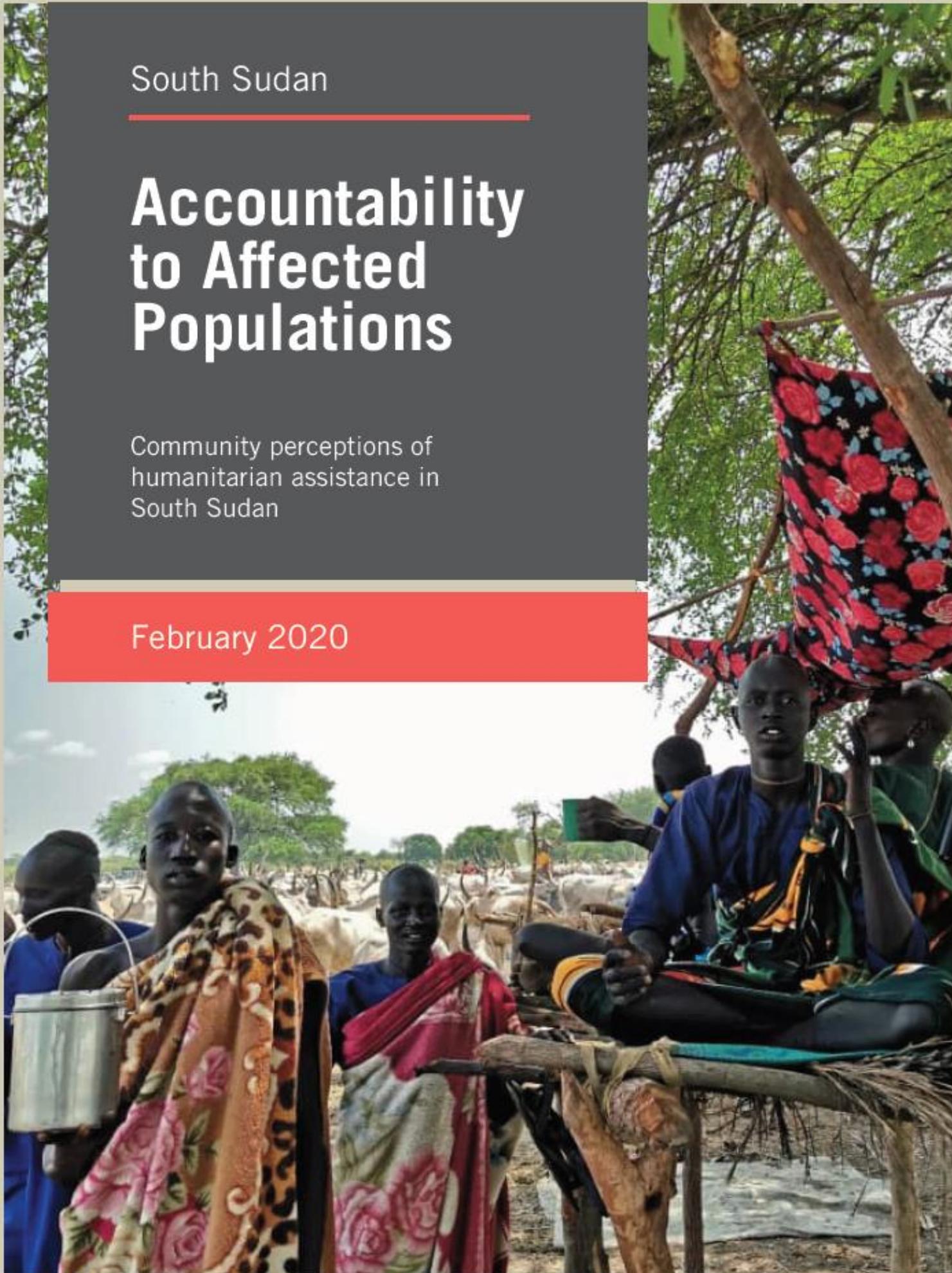


South Sudan

Accountability to Affected Populations

Community perceptions of
humanitarian assistance in
South Sudan

February 2020



USAID
FROM THE AMERICAN PEOPLE

REACH An initiative of
IMPACT Initiatives
ACTED and UNOSAT

Cover photo: Cattle camp near Malek, Rumbek Centre, Lakes State. Credit: Matthew Day. © REACH, 2019

About REACH

REACH 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). For more information please visit our website: www.reach-initiative.org. You can contact us directly at: geneva@reach-initiative.org and follow us on Twitter [@REACH_info](https://twitter.com/REACH_info).

SUMMARY

Eight years after independence, South Sudan is in the midst of a complex and protracted humanitarian crisis, one induced primarily by conflict and exacerbated by economic instability, natural disaster, and largescale displacement.¹ In 2020, an estimated 7.5 million people are in need of assistance,² affirming the continued presence of a largescale humanitarian response and the necessity of further interventions in affected communities across the country. Since the outbreak of civil war in December 2013, no part of South Sudan has been spared from what has become a protracted humanitarian crisis. Humanitarian efforts have included every sector and the nature of the response is steadily evolving to prioritizing durable solutions for affected populations.

Despite the fact that humanitarian agencies have been operating in South Sudan for over thirty years, there has been an absence in understanding how the aid community and the assistance it provides are perceived by affected populations. The lack of nuanced information on community perceptions regarding humanitarian assistance is a global issue and a key driver for the strengthening of Accountability to Affected Populations (AAP) initiatives across the humanitarian response. This failure to capture the attitudes, experiences, perceptions, and opinions of the South Sudanese population in relation to aid poses a collective ethical challenge to the humanitarian community as a whole.

Beginning in mid-2019, REACH collaborated with several humanitarian partners³ in South Sudan to develop a research project aimed at addressing this information gap. Funded by the UK Department of International Development (DFID), *Accountability to Affected Populations: Community Perceptions of Humanitarian Assistance in South Sudan* provides a snapshot overview of community perceptions across the country. The research encompasses community perceptions related to four core AAP themes:

1. Awareness of humanitarian service delivery;
2. Relevance of humanitarian interventions;
3. Fairness of the humanitarian response;
4. Respect of affected populations by humanitarian service providers as perceived by the community.

The study adopted a mixed-methods approach, integrating quantitative and qualitative data to allow for a more complete picture of community perceptions. Quantitative data was collected in August 2019 through REACH's key informant based, Area of Knowledge (AoK) multi-sectoral remote-monitoring survey tool and gathered at the settlement level across all ten former states of South Sudan.⁴ 2,534 key informants were assessed in 1,954 settlements (for an explanation of AoK methodology please refer to Section 3 "Methodology," page 11). Qualitative data was collected through 17 focus group discussions (FGDs), five semi-structured in-depth individual interviews (IIs) with community members, and 21 semi-structured key informant interviews (KIIs) with local authorities and humanitarian workers between July and September 2019. Qualitative data was collected in Northern Bahr el Ghazal (NBeG), Western Bahr el Ghazal (WBeG), Jonglei, Lakes, and Western Equatoria states.

The findings are indicative of broad perceptions of humanitarian assistance and are not statistically generalisable. Quantitative results are expressed as a proportion of assessed settlements indicating a particular response to a given question, which are further contextualised by the qualitative findings and secondary data sources.

Fundamentally, this report seeks to support humanitarian actors with a comprehensive understanding of community perceptions towards the humanitarian response. This information is designed to serve as a benchmark so that implementers of humanitarian assistance can draw from the findings to strengthen programming based on a wide range of direct community perspectives and perceptions.

¹ OCHA, 2020 Humanitarian Needs Overview, South Sudan. November 2019 [OCHA].

² Ibid.

³ Primarily through the aegis of the Community Communication and Engagement Working Group (CCEWG), which includes partners such as Internews, OCHA, UNICEF CwC, among others.

⁴ In October 2015, South Sudan's President Salva Kiir Mayardit issued a decree establishing 28 states in place of the ten previously established states. However, throughout this report, REACH will refer to the ten-state system.

Key Findings

Awareness of humanitarian service delivery

- At the national level, over half (61%) of assessed settlements that reported receiving humanitarian assistance during the six-month period from March to August 2019 reported that **most people felt as though they were receiving enough information about the assistance**.⁵ This perception varied between states, with 87% of assessed settlements in Jonglei State reporting that most people felt adequately informed about aid while only 6% reported the same in WBeG State.
- Factors that influenced whether residents felt informed about assistance included: **the manner in which the community communicated with humanitarian workers and local leadership** in formalised/informal settings, such as community meetings, and whether participants themselves received aid in the recent past.
- Vulnerable subgroups, such as people with disabilities (PWDs), the elderly, and widows, reportedly relied heavily on receiving word-of-mouth and second-hand information about humanitarian assistance due to **unequal access to formalised channels of information-sharing**.
- Participants reported a **preference for verbal and in-person information-sharing about humanitarian assistance**. At the national level, over half (56%) of assessed settlements reported that the **most preferred method of receiving information was in person, during a community meeting with a humanitarian worker**. This was the most preferred information-sharing option across all states.

Relevance of humanitarian interventions

- At the national level, **less than half (43%) of assessed settlements that reported receipt of humanitarian assistance between March and August 2019 reported being satisfied with the assistance**. This opinion varied significantly at the state level, with 78% of assessed settlements in Western Equatoria reporting being satisfied, while only 7% reported satisfaction in NBeG State.
- The **primary reported reason for dissatisfaction with the assistance received in almost all states was insufficiency**, likely meaning that the quantity of assistance received was not meeting community expectations or perceived needs.
- At the national level, **less than half (44%) of assessed settlements reporting receipt of humanitarian assistance between March and August 2019 reported that most people felt their opinions were taken into account by humanitarian service providers**, a perception that varied widely from state to state. Nearly eighty percent (79%) of assessed settlements in Western Equatoria State reported they felt their opinions had been taken into account, while only 12% of assessed settlements in Central Equatoria and NBeG reported the same.
- At the national level, assessed settlements reported a **strong preference (84%) for in-kind forms of assistance rather than cash, a preference reflected in assessed settlements across all states**.

