

Community perceptions of humanitarian assistance in South Sudan: Findings and recommendations

February 2023 | South Sudan

CONTEXT & RATIONALE

Accountability to Affected Populations (AAP) has been recognised as a strategic priority in South Sudan to ensure an accountable and rights-based approach to response planning and to enhance the effectiveness and efficiency of aid. This was demonstrated through the development and endorsement of the Humanitarian Country Team's (HCT) Strategy on AAP in 2021, which aims to support the operationalisation of the Inter-Agency Standing Committee (IASC) Commitments on AAP and Prevention of Sexual Exploitation and Abuse at the response-level in South Sudan. It is further underpinned by the [Grand Bargain](#), which calls for the systematic participation of affected populations in decision-making that affects them.

Conflict sensitivity is fundamentally linked to the humanitarian principle of "do no harm". It is [widely recognised](#) that humanitarian, development, and peacebuilding activities cannot be separated from the context of peace and conflict in which they are implemented, and that conflict sensitivity increases the likelihood of sustaining peace. The [Organisation for Economic Co-operation and Development](#) recommends proactive mitigation of risks to and from agencies' presence and strategy in fragile states, while the [International Dialogue on Peacebuilding and Statebuilding](#) and the [2016 Sustainable Development Goals](#) require international actors to directly and deliberately address drivers of conflict through their programming in fragile contexts.

To meaningfully realise these commitments and principles, the humanitarian response must systematically gather, analyse, and respond to the perceptions of diverse groups of affected populations. This is necessary to ensure that the humanitarian response aligns with their evolving priorities and perceptions regarding humanitarian assistance. This brief is based on AAP, protection, and conflict sensitivity data from the 2022 Inter-Sectoral Needs Assessment (ISNA) and the 2021 Food Security and Nutrition Monitoring Systems Plus (FSNMS+), both of which were developed in collaboration with relevant clusters.

This brief is an update to a [REACH brief published in June 2022](#). It seeks to inform an evidence-based approach to response planning that is community-centred, accountable, and conflict sensitive, and to support the operationalisation of the HCT's AAP Strategy.



Flooded tukul in Mayendit County (REACH Initiative)

METHODOLOGY OVERVIEW

For a more detailed account of the methodology, please refer to Annex 1.

The 2022 ISNA and the 2021 FSNMS+ both followed a mixed methods approach. The quantitative component of the ISNA comprised a household survey conducted in 75 counties in all 10 states, including Abyei Administrative Area, six high-priority urban areas, and current and former Protection of Civilians (PoC) sites. The qualitative component of the ISNA comprised focus group discussions (FGDs) and key informant interviews (KIIs) in eight locations. The quantitative component of the FSNMS+ comprised a structured household survey conducted in all 79 counties in South Sudan and a qualitative component with semi-structured FGDs and KIIs in selected counties. The ISNA and the FSNMS+ both covered three population groups: host communities/non-displaced communities, internally displaced persons (IDPs), and returnees.

The quantitative component of the ISNA had a final sample size of **8,866 households**, with findings representative at a 90 per cent confidence interval and 10 per cent margin of error at the county level for the overall population. Findings disaggregated by population group were representative at state level at a 90 per cent confidence interval and 10 per cent margin of error. The quantitative component of the FSNMS+ had a final sample size of **19,194 households** surveyed across South Sudan. Findings were representative at a 95 per cent confidence level with a 10 per cent margin of error for population groups at a higher administrative level (i.e., state level). **Findings related to subsets of the total samples are not generalisable with a known level of precision and should be considered indicative only.** Where indicated,

the findings relate to a subset of respondents who had received assistance in the three months prior to data collection.

The qualitative component of the ISNA and the FSNMS+ both used purposive sampling to identify participants from the population groups of interest, with representation of population groups from an age, gender, and ability lens prioritised. Gender parity was achieved in selection of participants, along with representation of people with disabilities in both exercises. The representation of other vulnerable groups, including older persons and youth, was prioritised in the 2022 ISNA. For the ISNA, eight counties (Juba, Yambio, Wau, Rubkona, Leer, Mayendit, Akobo, and Malakal) were selected for data collection based on high intersectoral needs, severe protection needs, presence of target population groups and access, with a total of **102 interviews (FGDs and KIIs)** conducted. For the FSNMS+, 14 counties (Aweril, Bor South, Juba, Lainya, Gogrial West, Maban, Malakal, Mayom, Rubkona, Rumbek North, Tonj North, Tonj South, Wau, and Yei) were selected based on the same criteria; a total of **92 interviews (FGDs and KIIs)** were conducted. Qualitative findings were analysed using a data saturation analysis grid.

For both surveys, bilateral consultations with clusters, key working groups and partners were conducted in the research design phase to develop tools for the assessment. **Data collection for the ISNA took place between August 2022 and October 2022; data collection for the FSNMS+ assessment took place between August 2021 and November 2021.**

This assessment integrated protection principles throughout the research cycle, including the observation of do-no-harm, confidentiality and anonymity, and informed consent during data collection.

DEFINITIONS

The [IASC definition](#) of AAP is used in this brief: “[a]ccountability to affected populations is 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”. This definition recognises the importance of understanding and identifying the diverse experiences of populations groups across South Sudan, particularly with respect to age, gender, and ability.

Conflict sensitivity is [defined](#) as: “[a]n organization’s ability to understand the context in which it operates, understand the interaction between its intervention and the context, and to act upon the understanding of this interaction in order to avoid negative impacts and maximize positive impacts”. In this definition, the word context rather than conflict has been used as it encompasses all socio-economic and political dynamics, and structural contextual factors that could potentially contribute to conflict.



