assistance that are more 'visible', such as distributions of food, goods or cash, as opposed to less material forms of assistance such as specific types of protection services, thus influencing responses. The same goes for modality preferences, as explored by Ground Truth Solutions.
- With this in mind, **these findings still provide useful insights into areas where affected people see a value added for humanitarian action**, and can help to identify blind spots. In Somalia, over two thirds of households reported shelter assistance as a priority need, whereas shelter was one of the least funded sector of the response.[14]

% of households by preferred type of humanitarian assistance[16]:

Context	Physical cash	Cash via pre-paid card	Cash via bank transfers	Cash via mobile money	In kind food assistance	In kind non food assistance	Vouchers	Services
Afghanistan								
Burkina Faso								
Haiti								
NW Nigeria*								
Niger*								
Somalia*								
Lebanon								
oPt*								

ENDNOTES

1. 'Traditional' channels refer to 'no-tech' or 'low-tech' channels, inclusive of face to face communication, phone calls or SMS, loudspeakers and the radio, among others, and exclusive of digital channels, for example those that require smartphone applications.

2. In the legend of the map, 'Sub-national units' refer to sub-national administrative areas that were covered by MSNAs for countries where the MSNA did not have a nationwide coverage. This was the case for North West Nigeria, where only the states of Katsina, Sokoto, and Zamfara were covered, as well as the Democratic Republic of Congo, where only the provinces of South Kivu and Tangyanika were covered by the MSNA.

3. The North West Nigeria MSNA was conducted in an area of Nigeria that was not covered by the Humanitarian Response Plan in 2022, but where needs were presumed to be high. As such, findings on humanitarian assistance most likely refers to assistance provided by local actors, local NGOs or other NGOs or agencies operating outside of formal coordination structures.

4. Norwegian Refugee Council. The World's Most Neglected Displacement Crises in 2022. Published on June 1st 2023.

5. United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA). Humanitarian Action : Analysis of Needs and Response. Accessed in July 2023.

6. The figures that appear in the graph reflect a proportion of those who reported to have received assistance. For reference, the proportions of households reporting having received humanitarian assistance were the following : for households asked to report whether they had received assistance in a 12 months recall period, 35% of households had received assistance in Ukraine, 33% in CAR, 13% in Burkina Faso, 12% in Somalia, 8% in the DRC, 8% in North West Nigeria, and 6% in Haiti. For households that were asked whether they had received assistance in a 6 months recall period, 31% had received assistance in the occupied Palestinian territory, and 19% in Libya. For households that were asked about receipt of humanitarian assistance in the 30 days prior to data collection, 30% had received assistance in Afghanistan, 21% in Iraq, 12% in Somalia and 9% in Mali.

7. While this point deserves more in-depth exploration and the following points are only hypotheses at this stage, cultural factors may include varying atittudes when it comes to expressing negative feedback regarding something that was given free of charge. In addition, satisfaction with assistance likely varies on the basis of the individual situation of each household : respondents may be less likely to report negative views about assistance if the assistance was relatively insignificant with regards to their wellbeing. Conversely, however, respondents who are in dire need of a specific type of assistance may be more likely to report negative views of assistance received if they received assistance that was not what they needed the most.

8. The Central African Republic MSNA questions followed a wording that varied fairly significantly from the way the indicator was worded in other MSNAs. While other MSNAs for which responses are presented for this indicator asked households whether they were 'satisfied with the way aid workers behaved in their area', the CAR question looked at the extent to which households felt like they were treated with respect by humanitarian actors. These two indicators are presented here together as they both pertain to perceptions regarding the conduct of humanitarian actors, rather than regarding the content of the assistance provided. This is important to bear in mind when comparing results between countries. To note, in 2021 the CAR MSNA did include a standard question about satisfaction with the way humanitarian actors behaved in their area, and only 35% of households reported being satisfied.

9. In this graph, the three most frequently cited response options are presented. Response options are color coded with three shades of the same colour. The most frequently cited response option is colored in the darkest shade, the second most frequently cited option is in medium shade, and the third most frequently cited option is in the lightest shade. White cells reflect options that were either not in the top 3 most frequently cited, or not in the response options.

10. REACH South Sudan. Community Perceptions of Humanitarian Assistance in South Sudan: Findings and Recommendations. February 2023.

11. As the various MSNAs used context-specific response options, some responses did not neatly fit into the categories presented in this graph. In Lebanon, the most frequently cited option was 'Food security / Child nutrition / Livelihoods' with 52% of respondents, and was coded as 'how to get food' for the purpose of this graph. The second most frequently cited priority information was 'information about health services', with 48%, which was coded as 'How to access services'. In Afghanistan, the most frequently cited information need was indeed 'food' with 83%, followed by how to register for assistance (59%), followed by health services (38%).

12. When asked whether they were aware of any method to to contact aid providers about community needs, assistance received, problems with humanitarian assistance or bad behavior, 23% of all households responded yes. Of those, only 13% were aware of the common platform Awaaz, correspond to approximately 3% of the population, even though 30% of the overall population reported receiving assistance.

13. In Iraq, the same proportion of households reported health care and shelter among their three priority needs (48% each), which explains why both cells are coloured in a medium shade of red in the graph.

14. Humanitarian Action (OCHA Services). Somalia Humanitarian Response Plan. 2022.

15. 2022 MSNA questions on priority areas for assistance aimed at understanding broadly the priority sectoral living standard gaps that affected people would like to see humanitarian actors adressing, or that they would like to address themselves through cash responses, and as such, many did not include a 'multi purpose cash' option alongside classic sectoral categories. However, as explord by Ground Truth Solutions, cash is both a modality *and* a need in and of itself, and MSNA tools will be adapted accordingly in the future.

16. In this graph, all response options reported by the household are presented. Response options are color coded in shades of beige according to the exact proportion of households that reported a preference for each option. White cells reflect options that were either not selected at all, or not in the response options for that specific country. For countries marked with a *, respondents could select multiple preferred modalities.

ABOUT REACH

REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).