Fairness of humanitarian interventions

- At the national level, **less than half (41%) of assessed settlements reporting receipt of humanitarian assistance between March and August 2019 reported that most people perceived assistance as targeting those most in need**, a perception that varied significantly across the country. In FGDs and KIIs, this perception of unfairness was often linked to misunderstandings around criteria for beneficiary selection. At the state level, 75% of assessed settlements in Eastern Equatoria and Jonglei reported aid was targeted to those most in need (both 75%), while only 13% of respondents in NBeG State felt aid was being directed to the people most in need.

A common understanding existed across affected populations, among local leadership, and within the humanitarian community about who was considered 'vulnerable' within a community relative to other members of the population. E.g., widows, PWDs, child-headed-households, and the elderly.

⁵ The 66% of people who reported receiving assistance between March and August 2019 represented 1,672 of 2,534 key informants.

- **Of the 57% of assessed settlements that reported perceived unfairness in the targeting of aid, a high proportion of settlements reported it was unfair because assistance was too narrowly targeted and insufficient in quantity**, and not because they believed those in receipt of aid were undeserving.
- At the national level, **19% of total assessed settlements reporting receipt of humanitarian assistance between March and August 2019 reported that accessing assistance had exposed people to protection concerns**. Eastern Equatoria State was a notable exception, with 58% of assessed settlements linking reception of assistance and exposure to protection concerns.
- **Long distances between affected communities and distribution sites was reported as a key protection and safety concern**, heightening the perceived risk of theft and extortion. One common way of coping with distance was to exchange assistance, particularly food rations for transport.

Respect of affected populations

- **At the national level, a strong majority (80%) of assessed settlements reporting receipt of humanitarian assistance between March and August 2019 reported that most people felt respected by humanitarian workers on a day-to-day basis**. This was a consistent finding across all states, with the exception of NBeG State, where only 42% of assessed settlements reported feeling respected.
- Reportedly, **sources of disrespect** for affected communities included: assessments by humanitarian service providers without follow-up or feedback; failing to receive feedback or responses after making complaints; failure to complete assistance projects, particularly concerning infrastructure development; and the involvement of non-humanitarian actors (such as traders) in the provision of assistance.
- **At the national level, 64% of assessed settlements reported a strong preference to share feedback or make complaints through other members of the community, including through local leaders or chiefs**. This was the most preferred option for complaint mechanisms across all states.
- There existed a stark disparity between the existence of complaint and feedback mechanisms reported by humanitarian agencies and community awareness of them as reported by FGD and KII participants.

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List of Acronyms

AAP	Accountability to Affected Populations
AoK	Area of Knowledge
FDG	Focus Group Discussion
IDP	Internally Displaced Person
II	Individual Interview
KI	Key Informant
KII	Key Informant Interview
NBeG	Northern Bahr el Ghazal
OLS	Operation Lifeline Sudan
PoC	Protection of Civilians site
PWD	Person with Disability
RRC	South Sudan Relief and Rehabilitation Commission
R-ARCSS	Revitalized Agreement on the Resolution of Conflict in South Sudan
UNMISS	United Nations Mission in South Sudan
WBeG	Western Bahr El Ghazal

1. INTRODUCTION

Nearly eight years after the outbreak of conflict in the world's youngest country, the humanitarian needs of the South Sudanese population remain high, with an estimated 7.5 million in need of assistance in 2020⁶. Sustained civil war, intercommunal violence, food insecurity, and a range of other factors have coalesced to displace more than 4 million people, including 2.2 million across international borders, primarily to the neighbouring countries of Uganda, Sudan, and Ethiopia.⁷ Domestically, as of 2019, more than 1.4 million IDPs remain displaced in informal settings, camps or collective sites, as well as within UNMISS Protection of Civilian (PoC) sites.⁸ South Sudan also hosts approximately 300,000 refugees within its borders, primarily from Sudan.⁹

Despite an overall reduction in national-level conflict and the signing of the Revitalized Peace Agreement (R-ARCSS) in September 2018, the enduring impacts of decades-long conflict, consistent economic instability, and ongoing localised conflict, in the form of intercommunal violence, land disputes, and cattle raiding, have sustained the necessity of humanitarian intervention across the country.

The largescale humanitarian response encompasses a wide variety of experienced actors with diverse mandates and interventions, yet a clear information gap lingers: the perceptions of affected communities on humanitarian assistance and on those who provide it. The absence of country-wide data on Accountability to Affected Populations (AAP) – an integral part of modern humanitarianism – represents a critical gap in knowledge. Acquiring and acting upon this information builds the collective capacity of aid actors to genuinely incorporate local voices into program design and the overall humanitarian response from the grassroots level, which permits actors to reflect, adjust, and respond to new challenges as they emerge in affected communities.

AAP has become established within the lexicon of responsible humanitarianism in recent years. Its increased centrality affirms the drive to place affected people at the heart of Grand Bargain commitments.¹⁰ The rationale for the inclusion of AAP has numerous implications on the humanitarian response. AAP, with its objective to enhance community awareness and encourage the perspectives of those affected, touches upon the core of human dignity¹¹ by encouraging affected population to have a greater stake in the decision-making processes that have an impact on their lives. More pragmatically, AAP enables the development of quality programming¹² that is both responsive to changing needs and sensitive to the nuanced dynamics of affected communities. These two facets of AAP are complementary and mutually reinforcing.

While the language of AAP may well be entrenched in policy documents and guidance notes,¹³ the question of how to effectively operationalise accountability in programming, particularly in responses with significant humanitarian access barriers, remains a challenge for humanitarians working across all sectors.

In an effort to address the information gap on accountability in South Sudan, REACH, in consultation and collaboration with various humanitarian partners, undertook extensive research on AAP, the results of which are outlined in the present report. Funded by the UK's Department for International Development (DFID), the research showcases the perceptions of affected populations across all ten former states of South Sudan.

This report provides a detailed description of the analytical framework and methodology, and then outlines the key findings, organised into the following sections:

- Awareness of humanitarian service delivery;
- Relevance of humanitarian interventions;
- Fairness of the humanitarian response;
- Respect of affected populations

⁶ OCHA, *2020 Humanitarian Needs Overview, South Sudan. November 2019* [OCHA].

⁷ Ibid..

⁸ Ibid..

⁹ Ibid..

¹⁰ The Grand Bargain, launched during the World Humanitarian Summit in May 2016, is a unique agreement between the largest donors and humanitarian agencies who have committed to improving the effectiveness and efficiency of humanitarian action. The Grand Bargain is based on the concept of 'quid pro quo': if donors and agencies each accept changes, aid delivery will become more efficient, freeing up human and financial resources for the benefit of affected population. For example, donors should reduce earmarked funds while aid agencies would increase their transparency. The objective is to generate efficiency gains, which will be used for saving more lives, not reducing aid budgets.

¹¹ Senior Transformative Agenda Implementation Team, *Leadership on Accountability to Affected People in Practice*, 2017 [STAIT].

¹² Ibid

¹³ See for instance: Global Nutrition Cluster, *Nutrition Cluster Operational Framework on Accountability to Affected Population*; and IASC Emergency Directors Group, *Protection and Accountability to Affected Populations in the Humanitarian Programme Cycle*, 2015.

2. ANALYTICAL FRAMEWORK

This study adopted the definition of accountability to affected populations articulated by the IASC, which defines 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.”¹⁴ In order to cultivate a ‘culture of accountability,’ the IASC highlights five key areas for progress: leadership/governance, transparency, feedback and complaints, participation, and design, monitoring and evaluation.¹⁵ The IASC’s direction on AAP, in conjunction with guidance from other humanitarian bodies, formed the foundation from which the analytical framework of this research was conceived. This study developed an analytical framework by distilling existing guidance¹⁶ into four core thematic areas:

Awareness of humanitarian service delivery

Recognising that the dissemination of information about assistance is critical to an affected population’s access to aid and opportunities to participate in consultations with humanitarian aid providers, this study opted to assess awareness through the lens of information flows. Specifically, this study measured whether affected communities and local leadership felt they received adequate information about assistance in their area, while also inquiring with humanitarian workers about their information sharing practices. In order to assist humanitarian service providers in better tailoring their information sharing with affected populations, communities’ communication preferences were also assessed.

Relevance of humanitarian interventions

Relevancy refers to the relationship between the efforts of the humanitarian response and affected populations’ prioritisation of their own needs. This study examined this theme through questions about satisfaction and dissatisfaction, while also gathering the perceptions of affected communities and local leadership as to whether they feel consulted by humanitarian service providers. In order to understand the humanitarian community’s approach to consultation, humanitarian workers were interviewed about their methods of gathering the opinions of affected populations.

Fairness of humanitarian interventions

This study conceptualised ‘fairness’ as an overall sense of impartiality in the provision of humanitarian assistance. In order to assess affected communities’ perceptions of fairness, the main inquiry on this theme was whether assistance was perceived to be going to those most in need. In addition, as a means of assessing the principle of ‘do no harm’ in relation to the humanitarian response, this study also asked about affected communities’ experiences of safety and security when accessing assistance.

Respect of affected populations

Anticipating that the daily experiences of affected populations would provide insight into their attitudes and perceptions of the overall humanitarian response, this study probed whether assistance was provided with respect and dignity in the eyes of the community. Specifically, affected populations and community leaders were asked whether aid workers on the ground showed respect in their day-to-day interactions with the local population. Communication as a means of demonstrating respect, awareness, and preferences for complaint and feedback mechanisms were also assessed under this theme.