Focus group discussion in Jur River County (REACH Initiative)

KEY FINDINGS

1. **Findings from the 2022 ISNA suggest that insecurity and flooding continued to exacerbate needs in South Sudan by restricting people's access to food, water, sanitation, and hygiene (WASH) and health facilities, livelihoods (e.g., land for cultivation), goods (e.g., markets), and education.**
2. **Already-vulnerable groups were reportedly especially likely to be impacted by insecurity**, with persons with disabilities' and older persons' reduced mobility reportedly limiting their ability to defend themselves when tensions flared and with women at heightened risk of gender-based violence.
3. **Need for humanitarian assistance reportedly exceeded the availability of humanitarian assistance, contributing to tensions within and between communities.**
 - **ISNA findings suggest that one group receiving assistance and others not receiving it sometimes exacerbated tensions between groups.**
 - **In some cases, communities reportedly redistributed humanitarian assistance to mitigate disputes and defuse tensions caused by humanitarian assistance.**
 - **Corruption and nepotism were perceived to affect distribution of aid**, further contributing to tensions and lack of trust.
4. **Other barriers to accessing humanitarian assistance reportedly include protection risks, non-registration, distance, and diversion of aid.**
 - Findings from both the 2021 FSNMS+ and 2022 ISNA suggested that communities often encounter multiple protection issues while accessing assistance, leading to community members reportedly having to choose between their immediate physical security and humanitarian assistance.
5. **In the 2022 ISNA, the major reasons respondents gave for dissatisfaction with the assistance they received from humanitarian actors were quantity and frequency of assistance provided, although quality and suitability of assistance were also raised as issues.**
6. **Means of dissemination reportedly shaped who received information and who did not, with intersecting vulnerabilities exacerbating barriers to information and to receiving assistance.**
7. **In most qualitative interviews where it was discussed in the 2022 ISNA, participants stated that consultations with aid agencies about humanitarian assistance had taken place. However, in many interviews, participants raised concerns regarding whether consultations had taken place in the right way and whether they had an impact.**
 - Perceived levels of representation in humanitarian consultations varied across population groups and locations of data collection, raising questions about whether diverse perspectives were fully represented in consultations.
 - Some respondents reported that the consultations did not lead to positive changes in humanitarian assistance in line with the needs and preferences communicated by affected populations. This perceived lack of impact of the consultations reportedly reduced trust in humanitarian agencies and in community leaders.
8. **Quantitative and qualitative findings from the 2022 ISNA suggest that low awareness of complaint and feedback mechanisms (CFMs) persists.**
 - Roughly half of households interviewed during the 2021 FSNMS+ (58 per cent) and the 2022 ISNA (47 per cent) reported being able to provide feedback and make complaints, with lack of awareness of the system being the most-reported reason for not submitting a complaint or feedback.
 - In qualitative interviews in the 2022 ISNA, respondents in seven out of the eight surveyed sites (Yambio, Juba, Akobo, Rubkona, Leer, Wau, and Mayendit) stated that they were unaware of any mechanisms to make complaints or provide feedback to humanitarian agencies.
9. **While the majority of those who reported using CFMs described their experience as positive, participants raised concerns regarding agencies' delay or complete lack of response to feedback or a complaint.** In qualitative interviews, some participants reported that this left them unsure of whether humanitarian agencies were ignoring them or whether their leaders had failed to raise their concerns with the humanitarian agencies.

KEY RECOMMENDATIONS

The following recommendations were developed in collaboration with and endorsed by the Communication and Community Engagement Working Group. A more in-depth set of recommendations is available at the end of this brief.

1. **When designing an intervention, agencies must consult with affected populations in an inclusive manner regarding their specific needs and preferences, while also managing expectations.**
This requires proactively engaging with diverse communities through multiple, appropriate, meaningful modalities, communicating honestly about constraints, and sharing survey and consultation findings with communities to explain actions to be taken.
2. **Agencies must ensure that the programming is conflict-sensitive** by, for example, conducting a thorough conflict analysis prior to project implementation, monitoring and updating the analysis throughout the programme cycle to ensure potential changes in conflict dynamics are factored in, and adjusting programming as needed.
3. **Agencies must carefully develop, clearly communicate, and regularly review recipient targeting processes to ensure that they are inclusive and target the most vulnerable groups.**
Agencies could, for instance, use community-based participatory methods to develop or revise selection criteria, in conjunction with needs-based targetting.
4. **Throughout an intervention, agencies must identify and address protection risks and issues that populations face when accessing assistance,** for instance through conducting perception surveys outlining community-informed recommendations and proactively implementing safety audit recommendations.
5. **Agencies must ensure that all affected populations, including diverse groups, can easily access reliable, relevant, and clear information regarding assistance and can communicate effectively with aid agencies.**
 - This requires **identifying and addressing barriers to standard information platforms faced by particular demographic groups and profiles**, such as persons with disabilities and people in rural areas, as well as **establishing multiple, appropriate, meaningful modalities to enable access to CFMs, and communicating with communities in a transparent and inclusive manner.**
 - **At the response level, clear, accurate, and culturally sensitive information should be shared with relevant agencies (for dissemination to communities) through relevant working groups,** such as the Communication and Community Engagement
6. **Individual agencies and the humanitarian response at the collective level must ensure that perceptions and priorities of affected populations are regularly and systematically monitored, to ensure that response planning aligns with affected populations' evolving needs and preferences and that appropriate course correction is taken when required.**
Working Group (CCEWG) and the Risk Communication and Community Engagement Technical Working Group (RCCE TWG), and such working groups should ensure that they are coordinating effectively.

FINDINGS

Humanitarian needs

In 2022, security and flooding reportedly exacerbated needs in South Sudan by restricting people's access to food, water, sanitation, and hygiene (WASH) and health facilities, education, livelihoods (e.g., land for cultivation), goods (e.g., marketplaces), and education.

In the 2022 MSNA, all surveyed population groups (host communities, returnees, and IDPs) identified food as their priority need, followed by healthcare, shelter, and education.

Qualitative findings from the 2022 ISNA indicated how insecurity, flooding, and coping strategies interacted to further shape needs.

- In Akobo, male FGD participants reported that food shortages caused youths to loot and steal property, while a female KI stated that revenge killings led to lower food production.
- In Pibor, migration to safer areas was reported to be a coping strategy to avoid violence.
- In Juba County, interviewees said that the arrival of IDPs had reduced the host community's land available for cultivation.
- In Wau, female FGD participants shared that some girls married to cope with lack of food.
- In Rubkona, it was reported that girls missed school due to high rates of early marriage.

In the 2022 ISNA, flooding was reported to have exacerbated needs, with multiple respondents stating that floods had increased the risk of illness, reduced access to healthcare facilities, damaged shelters, destroyed crops, and reduced the land available for cultivation.

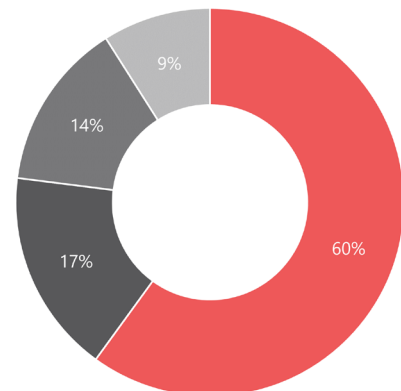
Existing vulnerabilities reportedly also contributed to unmet needs, with interviewees reporting that persons with disabilities' and older persons' reduced mobility made coping with shocks particularly difficult. In addition, routine movement reportedly exposed many women and girls to the threat of rape, beatings, and harassment. Many interviewees reported that, in result, women were either fearful of or unable to access their farms, markets, water points, and forests for collecting firewood. This was reported to have a negative impact on their livelihoods, as well as their general health and wellbeing. For example, in Juba county, male IDPs noted that the threat of rape made it unsafe for women to collect firewood in the bush, due to which they could not sell firewood or use it to brew alcohol for their livelihood.