¹⁴ IASC.

¹⁵ IASC.

¹⁶ Key resources included IASC, Ground Truth Solutions and documents from various AAP working groups.

3. METHODOLOGY

Overview

The objective of this study is to strengthen accountability of humanitarian actors to affected populations in South Sudan by providing an evidence base on affected populations' perception of humanitarian assistance. The study adopted a mixed-methods approach, integrating quantitative and qualitative data to allow for a more complete picture of community perceptions to emerge.

Research Questions

1. What is the level of awareness among the affected populations about the humanitarian service delivery to which they are entitled?
2. What is the perception of affected populations on types of humanitarian interventions and beneficiary targeting models?
3. What is the perception of affected populations regarding the level of fairness in current humanitarian service delivery?
4. How do affected populations feel about how they are treated during interactions with humanitarian actors?

Population of interest

The study focused predominantly on IDP and host community populations in hard-to-reach areas of South Sudan. Hard-to-reach areas are those not regularly accessible due to lack of infrastructure, active conflict, humanitarian access restrictions, or some combination thereof. While the research centred on the experiences of affected communities outside of formal camp settings in all ten former states, data was also collected in several PoC sites, such as Wau, Malakal, Bor and Bentiu PoCs. Specifically, quantitative data was collected in Wau, Malakal, and Bentiu PoCs, while qualitative data was collected in Wau and Bor PoCs.

Secondary data review

A secondary data review was conducted to understand how accountability has been conceptualised in the humanitarian field and to understand the rationale underpinning existing norms and current practice. Critical sources included the IASC's AAP Operational Framework, the Core Humanitarian Standard on Quality and Accountability and the Grand Bargain,¹⁷ and the publications of the Conflict Sensitivity Resource Facility and Ground Truth Solutions.¹⁸ Socio-political contexts of the different regions of the country and the prior aid efforts implemented therein, were also assessed through the review of an existing body of academic reports and operational resources.¹⁹

Primary data collection

The findings draw upon primary data collected through a series of quantitative and qualitative assessments. The quantitative findings presented derive from data collected in August 2019 while the qualitative assessments were carried out from July to September 2019.

Quantitative data collection

Quantitative data was collected in August 2019 through a key informant-based, multi-sectoral, remote-monitoring survey tool. The tool was employed in 14 locations throughout South Sudan, gathering information from all ten former states and across the three regions of the country, assessing a total of 1,954 key informants (KIs). The tool captured settlement-level data and employed purposive sampling (direct and remote KIs with persons who have knowledge of a particular settlement). Quantitative results are expressed as a proportion of assessed settlements

¹⁷ *The Grand Bargain, A shared commitment to better serve people in need*, Istanbul, Turkey, 23 May 2016; CHS Alliance, Group URD and the Sphere Project, *Core humanitarian standard on quality and accountability*, 2014.

¹⁸ See, for instance, Ground Truth Solutions, *Strengthening accountability in Chad*, Global Report, February 2019.

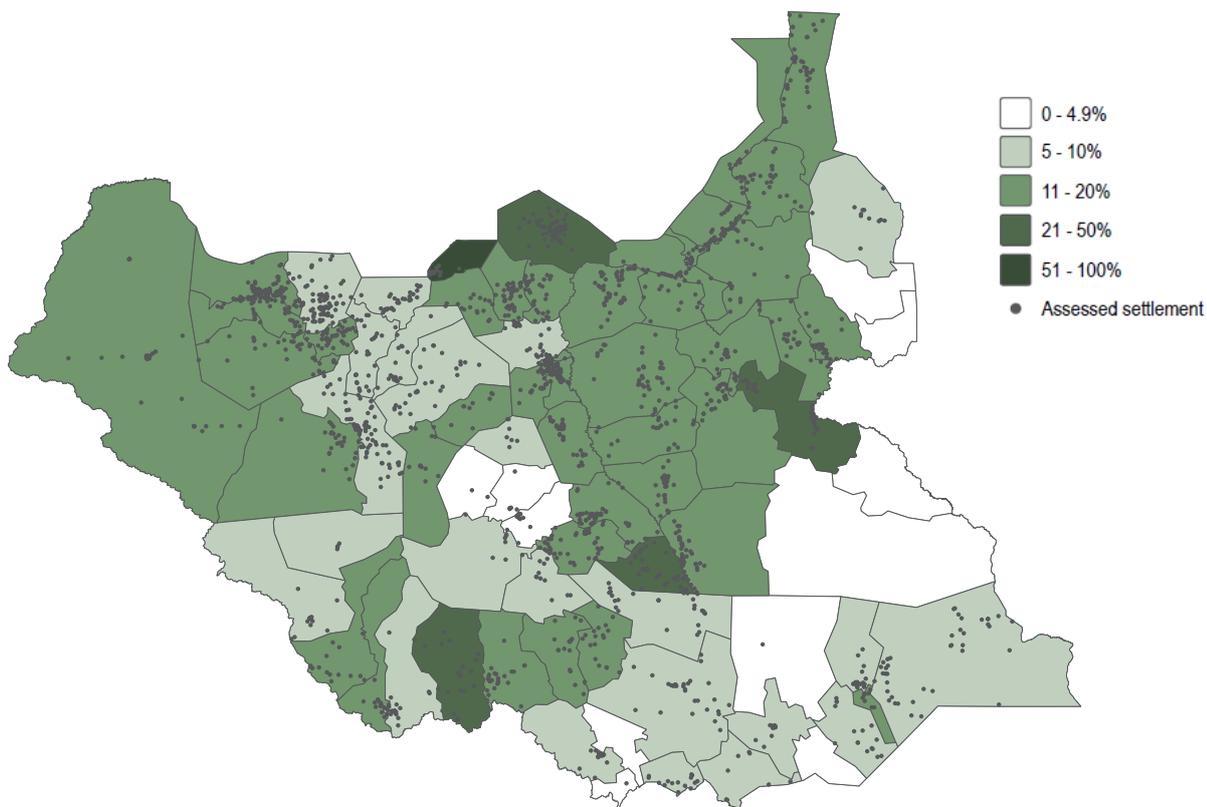
¹⁹ Specifically, the legacy of Operation Lifeline Sudan (1989-2005) was extensively reviewed not only in light of its longevity and influence in the Greater Bahr el Ghazal region, but also due to its status as the largest coordinated humanitarian assistance effort undertaken by the international community at the time of its inception. See, for instance, Karim et al, *Operation Lifeline Sudan – A review, 1996 at 1*: "Created in 1989, [Operation Lifeline Sudan] was the first humanitarian programme that sought to assist internally displaced and war-affected civilians during an ongoing conflict within a sovereign country, as opposed to refugees beyond its borders. The experience of OLS has been important in the evolution of humanitarian policy and conflict management; it established a precedent for many humanitarian interventions that followed, for example in Angola, Iraq, Somalia, and Bosnia."

indicating a particular response to a given question. The quantitative tool was initially piloted in May 2019, later fine-tuned through consultation with humanitarian partners, and rolled out again in August 2019.

The tool employed to collect quantitative data was based on Area of Knowledge (AoK) methodology. REACH conducts remote data collection using the AoK methodology, interviewing KIs in accessible and predominately urban centres, such as Yambio and Wau town, on a monthly basis.

Purposive sampling is used to identify KIs for interviewing. The main criterion is that KIs need to have recent knowledge (within the last month) on individual settlements, which is usually their settlement of origin, their settlement of residence, or a settlement that has been a recent site of displacement. REACH only reports on AoK findings at the county level when over 5% of the county's total settlements (official list of settlements provided by UNOCHA) have been assessed (see Map 1).

Map 1: Proportion of settlements assessed in August 2019



Qualitative Data Collection

Focus Group Discussions

In total, 17 focus group discussions (FGDs) were conducted in Bor PoC, Jonglei State; Aweril County, Lakes State; Yambio County, Western Equatoria State, Aweil Centre County, NBeG State, and Wau PoC, WBeG State between July and October 2019. Prominent members of communities, such as community leaders or chiefs, who organized FGDs were first identified. In some FGDs these leaders were organised and in other instances, purposive sampling was employed to gather participants to identify relevant community members for additional FGDs and KIIs. The majority of FGDs were stratified by gender and/or age, with two including both male and female participants. Where possible, separate FGDs were held for PWDs. REACH and other humanitarian staff assisted in mobilizing key informants and community members for the FGDs.

Key-Informant and In-Depth Individual Interviews

REACH conducted semi-structured KIIs (21) and IIs (5) between July and October 2019. For sampling purposes, snowball sampling was used to find key informants for the interviews. KIIs were conducted with humanitarian workers, local officials, and community leaders given their understanding of the broader community as well as

knowledge of humanitarian aid delivery and AAP activities in the area. Individual interviews were carried out on an informal basis with community members who had been identified as having a good understanding of perceptions in the community.

Figure 1: Number of FGDs, KIs and IIs across data collection sites

Location	Number of FGDs	Number of KIs	Number of IIs
<i>Western Equatoria</i>	5	5	0
<i>Eastern Equatoria</i>	0	4	0
<i>Western Bahr el Ghazal</i>	2	1	1
<i>Northern Bahr el Ghazal</i>	4	3	2
<i>Lakes</i>	2	3	1
<i>Jonglei</i>	4	5	1
Total	17	21	5

Challenges and Limitations²⁰

- As the study employed a KI based tool to collect quantitative data at the settlement-level, it was not possible to disaggregate the data by gender, age, and/or disability. The findings are indicative of broad perceptions of humanitarian assistance and are not statistically generalizable.
- The researchers conducting qualitative data collection were not fluent in the local languages of the areas visited. Interpretation issues occasionally arose during FGDs and interviews. While verbatim interpretation was unavailable during most FGDs, researchers felt a high degree of confidence that the overall meaning and sentiment of participants was adequately expressed.
- Additionally, researchers used same-gender interpreters for FGDs and interviews when and where possible; however, the availability of women personnel who could act as interpreters was limited in some areas.
- In addition to humanitarian access restrictions, flooding and poor road conditions impeded researchers' access to settlements located far distances from town centres.
- This study did not interview children as participants and thus lacks representation from this subgroup of the affected community.

²⁰ See Annex I "Ethical considerations and accountability" for further discussion on challenges and limitations

4. FINDINGS

4.1. Awareness of humanitarian service delivery

A slight majority (61%) of respondents reported feeling as though they were receiving adequate information about humanitarian assistance.

In-person sharing was consistently cited as the preferred modality for receiving information about humanitarian assistance—56% of assessed settlements reported a direct consultation with a humanitarian worker (generally through a community meeting) as the most reliable and preferred communication channel.

Vulnerable subgroups in the community relied heavily on receiving word-of-mouth and second-hand information to access information about humanitarian assistance due to unequal access to formalised settings.

Key factors influencing whether people felt informed about assistance included: the method in which the information was disseminated (direct vs. indirect; via local leader vs. humanitarian worker; formal vs. informal setting) and whether participants themselves had received aid in the past.

The majority of respondents reported preferring humanitarian agencies to disseminate assistance information through existing communication channels, namely via chiefs and local leaders.

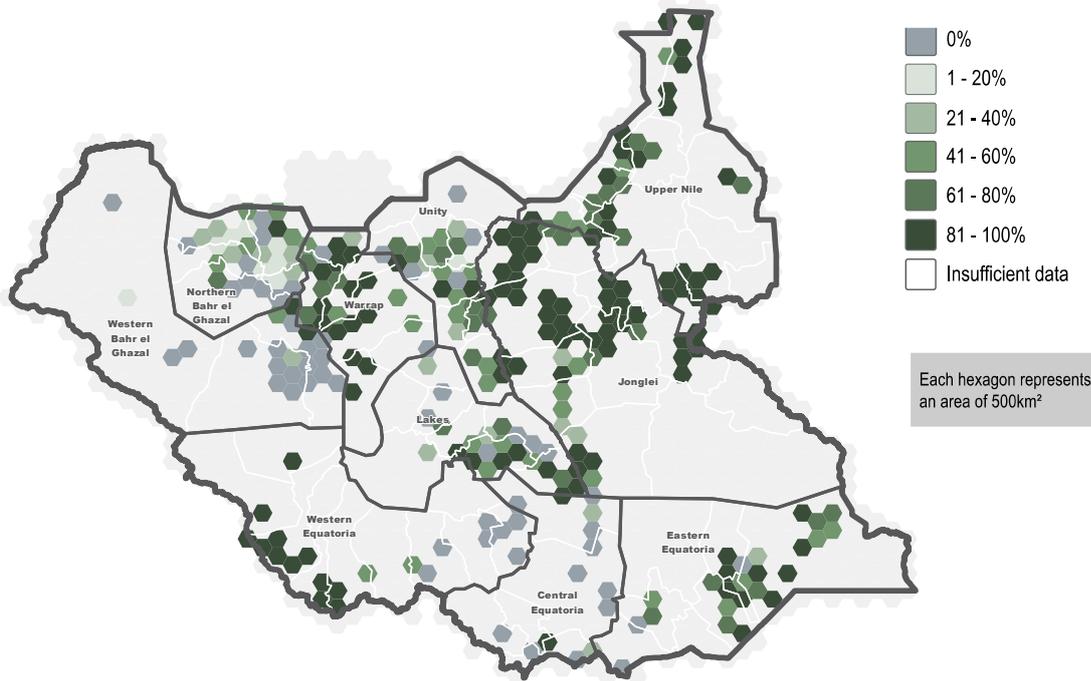
4.1.1. Overview

In order to assess whether affected populations feel aware and well-informed about the humanitarian response, as well as to identify their preferred forms of communication, this study gathered data on the following points (i) whether affected communities feel as though they are receiving enough information about assistance and (ii) their preferred methods of receiving information about assistance. The quantitative data presented in the below figures was collected in August 2019.²¹

²¹ Pie graphs in this report contain the category N/A. A small percentage of responses that do not cohere are deleted during data cleaning in order to maintain the integrity of the data and reported as N/A. Bar graphs and text in this report may include the response 'non-consensus'. During quantitative data collection, when an even number of KIs reporting on the same settlement report differing answers for the same indicator, the responses are deleted to maintain data quality and reported as non-consensus (NC).

4.1.2. Information about assistance

Map 2: Proportion of assessed settlements reporting that most people are receiving enough information about the assistance available to them²²



Humanitarian service providers make use of a variety of information-sharing methods to inform communities about assistance, such as community mobilisers, forming committees of community members, holding community meetings, meeting with government authorities and/or local leaders, and using radios and loudspeakers.²³ Information-sharing methods often differed due to the nature of the programme or project. In addition, the level of government and local leader engagement was largely contingent on context, though almost all FGD and KII participants indicated that engaging the local administrative structure and the existing political architecture of communities was an essential step prior to programme implementation. Some noted that the pre-distribution stage was a critically important time for information to be shared with the community, and to provide space to explain the nature of the distribution, information relevant to the use of the assistance, and any available complaint and feedback mechanisms.

In parallel, at the national level, a slight majority (61%) of assessed settlements reported that most people felt informed about humanitarian assistance. Notably, there was significant variation at the state level, with Jonglei State, especially the north-western region of the state (see Map 2) having the highest proportion of assessed settlements agreeing that most people felt informed (87%) and Western Bahr el Ghazal reporting the lowest (6%) (refer to Figure 2).

FGD participants and interviewees in Bor South County and Jonglei State reported a general awareness about the assistance available in the community, which was primarily communicated through chiefs, community mobilisers, and loudspeakers. They reported knowledge of these information-sharing efforts even if they also reported not receiving aid in the months prior to data collection. While the participants remarked that humanitarian partners are putting efforts into visibility and information dissemination in communities, they reported that not all individuals (see *Information flows for vulnerable subgroups*) within the community are being reached with the relevant information.

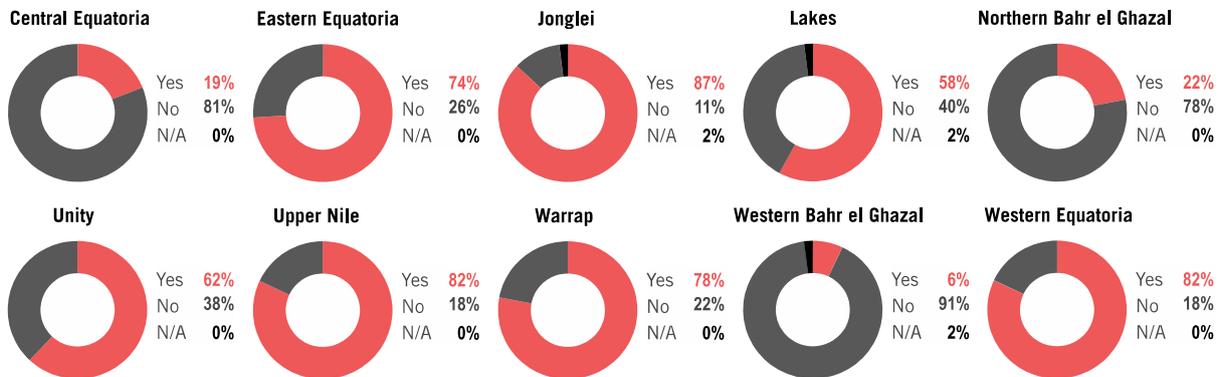
In particular, some participants reported notable gaps in information-sharing, specifically female participants, “who perceived the practice of communicating information through chiefs as unofficial and potentially resulting in

²² In August 2019, 1,298 of 1,954 assessed settlements (66%) reported having received assistance in the six months prior to data collection. The data presented here represents the perceptions of this subset.

²³ According to IIs with humanitarian workers in Wau, Aweil Centre, Yambio, Aweril and Bor South Counties.

inaccurate and/or unreliable information being shared (see *Information-sharing and community leadership*, below). Women participants also reported they were not receiving the same level of information as men (see *Information flows for vulnerable subgroups*, below).

Figure 2: Proportion of assessed settlements reporting that most people are receiving enough information about the assistance available to them (by state)



A variety of factors reportedly influenced whether people felt as though they were receiving enough information about assistance. One primary factor was whether a significant amount of aid was provided in the area and the relative visibility of the programming, with participants expressing that in theory, greater saturation of aid should translate into more consistent transmission of relevant information about assistance. In addition, participants generally cited direct contact with humanitarian actors or face-to-face sessions with local leadership in formalised settings, such as community meetings, as beneficial for accessing information about assistance.

Information flows for vulnerable subgroups

Dissemination in formal settings may be exclusionary towards vulnerable subgroups in the community, particularly persons with disabilities, who may have difficulty accessing the public space or forums in which information is shared. Participants of FGDs with PWDs reported relying on informal sources of information – namely, word-of-mouth from others in the community when assistance was available. These indirect information flows could result in unreliable, delayed, or inaccurate information.

Several women participants in FGDs reported difficulty in obtaining accurate information about humanitarian assistance, particularly in locations where there was limited dissemination in the community by humanitarian actors. They specified that women typically remain in the community during the day, while men often gather in towns and markets and have better and more diverse access to information, including information about assistance. Female participants reported often relying on men to pass along relevant information and expressed a unique concern for single-headed households, including widows, who were often excluded from community information flows. In one FGD conducted in Bor South County, Jonglei State, women reported that periods of flooding restricted women’s movements in particular, and consequently, access to information. The difficulty of moving due to bad route conditions and the need to carry their children, limits women to move to geographical locations close by. This reduces their access to information regarding humanitarian assistance.