Access to humanitarian assistance

In the 2022 ISNA, most households (60 per cent) reported being in need but having been unsuccessful in their attempts to access assistance in the three months prior to data collection.

Only 17 per cent of households reported being in need and having been able to access assistance in the three months prior to data collection.

Figure 1: Proportion of households reportedly in need and able to access humanitarian services in the three months prior to data collection [2022 ISNA]



- In need, unable to access assistance
- In need, able to access assistance
- Don't know / prefer not to answer
- Not in need

Among those who reported in qualitative interviews in 2022 that they had received humanitarian assistance, forms of assistance received reportedly included food assistance, shelter and non-food items (SNFIs) (e.g., plastic sheeting), healthcare services (e.g., medicine), cash, and WASH services (e.g. boreholes), triangulating findings from the 2021 FSNMS+.

The main providers of assistance reported in qualitative interviews in 2022 were non-governmental organisations (NGOs), both national and international, including the United Nations. Other providers of support were only cited in a few interviews across all three population groups, and included local authorities, churches, and family members.

In most qualitative interviews where it was discussed, participants stated that humanitarian assistance went to the most vulnerable.

In some locations, however, communities reportedly perceived that certain areas or groups were prioritised in aid distributions, leaving others in need without support, and expressed a lack of clarity on the rationale behind agencies' targeting of people for assistance. These findings triangulate themes from the 2021 FSNMS+ analysis.

In 2022, communities in Wau, Leer, and Malakal reportedly perceived that specific targeting led to the exclusion of people in need of assistance.

- In Wau, IDPs perceived that humanitarian agencies only targeted people with disabilities for non-food assistance, leaving out others in need who did not have disabilities.
- In Leer, host community members perceived that vulnerable people living in Leer town received

money, radios, and smartphones, and questioned why affected people in their payam were excluded.

- In Malakal, female returnees reported that only IDPs from the PoC site who settled in Malakal Town were registered for food assistance, despite high needs among returnees as well.

Protection risks reportedly impeded affected populations' access to humanitarian assistance.

Findings from 2021 and 2022 indicate that protection issues not only exacerbated needs, but also reduced access to humanitarian assistance.

Threats of violence reportedly prevented some people from travelling to distribution sites.

- In Akobo, members of the host community said that they feared leaving their children at home when they travelled to collect humanitarian assistance. They preferred to miss the distribution, or to attend it later, than to risk their child being abducted by people from another community whilst they were away.
- In Leer, a returnee said that women and girls were attacked when bringing food assistance home from the aid distribution site.

That protection risks reportedly both exacerbated needs and complicated access to assistance suggests that some of the most in need of assistance also had the greatest difficulty accessing it.

Additional barriers to aid reportedly included issues with registration, distance from distribution sites, and alleged diversion of aid by community leaders and aid workers.

While individuals like persons with disabilities, older persons and women were reportedly targeted for assistance as vulnerable groups with specific needs (e.g., sanitary pads for women), they still faced barriers to accessing assistance in certain locations. For example, in Rubkona and Mayom, participants in the 2021 FSNMS+ stated that people with physical disabilities sometimes struggled to get nutritional supplements for their children, because they were unable to carry them to the nutritional centre and the centre required both the parent and the child to be physically present.

Other challenges reported to affect people's access to assistance included perceived diversion of assistance by community leaders, issues with registration, information sharing around assistance, and small quantities of aid. IDPs and returnees indicated that minority ethnic groups, older persons, persons with disabilities, and women were disproportionately impacted when community leaders allegedly diverted assistance.

Perceived corrupt behaviours and discrimination among community leaders and NGO staff reportedly led to differential access to assistance among groups

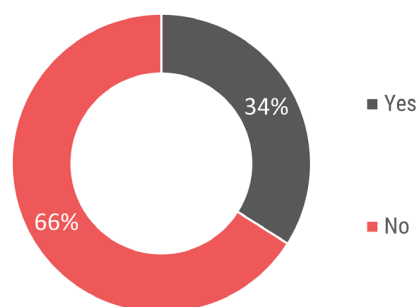
- In Yambio and Leer, IDPs reported believing that humanitarian workers prioritised distribution to people they knew instead of targeted beneficiaries.
- In Mayendit, a male host community member with a disability perceived that friends and family members of the chief were given priority in distributions, leading to there not being enough assistance available for persons in need.
- In a separate interview in Mayendit, participants from a female FGD recounted that chiefs from the host community had told IDPs from Koch and Leer to return to their original payams for assistance.

In both 2021 and 2022, registration processes were reported as a barrier to some population groups accessing humanitarian assistance. Interviewees reported that long wait times for registration meant that new arrivals and people who were away when registration occurred were excluded from assistance. IDPs and returnees were reportedly disproportionately impacted in some locations, as many were ineligible for assistance because they had arrived after the registration had occurred.

Satisfaction with humanitarian assistance

The majority of people reported being dissatisfied with the assistance they received from humanitarian actors (2021). This was due mainly to the quantity of assistance provided, however the timeliness, quality, and targeting of assistance were also raised as issues.

Figure 2: Proportion of households reportedly satisfied with humanitarian services [2021 FSNMS+]



Asked to the subset of households that had reported receiving humanitarian assistance in the three months prior to data collection (n=7,865)

In 2021, two-thirds of the households that had reportedly received humanitarian assistance in the three months prior to data collection were dissatisfied with the assistance they received. The two major reported reasons for dissatisfaction with the assistance were quantity and timeliness, followed by (in descending order) relevance, quality, targeting, registration, access, and modality. A slightly larger proportion of female-headed households reported being dissatisfied with assistance due to quantity as compared to male and child-headed households. Compared to the returnee households, a larger proportion of host community and IDP households reported being dissatisfied with the quantity of assistance.

Similarly, in qualitative interviews in the 2022 ISNA, the most common reason that host community, returnee, and IDP participants gave for dissatisfaction with humanitarian support received was that it was not enough to meet needs, followed by the assistance being too infrequent. Participants provided several explanations for the insufficient amount of aid, including allocation criteria, sharing of assistance between population groups leading to lower quantities for each person, and issues with registration restricting access to assistance.