Hierarchies in information-sharing within communities exist and, if alternative information-sharing methods are not employed by humanitarian service providers, it is likely that vulnerable subgroups within the community do not receive adequate information about humanitarian assistance, which may reduce their access to the assistance provided.

Overall, these issues call for humanitarian service providers to make specific efforts to deliver information to PWDs, women, and other groups who may be ordinarily excluded from community information flows.

4.1.3 Information sharing preferences

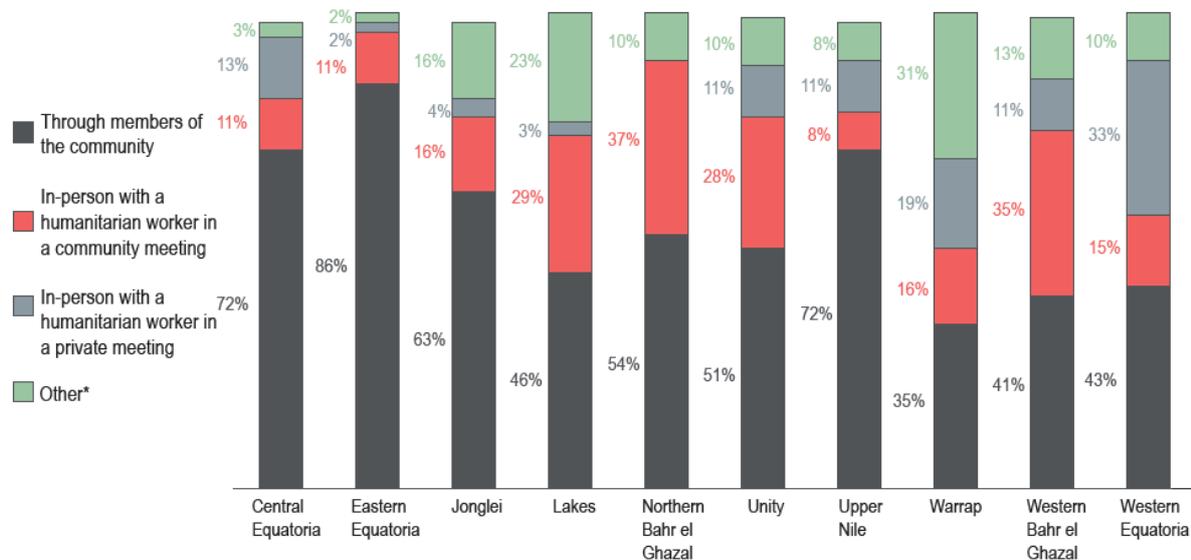
At the national level, over half of assessed settlements (56%) expressed a preference for information-sharing via an in-person community meeting with a humanitarian worker. This was also the most preferred option at the state level across all ten of the former states (refer to Figure 3 and Figure 4).

Figure 3: Top five preferred methods of receiving information about humanitarian assistance



Generally, FGD participants and interviewees expressed a preference for information to flow directly from humanitarian service providers to the community in a community meeting, or to receive information about assistance from community leaders in a similar forum. Overall, this suggests that affected populations prefer to be spoken to directly about assistance in a space that offers the opportunity to receive information and ask questions.

Figure 4: Preferred methods of receiving information about humanitarian assistance (by state)



Other includes the following responses: leaflets, phone calls, text messages, posters, radio, other, and non-consensus

Notably, sub-groups in two urban areas, IDPs in Site 2, Mingkaman, Lakes State and PWDs in Yambio Town, Western Equatoria noted that churches were crucial spaces to receive information about upcoming assistance programs. One participant remarked that some well-funded and organized churches even had specific groups, such as youth or women’s ministries, that were responsible for communicating information directly to their enumerated demographics.

In some environments where radio use is common, this method was identified as useful to hear about distribution times, though FGD participants reported that radio and loudspeakers were ideal supplementary methods of receiving information in addition to a direct, in-person explanation of the project or programme. Some participants also expressed a desire for greater use of community mobilisers to gather people and share information.

Many PWD participants also expressed a preference for in-person contact and reported that humanitarian service providers should take into account that PWDs often have reduced access to public space as compared to other members of the community. PWDs interviewed in both affected communities and PoCs indicated a preference for more direct communication by humanitarian service providers within the existing community structures set up by and/or specifically designated for PWDs, both in sharing information about general assistance provision and for programming specifically targeted to PWDs.²⁴

This research illuminated a pressing need for more detailed data about PWDs in South Sudan. In particular, there is a need for a comprehensive assessment of PWD's specific needs, available services and how to best set up effective communication and aid provision structures for this population.

Information-sharing through community leadership

Generally, FGD participants reported that information about assistance is usually communicated from community leaders to the rest of community members. While it was generally accepted that community leaders and/or chiefs were appropriate intermediaries through whom to share this information, this method of information-sharing was sometimes reported to be a contributing factor to the participants' overall sense of feeling uninformed about assistance in the community. The specific reasons behind this varied across FGDs and locations. Some participants noted that, while information tended to flow from the leader or chief, it ordinarily did so informally only to some members of the community, who then passed it along by word-of-mouth. Others reported their perception that the leaders or chiefs selectively shared relevant information with certain community members. Others still expressed doubts about the capacity of community leaders to communicate messages to the community, describing leaders' as 'inaccurate,' 'incomplete,' and 'unofficial.' These testimonials suggest that information flowing exclusively through existing, patriarchal power structures, may mean that particularly vulnerable community members who fall outside the scope of these power dynamics have limited access to relevant information and thus, to humanitarian assistance.

Despite the perception that this information-sharing method is flawed, there was still a general sense that humanitarian service providers should interface with community leadership, as leaders are close and accessible to community members. These findings suggest a **preference among affected populations for the use of multiple information-sharing methods and/or for community leadership to disseminate information about assistance in more formalised ways**, such as in a community meeting in which they directly informs the community at large about assistance projects and programming.

²⁴ For instance, during an FGD with PWDs in Wau PoC, participants mentioned that that they meet every Tuesday at a set-location, organized informally, to share information among themselves.

4.2. Relevance of humanitarian interventions

Less than half (43%) of assessed settlements reported being satisfied with assistance.²⁵

The primary reason for dissatisfaction was insufficiency, meaning that assistance was reportedly of insufficient quantity to meet household and/or community needs.

Just over half (54%) of assessed settlements reported that the assistance received was the type perceived as most needed by the community.²⁶

Assessed settlements reported a strong preference (84%) for in-kind assistance rather than cash or voucher-based programming, a preference expressed in assessed settlements across all ten states.

Only 44% of assessed settlements reported that their opinions were taken into account by humanitarian service providers.

FGD and KII participants repeatedly stressed a desire for feedback from humanitarian service providers, even if aid was not forthcoming. This was especially the case among IDP/PoC respondents, who reported perceiving a significant decline in consultation since the time of their initial displacement.

4.2.1. Overview

In order to assess perceptions of the relevance of humanitarian interventions as held by affected populations, this study gathered data on the following points: (i) whether recently received assistance was of the type most-needed; (ii) the most-needed forms of assistance as identified by the community itself; (iii) overall satisfaction and reasons for dissatisfaction; (iv) whether affected communities perceive their opinions as being considered and (v) preferences for cash or in-kind humanitarian assistance. The quantitative data presented in the figures below was collected in August 2019.²⁷

²⁵ This question was asked of individuals who reported receiving assistance between March-August 2019.

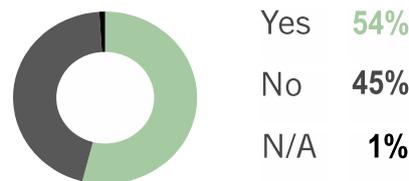
²⁶ Ibid.

²⁷ In August 2019, 1,298 of 1,954 assessed settlements (66%) reported having received assistance in the six months prior to data collection. The data presented in this section under the subheadings *Receipt of most-needed types of assistance*, *Overall satisfaction and reasons for dissatisfaction*, and *Perceptions of consultation*, represent data collected from this subset of assessed settlements.

4.2.2. Receipt of most-needed types of assistance

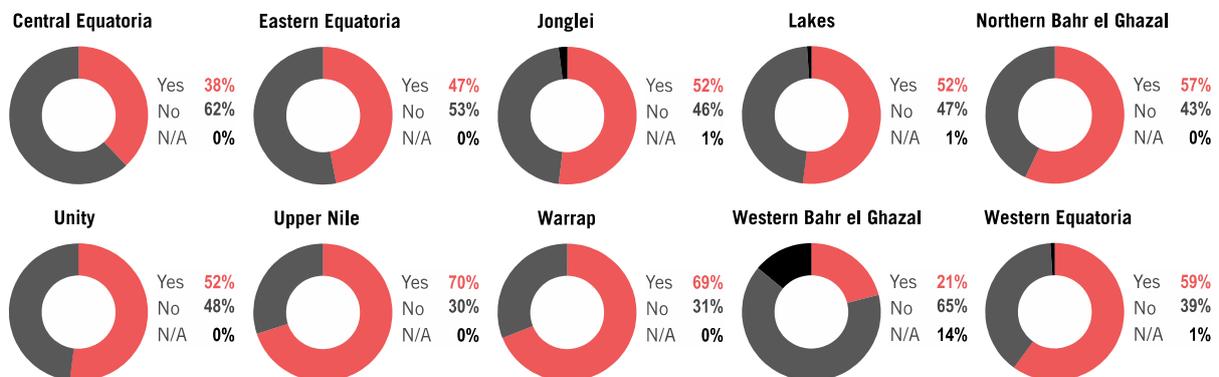
At the national level, 66% of assessed settlements indicated that some form of humanitarian assistance had been received in the six months prior to data collection. Among them, 54% reported that the assistance received was the type perceived as most needed by the community (refer to Figure 5). In fact, the majority of assessed settlements in all states reported that they had received the most needed type of assistance, except for assessed settlements in Eastern Equatoria (47%), Central Equatoria (38%), and WBeG (21%) (refer to Figure 6).