Cut rations and unpredictable assistance reported in Akobo

An IDP in Akobo stated that rations had been cut by half at the latest food distribution. When community members questioned this, NGO staff reportedly said they would provide larger rations at the next distribution. At the time of data collection, four months had passed, and the community reportedly had not received any assistance from the NGO nor any communication regarding the lack of distributions.

In other locations, allocation structure and infrequent registrations reportedly meant that similar volumes of assistance had been provided to everyone, regardless of family size. For example, an IDP in Leer said that assistance was provided on a per-family basis without considering the size of each household. As a result, larger households of 20 people were reported to have received just one tarpaulin to share amongst them. In Akobo, members of the host community said that infrequent registrations for humanitarian assistance meant that assistance was not based on a household's actual size and needs, which grew over time, but on the size of the household at the last registration. As such, households' basic needs were not adequately covered and likely led to the needs of people with specific vulnerabilities not being met.

In qualitative interviews in Wau, Mayendit, and Yambio in 2022, respondents reported that the assistance they received (including seeds and plastic sheets) was of unusable quality. Male IDPs in Yambio said that a seed distribution they received did not germinate well and, in result, people stopped planting them. In interviews with returnees, the infrequency of distributions was reported as a challenge. In Mayendit, for instance, flooding reportedly increased needs and long periods between distributions reportedly led people to adopt negative coping mechanisms, such as consumption of water lilies to cope with the lack of food, and then even made it difficult to find enough water lilies to eat.

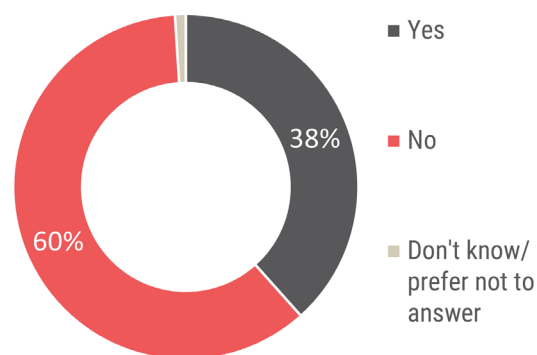
Perceptions of nepotism and corruption amongst aid workers and community leaders indicated distrust in beneficiary targeting processes.

Participants in several qualitative interviews for the ISNA reported perceptions that aid workers and community leaders involved in beneficiary targeting processes had prioritised their own family and relatives. These perceptions indicate distrust in the mechanisms used to select beneficiaries and may be a driver of dissatisfaction with beneficiary targeting processes.

Information-sharing with affected populations regarding humanitarian assistance

In 2021, among households that reported having received assistance in the three months prior to data collection, less than half reported having received adequate information about the humanitarian assistance available to them. Barriers to clear and timely information reportedly persisted in 2022, based on qualitative interviews.

Figure 3: Proportion of households reporting receiving adequate information about humanitarian services [2021 FSNMS+]



In 2021, among households that reported having received assistance in the three months prior to data collection, less than half reported having received adequate information about the humanitarian assistance available to them. Barriers to clear and timely information reportedly persisted in 2022, based on qualitative interviews.

In 2022, in the majority of qualitative interviews with host community members and returnees where access to information was discussed, interviewees reported that access to information was unequal, citing the barriers discussed below. In contrast, in most qualitative interviews with IDPs, interviewees reported that everyone could access information about humanitarian assistance. It is unclear whether this is because IDPs generally had good access to information, or whether the participants in the interviews did not consider the people who were less connected to information sources.

According to findings from both 2021 and 2022, humanitarian agencies reportedly primarily relied on local leaders (especially chiefs) and local authority members, including payam administrators and the Relief and Rehabilitation Commission (RRC) to inform communities about humanitarian assistance. In some locations, information reportedly passed along a chain from the NGO to the RRC office, to local authorities, to community leaders, and eventually reached community members. This, paired with below findings about complaint and feedback mechanisms, in some locations suggests a lack of direct access for community members to information in some locations, which may impact the reliability of information that trickles down to them.

Means of dissemination reportedly shaped who received information and who did not, with findings suggesting that intersecting vulnerabilities exacerbate barriers to information and receiving assistance.

In qualitative interviews in 2022, the most reported means of disseminating information amongst host communities, returnees, and IDPs alike was through megaphones. Other frequently cited methods used, included house visits, word-of-mouth, and radio broadcasts (mentioned only by IDPs). NGOs reportedly provided information directly to communities in some locations, for instance by posting public notices, announcing distributions over radio, calling people on their phone, and providing details of a distribution when registering beneficiaries.

In qualitative interviews in 2022 with host communities and with returnees, by far the most cited barrier to information was distance from population centres. This echoed findings from FGDs conducted in Mayom and Gogrial West in 2021; participants reported that efforts to share information regarding assistance were focused on urban areas, while rural areas were left out. While megaphone announcements, house visits, and word-of-mouth can work well for people in urban areas, they appear less effective across vast distances and for people with hearing disabilities or limited mobility with weak social connections.

Social connections are integral to vulnerable groups accessing information

- In Bentiu and Leer, IDPs and returnees respectively explained that those with hearing impairments missed megaphone and radio announcements unless they had a family member to alert them.
- In Yambio, members of the host community mentioned that older persons missed information because their limited mobility prevented them from spending more time with friends and neighbours who might share information about humanitarian assistance via word-of-mouth.
- Also in Yambio, a women's leader stated that they telephoned households that lived further away to share information about assistance, but acknowledged that those without phones could not be reached this way.

Qualitative interviews in 2022 also highlighted the need for multiple approaches to disseminating information, in case one approach were to fail.

In Mayendit, flooding reportedly cut off access to information

A female IDP in Mayendit explained that her community usually relied on visitors for information, but flood water had blocked people from reaching her community for several months. As such, their access to information about humanitarian assistance was obstructed, and no alternative means for sharing information were used.

After four consecutive years of above-normal rainfall (see [Humanitarian Response Plan](#), p. 9), this situation will likely reoccur unless alternate information-sharing modalities are introduced.

Interviews suggest that, for information to be effectively conveyed, one must consider people's responsibilities related to livelihoods and caregiving and the effect of those responsibilities on their mobility.

Timings of house visits and the location of public announcements reportedly excluded people from information on humanitarian assistance: Yambio, Juba and Leer

- A returnee in Yambio explained that house visits for disseminating information about humanitarian assistance usually occurred during the day when most adults were at their farms. Only their children were home, who, according to this returnee, were unable to understand and relay information to their parents.
- In Juba and Leer counties, some IDPs explained that women were often away from home completing chores, such as collecting firewood for cooking, when house visits for disseminating information about humanitarian assistance occurred. Compounding this, most women reportedly did not regularly visit the marketplace where announcements were also made, because they were completing chores. Taken together, this meant some women did not receive any of the information about humanitarian assistance required to be able to access it.

In both 2021 and 2022, respondents reported perceptions that community leaders, chiefs, and aid workers favoured friends and family when conveying information about humanitarian assistance.

In Mayendit and Juba, this reportedly led to the exclusion of some groups from information and, consequently, from humanitarian assistance. Selective information-sharing can create unequal access to humanitarian assistance, reducing the ability of certain groups to access support critical for meeting their needs. This might be particularly problematic given that the people who might be more likely to miss out on information dissemination – minority groups and people with weaker social connections – are simultaneously potentially more likely to need assistance. These findings also highlight the importance of well-known, well-trusted CFMs that do not solely rely on community leaders, as community members may want to report on the community leader's perceived corruption.

Consultations with affected populations regarding humanitarian assistance

In 2022, in most qualitative interviews where it was discussed, participants stated that consultations about humanitarian assistance had taken place. There appeared to be less agreement over whether all perspectives were included or whether they had an impact.

Humanitarian agencies reportedly consulted community leaders (specifically, chiefs), community members (including representatives from vulnerable groups such as older persons, women, and youth), and local authorities (including block and zone leaders, and the RRC) about humanitarian assistance. Consultations held with persons with disabilities were reported in only a few interviews, mostly with IDPs. In several locations, participants were not aware of whether any consultation had taken place.

Reports of limited consultations in Mayendit and Yambio

- In an FGD in Mayendit with women from the host community, participants reported that no consultation had taken place, while a KI in Mayendit reported that aid actors had only consulted with the RRC.
- In Yambio, in three out of the four interviews in which consultations were discussed with returnees, the only consultation mentioned was recipients being able to provide feedback during distributions. However, in one interview, an older respondent reported that two humanitarian organisations had conducted consultations in Yambio.

Perceived levels of representation in humanitarian consultations varied across population groups and locations of data collection, raising questions about whether diverse perspectives were reflected in the consultations.

In most interviews with host communities and returnees in which consultations were brought up, respondents reported perceiving that all groups were represented in consultations, even if indirectly. Interviews with IDPs were more split. Demographic groups that were reportedly excluded from or faced barriers to participating in humanitarian consultations included women, older persons, and persons with disabilities. This may increase the likelihood of their unique preferences and needs not being communicated to humanitarian agencies and thus not effectively informing programming, heightening the risk of assistance not being able to meet diverse needs. Factors reportedly leading to groups being excluded from consultations included gender stereotypes and physical mobility challenges.

Gender stereotypes and mobility challenges reportedly restricting participation in consultations

In Juba, a female respondent from the host community reported perceiving that women were excluded from consultations due to stereotypes that women could not be leaders. Another respondent in Juba reported that some older persons' mobility challenges prevented them from participating in consultations.

A perceived lack of impact of the consultations reportedly affected trust in humanitarian agencies and in community leaders.

In several interviews in 2022, respondents expressed a lack of trust in community leaders to represent their views during humanitarian consultations. Findings suggest that perceived corruption and selective information-sharing among leaders' family, friends, and their own ethnic groups were important factors contributing to a lack of trust. In a few interviews, community leaders were also considered untrustworthy because consultations did not lead to positive changes in humanitarian assistance in line with needs and preferences communicated by affected populations, as perceived by interviewed communities.

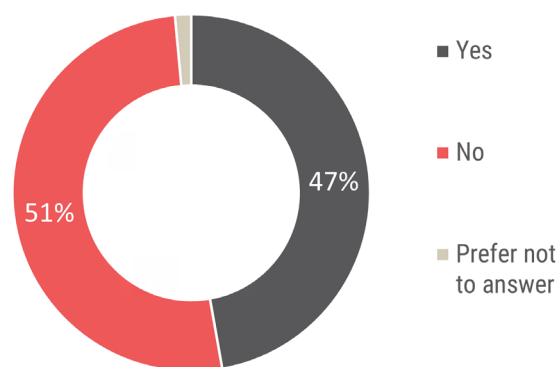
Reports of assistance not matching consultations in Akobo and Yambio

- In an FGD with host community men in Akobo in 2022, some reported that humanitarian actors delivered assistance based on organisational priorities rather than community needs,
- In Yambio, female returnees described one-way consultations characterised by unfulfilled promises made by humanitarian staff. On this basis, some interviewees perceived that consultations with humanitarian agencies had not led to meaningful changes in the assistance provided.

Complaints and feedback mechanisms

Roughly half of households interviewed during the 2021 FSNMS+ (58 per cent) and the 2022 ISNA (47 per cent) reported being able to provide feedback and make complaints.

Figure 4: Proportion of households reporting being able to provide feedback and make complaints regarding humanitarian assistance [2022 ISNA]

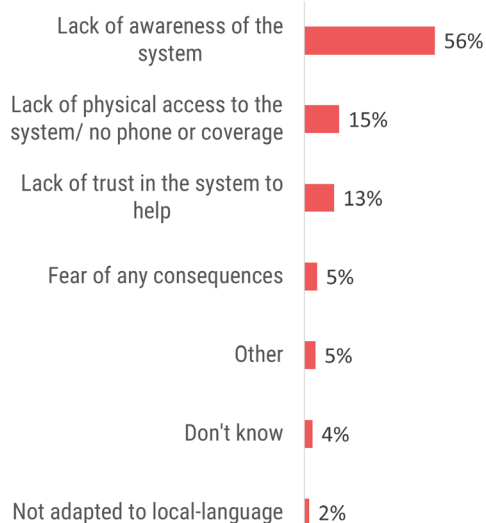


Host communities, female-headed households, and child-headed households slightly less commonly reported being able to access CFMs than did other population groups. This reported inability to access CFMs suggests that humanitarian organisations may not be aware of key issues experienced by affected people around assistance. If so, this would reduce the likelihood that humanitarian assistance is responsive to the needs and preferences of communities.

Both quantitative and qualitative data suggest that a low awareness of CFMs was the primary reason for not using them. Other barriers to CFMs reported in the quantitative

household survey were, in descending order, a lack of physical access to the system, a lack of trust in the system to help, a fear of consequences, and language barriers.