Figure 5: Proportion of assessed settlements reporting that the assistance received in the six months prior to data collection was of the type most needed



FGD participants and interviewees in Wau PoC reported that since they were originally displaced to the PoC, they have perceived a decline in the level of engagement and consultation directed towards them by humanitarian service providers. Participants residing outside the PoC reportedly felt as though they had been assessed for assistance by humanitarian service providers, but had received little to no aid as a result. FGD participants living in communities within the same or neighbouring counties reported differing primary needs, depending on changed circumstances, such as flooding, and/or what humanitarian assistance had been received in the months prior to data collection. These factors provide some granularity to state level variation (refer to Figure 6).

Figure 6: Proportion of assessed settlements reporting that the assistance received in the six months prior to data collection was of the type most needed (by state)



4.2.3 Community prioritisation of needs²⁸

Among assessed settlements at the national level, 23% identified food assistance as the most needed type of assistance, followed by health (16%), WASH (12%), non-food items (11%), and education (8%). Twelve percent (12%) of assessed settlements gave non-consensus responses (refer to Figure 7).²⁹

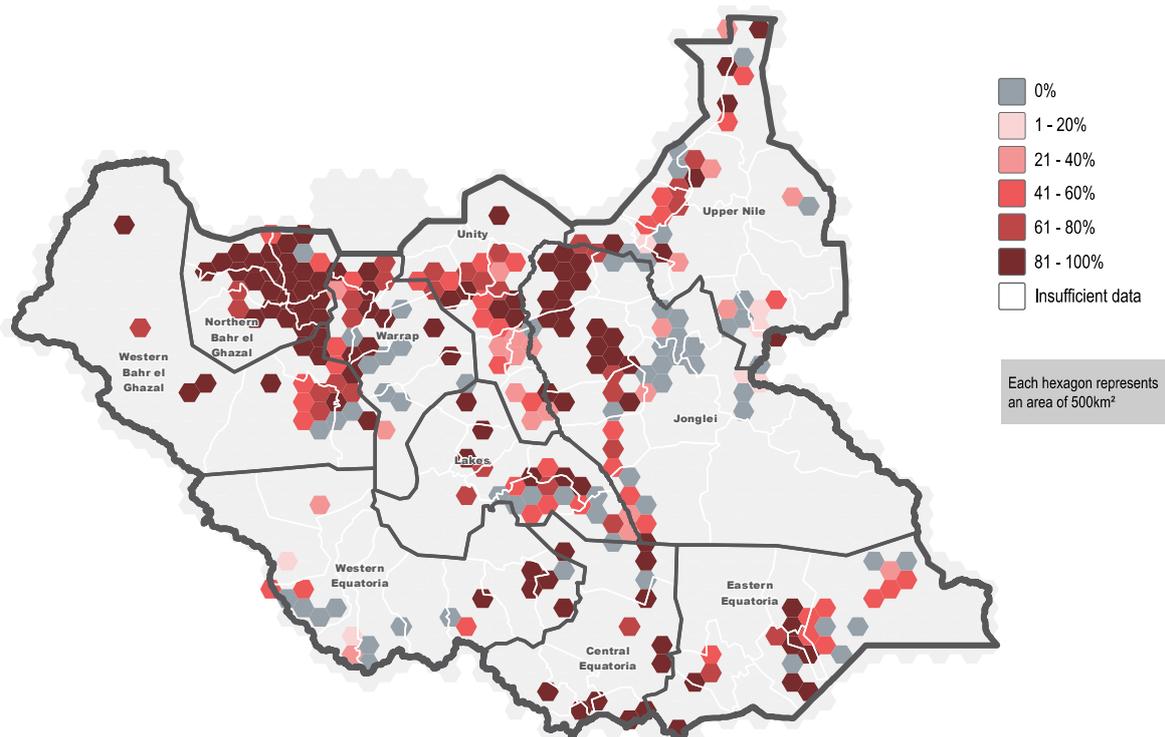
FGD participants in all locations and across all demographics reported their perception that various types of assistance were absent from their communities. Notably, however, in areas where the provision of assistance appeared to be more widespread and where FGD participants were more familiar with humanitarian programming, participants were able to articulate more precisely the types of assistance perceived to be missing. This was the case especially in the Wau and Bor PoCs, where participants, all of whom were PWDs, were able to identify specific steps implementing partners could take during distributions to reduce the vulnerability and susceptibility to extortion for PWDs. This dynamic suggests that familiarity with the architecture of humanitarian programming broadens the affected community’s understanding of the activities of humanitarian service providers, which in turn may enable them to better articulate their needs.

Figure 7: Most needed types of assistance

Food	23%
Health	16%
WASH	12%
Non-consensus	12%
NFIs	11%
Education	8%
Nutrition	4%
Livelihoods	4%
Protection	3%
Peacebuilding	3%
Shelter	2%
Communication	1%

4.2.4. Overall satisfaction and reasons for dissatisfaction

Map 3: Proportion of assessed settlements reporting dissatisfaction with the assistance provided in the six months prior to data collection



At the national level, 43% of assessed settlements reported satisfaction with the assistance received in the six months prior to data collection. At the state level, 78% of assessed settlements in Western Equatoria reported satisfaction, while the greatest levels of dissatisfaction are clustered in the Bahr el Ghazals (see Map 3), with only 7% of participants reported the same in NBeG State (refer to Figure 8).

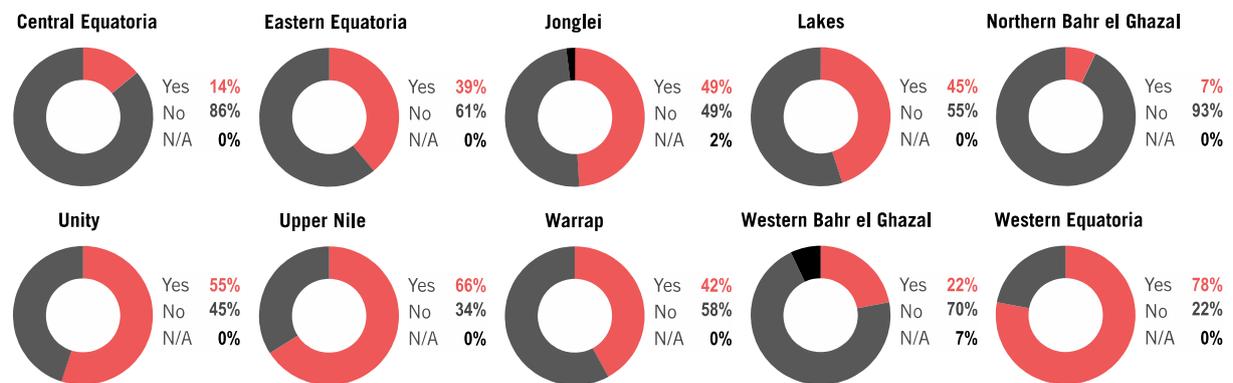
²⁸ The quantitative data presented for *Community prioritization of needs and Assistance modality preferences* (p.21) represents the preferences of the entire sample (1,954 assessed settlements) as collected in August 2019.

²⁹ When an even number of KIs reporting on the same settlement give differing answers for the same indicator, the responses are deleted in order to maintain data quality and reported as ‘non-consensus.’

The primary reason cited for dissatisfaction at the national level was insufficiency (42%), meaning that the amount or level of assistance was perceived to be inadequate to meet the community or household needs. Insufficiency was followed by the period of assistance provision being too short (11%). However, 18% of assessed settlements provided non-consensus responses to this question, suggesting a marked discrepancy among assessed settlements about the reasons for dissatisfaction.

Participants in NBeG State reported varied reasons for dissatisfaction with humanitarian assistance, some of which were seemingly tied to the Greater Bahr el Ghazal region’s historical relationship with humanitarian aid. Beginning in 1989 and continuing throughout the early 1990s, this area was one of the main targets of a massive humanitarian relief operation named Operation Lifeline Sudan (OLS), established in response to a devastating war-induced famine tied to the Second Sudanese Civil War³⁰. Despite a more-or-less continuous presence of humanitarian actors in the area since this time, the overall scale of the response has diminished. As a result, throughout FGDs and KIs many participants in the Bahr el Ghazals marked the OLS period as their frame of reference. They perceived that a greater amount of aid was being delivered to a more substantial proportion of the population. Consequently, this perception that aid delivery was previously more robust and inclusive have heightened expectations on the provision of aid today, contributing to the low levels of satisfaction among assessed settlements in NBeG State.

Figure 8: Proportion of assessed settlements reporting satisfaction with assistance received in the six months prior to data collection (by state)



Several FGD participants in NBeG State also reported dissatisfaction with humanitarian service delivery due to their perception that local leaders were being undermined by existing targeting patterns. Specifically, participants reported perceived instances of favouritism in certain communities by local authorities and some humanitarian actors, which was believed to be reflected in more aid distribution in those areas but not others. Some participants suggested that, due to the level of assistance being inadequate, some chiefs were consulted and their communities included in distributions, while others were perceived to be excluded by authorities. Some noted concerns about patronage networks, specifically, their perception that local authorities claimed assistance for themselves or directed it towards specific groups or individuals.