Figure 5: Reported reasons for not submitting a complaint or feedback through a CFM, by proportion of households [2022 ISNA]



Asked to the subset of households who reported not having submitted a case through a CFM in the three months prior to data collection (n=3,466)

In qualitative interviews in 2022, respondents in seven out of the eight surveyed sites (Yambio, Juba, Akobo, Rubkona, Leer, Wau, and Mayendit, but not Malakal) reported being unaware of any form of CFMs.

In the absence of direct access to NGOs, some host community and returnee participants described going through local leaders or officials, sometimes leading to their complaint or feedback being passed from community leader to payam administrators to humanitarian organisations and then back again. "Face-to-face with community leader" was the second-most preferred mechanism for providing feedback and making complaints regarding humanitarian assistance, according to the 2021 FSNMS+ findings. However, findings suggest that, particularly in the absence of complementary CFMs, going through community leaders has several drawbacks. First, when respondents did not receive a satisfactory answer to their complaint, these multiple stages of communication reportedly made it difficult to know where the impediment was, for example whether the community leader had not presented the issue to the payam administrator, or had not presented it properly, or whether the organisation had ignored the complaint.

Second, in qualitative interviews, some participants reported perceptions of community leaders selectively sharing information and diverting aid. Participants who reported this might also, in some cases, be part of the group of people who asserted that their reason for not submitting a complaint was a lack of trust in the system to help or a fear of consequences. If agencies do not have a well-known, well-trusted, accessible mechanism that does not go through a community leader or other authority, they may not become aware of their aid being subverted.

Figure 6: Households' reported preferred mechanisms to provide feedback or make complaints regarding humanitarian assistance [2021 FSNMS+]



ISNA qualitative findings suggest that communities' preferred CFMs often differed from the channels available to them. The most-preferred mechanism for providing feedback and making complaints (face to face at home with an aid worker, according to the 2021 FSNMS+ findings) was rarely mentioned as an existing channel in qualitative interviews. Instead, the most reported channels were local leaders (specifically chiefs, block leaders and zone leaders) and local authorities (including payam administrators and the RRC). To a lesser degree, respondents reported providing information directly to humanitarian actors during aid distributions, in meetings with aid workers, and through complaints-and-suggestions boxes.

Language and literacy barriers reportedly prevented affected populations from raising complaints and providing feedback

- In Malakal, both a male KI from the host community and a participant in a male FGD with host community members noted that several organisations had complaint boxes at their gates, but that much of the population was unable to use them due to illiteracy. These respondents were not aware of other ways to submit complaints or feedback.
- In Mayendit, women from the host community said that their community could not engage with NGOs directly because they speak neither Arabic nor English, the main operating languages of the NGOs.

While the majority of those in 2022 who reported using CFMs said it was easy to use, appropriate to their community, trustworthy, and that it took account of their views and opinions, consistent success in closing the feedback loop was reportedly lacking.

Among the subsample of respondents who reported having used CFMs, there appeared to be little variation

between host communities, IDPs, returnees, child-headed households, female-headed households, and households that included a person with disabilities in whether CFMs were easy to use, appropriate to their community, trustworthy, and took account of their views and opinions. In qualitative interviews, some participants reported that the delay or a complete lack of response left them unsure whether they were being ignored by humanitarian agencies or whether their leaders had failed to raise their concerns. In contrast, however, participants also provided positive experiences, such as when complaints about health services reportedly led to a new facility being constructed in Akobo. However other examples reported by host community members were from several years ago, which may suggest a lack of recent action.

Conflict sensitivity and do-no-harm

Participants reported that community members were sometimes forced to choose between their security and accessing humanitarian assistance, due to protection issues faced when accessing the assistance.

As mentioned above, participants in qualitative interviews held across locations in 2021 and 2022 reported that protection issues, including violence, looting, and destruction of facilities, impeded access to humanitarian assistance. In some cases, people reportedly chose to forgo assistance to avoid putting their children at risk of being kidnapped.

Amidst widespread need, uneven assistance reportedly sometimes exacerbated tensions between groups.

In qualitative interviews, participants differed on the impact of assistance on group relations. Where participants reported that assistance did cause tension, the primary reasons given in 2021 and 2022 were perceptions of unfairness. Tensions reportedly led to frustrations and quarrelling, as well as withholding of mutual assistance. In Yambio, there was one report in the 2022 ISNA of non-recipients looting a truck carrying aid, and fighting reportedly broke out in Leer after a distribution.

Resentment over IDP receipt of assistance reportedly contributed to tension with host communities in Yei and Yambio

- In the 2021 FSNMS+, FGD participants in Yei reported that the provision of assistance to IDPs but not to the host community led to the host community barring IDPs from cultivating on the host community's land.
- In 2022 ISNA FGD with IDPs in Yambio and in an individual interview in Yambio for the 2022 ISNA, participants reported that the host community expressed hostility towards the IDPs because the latter received assistance. One participant reported that when IDPs ask their host community neighbours whether they could borrow something, the neighbours would say, "you just received money and you still ask for more assistance... don't you have shame?" This statement hurts a lot." Host community participants in an ISNA FGD in

Yambio seemed to triangulate such tensions, with respondents saying: "they stay with us in our homes, and we provide everything for them, but the IDPs keep the assistance they get from themselves" and "these IDPs were not allocated a place to live by the government, [so] they stay with relatives, ... and relatives have used all their resources to feed all of them. At first, they were given food items, which they could bring to the house, but [when] assistance was changed to money, they just buy clothes for themselves and eat the food we provide."

Vulnerable groups were reportedly more likely to bear the brunt of tensions over humanitarian assistance.

According to qualitative findings from the ISNA, older persons' frailty reduced their ability to defend themselves or escape when tensions flared. Traditional gender roles in some locations, under which women were tasked with collecting assistance, reportedly increased their exposure to disputes over humanitarian assistance.

Unclear targeting criteria and reliance on community leaders may have contributed to perceptions of corruption.

Qualitative findings in 2021 and 2022 suggest that perceptions of exclusion of certain communities and/or groups from beneficiary lists for aid provision may have caused tensions between and within communities. In one case, it may have fuelled community members' distrust of humanitarian workers. As stated above, if/when community members were unaware or unable to access CFMs that did not involve community leaders, they had little opportunity to alert humanitarian agencies about the alleged corruption.

Some communities reportedly redistributed humanitarian assistance to mitigate disputes and defuse tensions and provided ideas for how humanitarians could reduce conflicts related to assistance.

According to qualitative findings from 2022, in some cases, affected communities redistributed aid to defuse tensions. However, this resulted in there being less assistance available for the intended recipient. In other cases, leaders had reportedly intervened and mediated disputes.

Participants also suggested ways to mitigate tensions regarding future humanitarian assistance, such as ensuring that all groups are registered for assistance, providing assistance directly to recipients rather than through local leaders, being clear and transparent regarding targeting for assistance, and delivering larger aid packages to a greater number of people.

While resource constraints may prevent organisations from acting upon the last suggestion, clear communication regarding these constraints and targeting criteria may strengthen communities' perceptions that humanitarian organisations are trying to account for their needs and that, where relevant, community leaders had communicated people's needs to the organisations.

RECOMMENDATIONS



The following recommendations follow from the evidence-based analysis in the Findings section. They target operational partners and the humanitarian coordination structure in South Sudan. These recommendations have been endorsed by the members of the CCEWG.

Programmatic recommendations

1. Aid agencies must uphold the rights of all affected people to participate in decisions that affect them and to receive a clear and timely response to complaints and feedback on services that aid agencies provide. This will, in turn, increase the relevance of assistance to people's needs and preferences, and consequently, enhance the effectiveness and efficiency of aid.

- The reported exclusion of certain groups and a lack of trust in humanitarian consultations underscore the need for regular, two-way, inclusive consultations with communities. Where relevant, a dedicated effort to reach groups outside established power structures of community leadership (who traditionally tend to be accessed for consultations) must be made to ensure equal representation of diverse needs.
- Agencies must ensure that communities' stated needs and preferences inform response planning and that communities understand the agencies' constraints. This should help address reported lack of trust in consultations.
- Affected populations' apparently limited access to and knowledge of CFMs suggests that key issues experienced by affected communities around humanitarian assistance are not sufficiently addressed. Overcoming reported barriers to CFMs requires humanitarian agencies' proactive engagement with affected populations, particularly those with limited access to common platforms and standard communication channels.
- Preferred channels for CFMs, as indicated by communities themselves, should be prioritised, particularly direct, face-to-face formal communication channels. They should be tailored to the customs and languages of the specific locations.
 - ▶ As different groups may feel comfortable with different CFMs and single CFMs can fail, agencies should try to provide and publicise multiple ways of providing complaints and feedback.
 - ▶ Agencies should sustain efforts to publicise CFMs, ensure their accessibility for all groups, and build trust in their effectiveness. Where feasible, a permanent or frequent physical presence in the community can provide direct access for community members to humanitarian staff.
 - ▶ Regular analysis of the potential risks to using

CFMs should be undertaken. Trust must also be built with communities to ensure that they can use CFMs without fear of exclusion from assistance.

- Agencies must also build trust in CFMs by explaining to affected populations the stages for processing feedback and complaints, with clear timelines and communication channels established and communicated, and by being responsive to feedback and complaints received.
- Agencies must ensure that they are able to "course correct" in their programming in response to issues identified through systematically collected data on affected communities' perceptions.

2. Aid agencies must address the reported impact on community relations of issues with targeting processes and exclusion from assistance, including through proactive implementation of perception surveys outlining community-informed recommendations for programming, transparent and inclusive communication, and conflict-sensitive programming.

- Agencies must ensure that programming is conflict-sensitive by, for example, conducting informed conflict analyses prior to project implementation, monitoring and updating the analysis throughout the programme cycle to ensure potential changes in conflict dynamics are factored in, and adjusting programming as needed.
- Clear, transparent, inclusive messaging regarding beneficiary eligibility criteria is key to addressing frustrations with the quantity of assistance provided, particularly given that funding shortfalls are affecting levels of assistance. This must be accompanied by an inclusive communication strategy to mitigate against the misperceptions around assistance that contribute to tensions between communities.
- The reported lack of trust in community leaders and aid workers to reliably share information and assistance may indicate that patronage networks are disrupting efforts to assist the most vulnerable. To address these issues:
 - ▶ Partners, persons selecting beneficiaries, beneficiary criteria, the role of existing structures and of modalities of distributions and locations for distribution must be assessed regularly for conflict risk.
 - ▶ Trainings on organisation standards or codes of conduct and humanitarian principles, including regular refresher trainings for all staff, must be conducted to ensure their institutionalisation across operations.
 - ▶ Alleged violations of humanitarian agencies' standards or codes of conduct by staff members must be appropriately investigated and acted upon as relevant.

- As reductions in funding reportedly contribute to tensions within and between communities, agencies must ensure that programming is resilience-oriented, where possible.

3. Aid agencies must ensure that all affected populations, including diverse groups, have easy access to reliable, relevant, and clear information about humanitarian assistance.

- Agencies must ensure that all affected populations have easily accessible channels for two-way communication, including by specifically accounting for demographic groups and people in areas with less access to typical community information structures (community leaders and representatives, local authorities, etc.) and means of communication (e.g., megaphone announcements and word-of-mouth). These groups include rural populations, persons with disabilities, and female- and child-headed households.
- Agencies must identify and address context-specific barriers to information as they arise. For example, if flooding has disrupted a community's existing methods of accessing information, agencies should ensure that alternate means of two-way communication are used and that particularly vulnerable groups are reached.
- Where possible, existing community structures for information-sharing within population groups, and particularly with vulnerable groups, should be used. Frequent communication with the community can help agencies to understand challenges and identify which groups require special attention in the design of information-sharing processes. Concurrently, agencies should account for people who are excluded from or do not feel comfortable using traditional communication channels.

4. Aid agencies must ensure all relevant groups are able to access assistance safely and equitably in line with their needs.

- Agencies should conduct inclusive consultations with diverse groups to ensure that, to the extent possible with available funding and access, the most vulnerable persons with high needs (including newly arrived IDPs and returnees who may not have been able to register, older persons, widows, orphans, and persons with disabilities) can access assistance. In designing the recipient targeting, agencies should also consider complaints and feedback received from the community, challenges encountered at previous distributions, and emerging needs among affected populations.
- Consistent coordination with communities and Protection agencies at the administrative levels must be undertaken to identify vulnerable groups and, in turn, to inform beneficiary targeting efforts.
- Community-based participatory methods should be used to develop selection criteria for beneficiary targeting, in conjunction with needs-based targeting.