Insufficiency as a driver of dissatisfaction

As noted, the overall insufficiency of aid was the primary cause of dissatisfaction among the affected population. This complaint operated on both the communal and household level: most participants perceived assistance as being delivered to too few within the community, while also reporting that the amount of food assistance received per person or per household was insufficient to satisfy basic needs. In several locations, such as Mingkaman, Lakes State, sharing food assistance between households was common practice, suggesting a higher reliance between a greater number of people per allotment of assistance. FGD participants reported that they often shared food assistance when aid was too narrowly targeted (only going to a small number of people in the area) or when the registration process was unknown or inaccessible, whether perceived or in reality. This coping mechanism illuminates a manifestation of collective community resilience whereby the aid going to a community may impact all members of the community rather than just those directly receiving assistance.

Insufficiency was the most recurrent theme throughout this study and was reported as the main complaint across FGDs of all demographics. Most participants indicated a lack of understanding of the eligibility for assistance

³⁰ Karim et al. "Operation Lifeline Sudan: A Review" (1996)

programming and were not aware of why or how people were selected as recipients of aid, whether it was food, NFIs, shelter, etc. This frustration was particularly acute as the community’s needs overall were perceived to be much higher than what was provided. This dynamic highlights the need for better messaging on eligibility criteria, especially as the context evolves and aid providers alter services from blanket, broad-based assistance to more bespoke, targeted assistance.

Additionally, in areas where the affected population had previously interacted with humanitarian service providers for assessments, participants noted a substantial gap between what community members reported communicating as primary needs to humanitarians and what was received, with no explanation for the discrepancy.

Mixed perceptions of timeliness and quality

Community perceptions of whether assistance arrived at the appropriate time as well as whether what was received was of good quality were generally mixed across FGDs. In some cases, participants noted that the only issue they had with assistance was quantity rather than quality. Some reported issues with seeds that failed to germinate or food assistance that reportedly caused illness. However, complaints about quality were uncommon compared to problems due to insufficiency. Similarly, in some cases participants expressed frustration that agricultural products arrived too late for proper planting, or expressed the view that aid was delayed due to the inefficiency of humanitarian service providers working with local government authorities, but grievances of this nature were few.

4.2.5. Perceptions of consultation

Among assessed settlements, 44% reported that the community’s opinions were taken into account, while 52% felt that they were not (refer to Figure 9). At the state level, assessed settlements in Western Equatoria reportedly felt the most consulted (79%), while the states where assessed settlements reportedly felt the least consulted were Central Equatoria and NBeG States (both 12%) (refer to Figure 10).

Humanitarian workers interviewed as KIs reported the use of a variety of methods of consultation with communities, including community-based project planning and participatory meetings, in-person meetings in settlements with members of the affected populations, and consultations with local leadership.

Some FGD participants recalled that humanitarian service providers had assessed their areas for assistance and had consulted the community via in-person discussions or the use of community mobilisers. However, 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 expressed a desire for feedback from humanitarian service providers, even if aid was not forthcoming. Some IDP participants, including those from both informal settlements and PoCs, suggested that they

Figure 9: Proportion of assessed settlements reporting that most people feel that their opinions are considered by humanitarian service providers

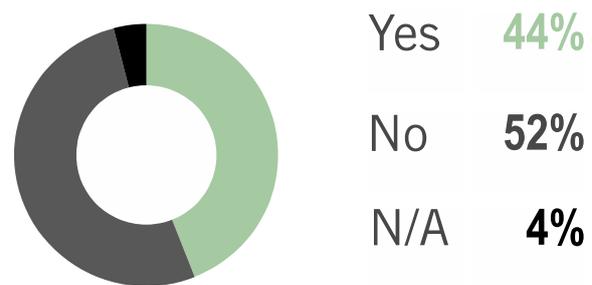
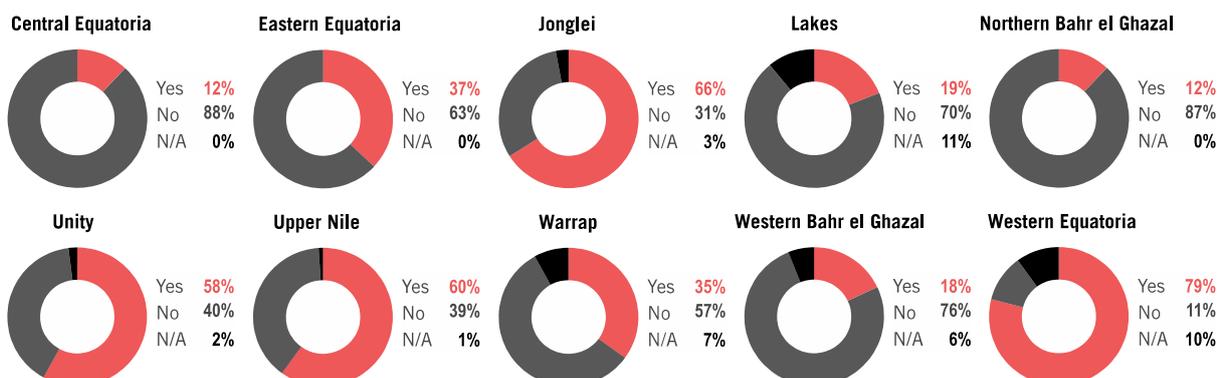


Figure 10: Proportion of assessed settlements reporting that most people feel that their opinions are considered by humanitarian service providers (by state)



had been adequately consulted and given an opportunity to share their opinions immediately or shortly after their initial displacement, but had felt a decline in this practice by humanitarian staff over time, even as new assistance programming was generated. However, most PWD participants reported a lack of consultation by humanitarian providers, reporting that assistance provision did not usually reflect their specific needs, such as GFDs without a specific area set aside for people with mobility restrictions.

4.2.6. Assistance modality preferences

Among assessed settlements, 84% expressed a preference for in-kind assistance while 13% preferred cash (refer to Figure 11). At the state level, assessed settlements across all ten states reported a preference for in-kind assistance (refer to Figure 12).

In particular, this preference was reportedly linked to the unpredictability of market prices from month to month, high prices of desired items, and the lack of desired items in the market. In the case of vouchers, difficulty in dealing with designated traders due to disrespectful treatment towards recipients and, in some cases, language barriers, were cited as key concerns. Women, who were generally reported as being responsible for collecting distributions or going to the market, conveyed multiple instances of difficulty using vouchers to obtain food and other items. They specifically noted a lack of understanding of pricing in relation to voucher value, poor communication of guidelines regarding voucher use, and a perception of inflated prices for items paid for by vouchers compared to cash. Reticence to use vouchers on the part of recipients, paired with potential extortion or manipulation by designated traders, might lead to a relative decline in the amount of individual assistance received. This decline could result in increased vulnerability for affected populations.

PWD participants also indicated a preference for in-kind assistance as their ability to travel to markets was reportedly limited compared to the rest of the population. PWDs also cited a higher risk of theft of assistance relative to the population at large, reporting that the risk of theft of cash would likely be higher.

Figure 11: Proportion of assessed settlements reporting preference for in-kind versus cash forms of assistance

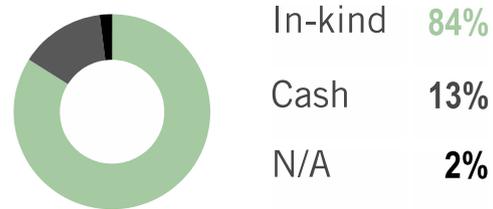
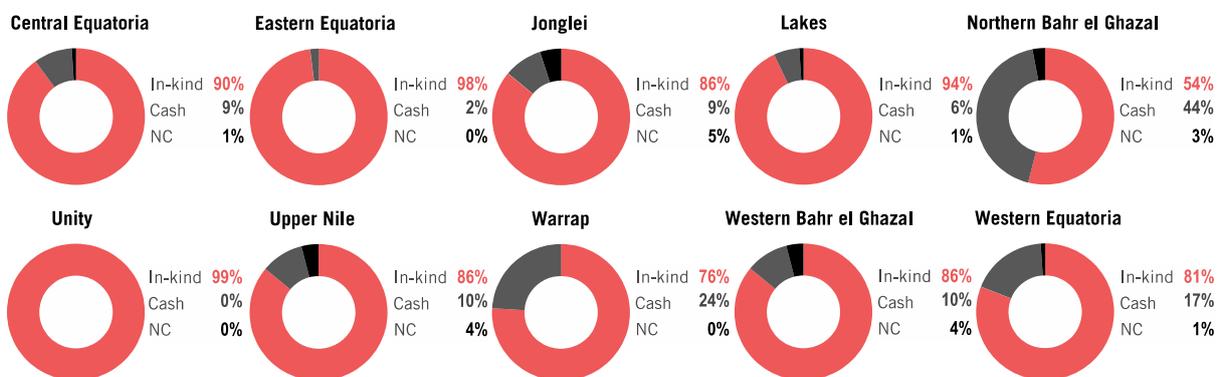


Figure 12: Proportion of assessed settlements reporting preference for in-kind versus cash forms of assistance (by state)



4.3. Fairness of humanitarian interventions

Less than half (41%) of assessed settlements perceived assistance was going to those most in-need,³¹ yielding a sentiment of ‘unfairness’ as reported by FGD and KII respondents.

Perceptions of unfairness were linked to widespread lack of knowledge of how assistance recipients were selected and belief that aid was too narrowly targeted and insufficient in quantity and quality.

A common understanding existed across affected populations, among local leadership, and within the humanitarian community about who was considered ‘vulnerable’ within a community relative to other members of the population. E.g., widows, PWDs, child-headed-households, and the elderly.

Nineteen percent (19%) of assessed settlements reported that accessing assistance had exposed people to protection concerns.³²

Long distances between affected communities and distribution sites was the most commonly cited protection and safety concern.

FGD and KII respondents perceived chiefs as the natural intermediaries between humanitarian service providers and communities when it came to beneficiary selection, despite occasional concerns of favouritism and patronage.