- Agencies must ensure clear communication with affected communities around the beneficiary selection process and the limitations of funding impacting available assistance. Transparent communication by staff should be provided to people or groups who have been dropped from beneficiary lists and in cases of delays or cuts to assistance. If future distributions are planned, agencies should consult community members on suitable timelines, as well as their preferred type and quantity of assistance.
- Agencies must conduct protection analysis and mainstream conflict sensitivity in programming, to mitigate protection risks that affected populations face while accessing assistance.
 - ▶ This includes acting upon recommendations from regular safety audits conducted by Protection/GBV partners and other periodic safety audits or protection risks analyses conducted by the SGBV sub-cluster or other protection partners, to ensure protection risks are identified and addressed.
 - ▶ In selecting distribution sites, agencies should seek to minimise the likelihood that people must undertake dangerous and costly journeys to access assistance. Robust and up-to-date information on local conflict dynamics and structural barriers should feed into the decision-making process. Agencies should also develop contingency plans for providing assistance to populations in high-risk areas when insecurity complicates their movement to the main distribution sites.
 - ▶ The specific circumstances limiting access to assistance of diverse groups, such as persons with disabilities and older persons, must be understood within different contexts to ensure that these vulnerable groups are able to receive the critical assistance they need.
 - ▶ Agencies must consult regularly with Protection partners and community representatives to anticipate potential protection risks associated with humanitarian assistance. Agencies should leverage existing activities for defusing existing tensions, while heeding the advice of community members for mitigating future tension.

Response-level recommendations

5. Where appropriate, aid agencies should use centralised and formalised pathways to disseminate clear, accurate, context-specific information, particularly regarding issues such as seasonal hazards or public health risks.

- Such efforts would entail the development of centralised Information, Education and Communications (IEC) materials by relevant working groups, such as the Communication and Community Engagement Working Group (CCEWG) and the Risk Communication and Community Engagement

Technical Working Group (RCCE TWG), for timely dissemination to humanitarian stakeholders for information-sharing with communities. This includes responding to ad hoc requests by partner agencies for IEC materials or support for communication strategies and efforts, as well as collaboration between the RCCE TWG and the CCEWG on developing and disseminating risk messaging.

6. The humanitarian response at the collective level must be responsive and flexible to the perceptions and priorities of affected populations based on systematically collected evidence (through perceptions, monitoring and evaluation surveys, organised CFM data, and research on community perceptions). **Emergency resources should be earmarked to support rapid course correction in the event of escalating needs or severe shocks.**



IDP site in Upper Nile State (REACH Initiative)

ANNEX 1: METHODOLOGY FOR THE ISNA AND THE FSNMS+

The 2021 FSNMS+ assessment and the 2022 ISNA both followed a mixed methods approach covering three population groups: host communities/non-displaced communities, internally displaced persons (IDPs) and returnees.

For both quantitative and qualitative components of the FSNMS+ and the ISNA, all sensitive questions were reviewed with the Protection Cluster and enumerators were trained on how to ask sensitive questions. Respondents had the option of not replying if they did not feel comfortable answering the question.

Quantitative component

	ISNA	FSNMS+
Households interviewed	8,866	19,194
Confidence interval (%)	90	95
Margin of error (%)	10	10
Counties covered	75	79

Note: For the ISNA, the intended sample size of 12,363 respondents was reduced to 8,866 respondents due to a funding gap.

Both assessments' sampling methodology consisted of a two-stage stratified cluster sampling, where the primary sampling unit or cluster was selected following probability proportional to size, and the secondary sampling unit or households were randomly selected within each cluster.

For the urban component of the FSNMS+ quantitative survey, data was collected in five IDP camps, Juba IDP Camp 1, Juba IDP Camp 3, Bentiu IDP Camp, Malakal PoC, and Navaisha IDP Camp. Urban centres therefore include the following counties: Juba, Yei, Rubkona, Malakal, and Wau.

For both the FSNMS+ and the ISNA, findings related to subsets were not generalisable with a known level of precision and should be considered indicative only. Most findings in this brief are related to the subset of households who reported having received aid.

In the absence of a household listing, the second stage sampling following stratification by population group has limitations, particularly given that the second-stage sampling cannot be verified through remote monitoring and GPS tracking. As the exact population breakdown at community level is unknown, certain groups may be better represented in the final sample, meaning that the survey may not reach the same level of representativeness for each sub-group as for the overall population. Findings on sub-populations could, therefore, include a level of bias: more easily reachable and identifiable IDP and returnee households may have had a larger chance of being selected for an interview. Nonetheless, these methods are considered as rigorous as possible in this context.

Additionally, for the ISNA, Panyikang, Mayom, and Fangak counties could not be accessed due to insecurity. Further, due to flooding, 170 clusters (2,210 surveys) had to be resampled to locations that could be accessed. This may have resulted in the survey overreporting the level of access to information and to humanitarian assistance.

Qualitative component

	ISNA	FSNMS+
Focus group discussions	50	61
Key informant interviews / individual interviews	50	34

For both assessments, purposive sampling was used to identify participants for FGDs and KIIs from the population groups of interest. The qualitative findings are not representative and should be considered indicative.

Gender parity was achieved and persons with disabilities were represented in both assessments. For both assessments, locations for the qualitative data collection were selected based on high intersectoral needs, severe protection needs, presence of the target population groups, and access. For the ISNA, data was collected in eight counties (Akobo, Juba, Leer, Malakal, Mayendit, Wau, and Yambio). For the FSNMS+, 14 counties (Awerial, Bor South, Juba, Lainya, Gogrial West, Maban, Malakal, Mayom, Rubkona, Rumbek North, Tonj North, Tonj South, Wau and Yei) were selected. Data saturation analysis grids were used to analyse the findings of the ISNA and the FSNMS+.

The qualitative methodology for the FSNMS+ and the ISNA had the following limitations:

- The sensitivity of the questions asked may have led to under-reporting of information by FGD participants and KIIs. To mitigate this, at the start of each interview, enumerators clarified that the answers would not impact participants' receipt of aid and that data collection was completely anonymous. However, social desirability bias could still have played a role in how questions were answered.
- Due to challenges in hiring female moderators, not all FGDs with only female participants and interviews with female KIIs were led by female moderators. Given the sensitivity of the questions asked, this may have led participants in female-only FGDs to share less detailed and/or less reliable information in FGDs led by male moderators. This was largely mitigated in the ISNA, where gender matching was almost completely achieved.
- As a result of access issues in certain locations, some of the interviews in the 2021 FSNMS+ were undertaken with respondents having indirect knowledge of a specific area without physically being in the location. This may have influenced the level of detail captured in these interviews. In the

2022 ISNA, direct data collection was undertaken for all interviews.

- For the ISNA, two counties initially identified for data collection (Terekeka and Ulang) were replaced with other counties meeting the sampling criteria, due to access and operational issues during the period of data collection. Given that data was collected in accessible areas only, and populations in inaccessible areas likely experienced greater barriers to humanitarian assistance, barriers to humanitarian assistance may have been underreported in the data.