4.3.1. Overview

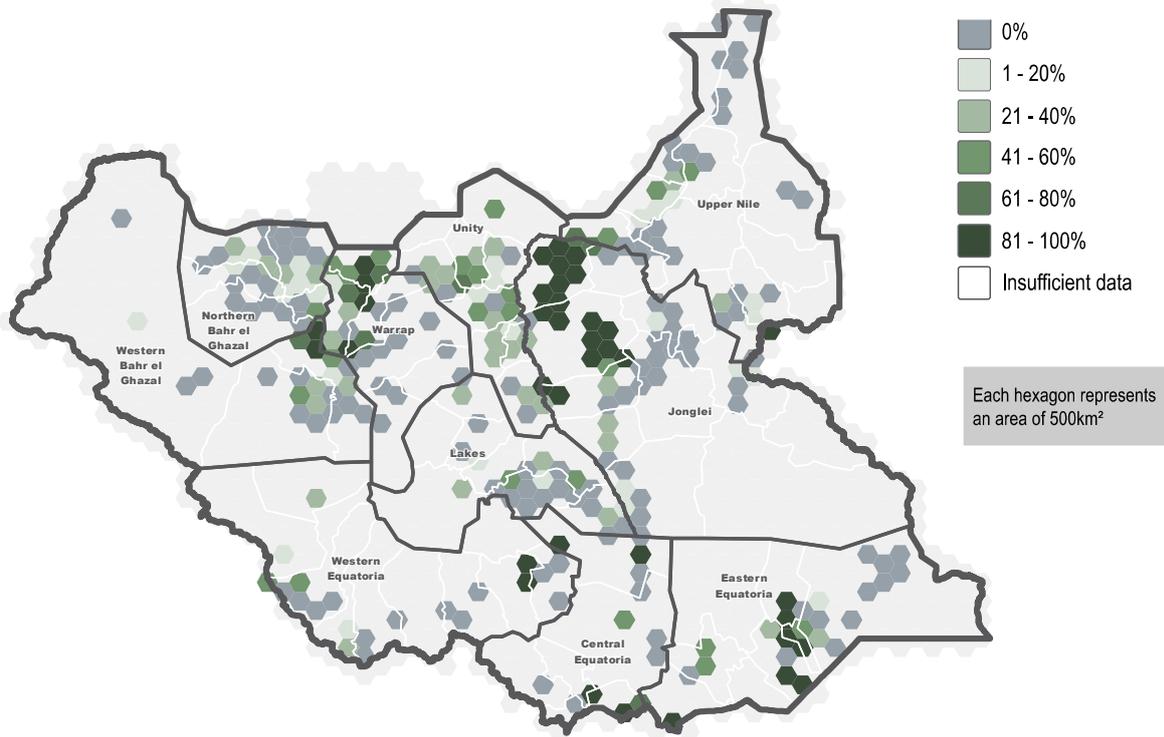
In order to assess perceptions of fairness and the related principle of ‘do no harm,’ this study gathered data on the following two points: (i) whether humanitarian assistance is perceived as going to those most in need and (ii) whether accessing humanitarian assistance is causing protection concerns for affected populations. ‘Protection concerns’ were defined as ‘violence, insecurity, discrimination, and/or abuse.’ This sub-section outlines assessment findings related to these two points. The quantitative data presented in the below figures was collected in August 2019.

³¹ This question was asked of individuals who reported receiving assistance between March-August 2019.

³² Ibid.

4.3.2. Perceptions of assistance going to those most in need³³

Map 4: Proportion of assessed settlements perceiving assistance as going to those most in need



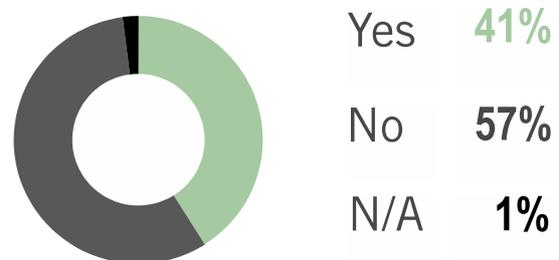
Among assessed settlements at the national level, 41% reported that assistance was going to those most in need (refer to Figure 13). At the state level, 75% of assessed settlements in Eastern Equatoria reported assistance was being delivered to those most in need, while only 13% of participants in WBeG State reported the same (refer to Map 4).

FGDs and interviews across five states revealed that perceptions of unfairness in aid targeting were primarily linked to an overall perception that assistance was insufficient to meet the needs of affected communities. Throughout the FGDs, a common theme emerged to buttress this point: participants reported that while those receiving assistance were indeed vulnerable, the number of those in need within the community far exceeded the number who were assisted by humanitarian service providers. Participants frequently pointed to PWDs and older people within their respective settlements as being vulnerable, yet unassisted due to the narrowness of assistance programming. However, among some FGD participants, particularly in NBeG and Lakes State, perceptions of unfairness were additionally tied to a perception that aid was being directed to some areas but not others, due to favouritism exhibited by local government authorities.

Common understandings of vulnerability

As mentioned above, over half of assessed settlements perceived humanitarian assistance as *not* going to those most in need. Interestingly, however, the associated qualitative research found that notions of ‘vulnerability’ were remarkably consistent among humanitarian service providers, local leadership, and affected populations. When asked to identify subgroups in the community who were vulnerable relative to the population at large, participants

Figure 13: Proportion of assessed settlements reporting that most people perceive assistance as going to those who are most in need



³³ In August 2019, 1,298 of 1,954 assessed settlements (66%) reported having received assistance in the six months prior to data collection. The data presented in this section under the subheadings *Perceptions of assistance as going to those most in need* and *Protection concerns in relation to assistance* represent responses collected from this subset.

routinely indicated PWDs, child-headed households, widows and single parents, and older people. This finding suggests that dissatisfaction on this point did not arise from varying conceptions of vulnerability nor a fundamental disagreement between the community and the humanitarian response over who is most in need within the affected population.

Selection of beneficiaries

Local leadership is commonly involved in the selection of aid beneficiaries throughout the country. Focus group participants, humanitarian workers, and local authorities themselves confirmed that local leaders, specifically chiefs, played a critical role in identifying potential recipients of assistance. Chiefs perceived themselves to be best positioned to determine who in the community is among the most vulnerable or, in the case of assistance programming with different selection criteria, best positioned to identify suitable participants.

Most humanitarian workers interviewed confirmed the necessity of engaging with local leadership and the value in these relationships for delivering effective programming. Some interviewees indicated that, while guidance from local leaders regarding potential beneficiaries was accepted, their respective organisations conducted independent needs assessments and/or further verification of eligibility. However, this reality was poorly reflected in the perceptions of affected communities. FGD participants were generally unaware of when assessments were conducted by chiefs, independently by humanitarian agencies or by both actors in tandem. These participants generally understood the responsibility of beneficiary selection to fall squarely on the shoulders of the local leaders or chiefs. In some cases, participants expressed concern that the chief was undermined and subjected to gossip as a result of his or her selections for assistance.

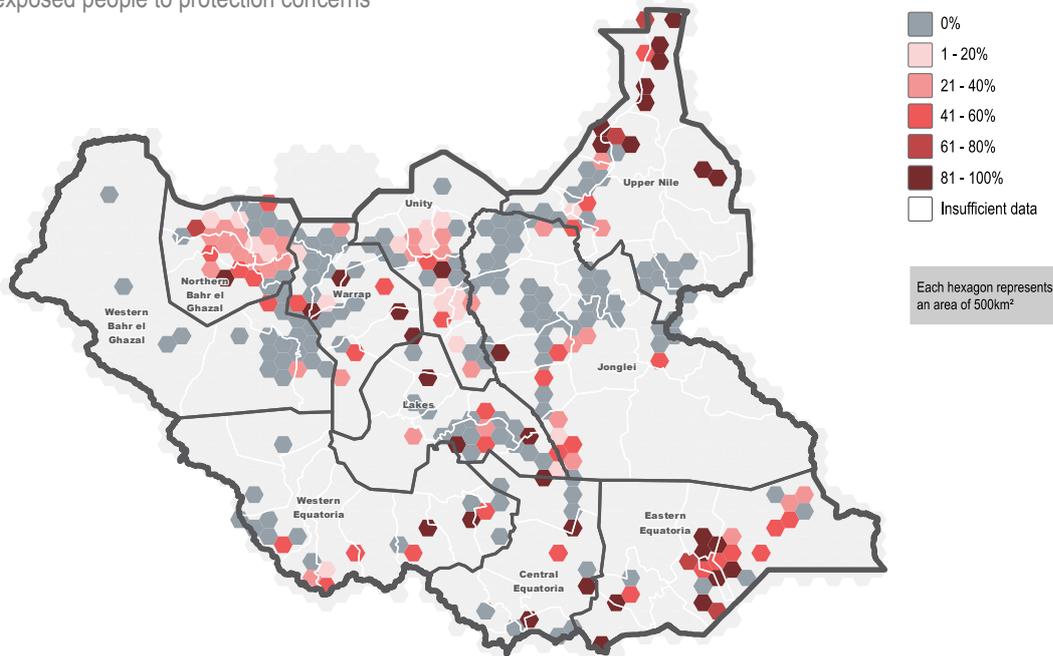
Overall, the role of local leadership in the provision of humanitarian service delivery was largely unchallenged in FGDs. Most participants perceived chiefs as natural and necessary intermediaries between humanitarian service providers and the community. However, in some cases, participants indicated a distinct sense of unfairness in who had been selected for particular programmes, suggesting that favouritism on behalf of local authorities was guiding the targeting of beneficiaries for humanitarian support, rather than need.

The role of local authorities in relation to humanitarian service delivery was much more contested among affected populations compared to that of community leadership. Perceptions of bias arose most notably in the Greater Bahr el Ghazal region, where participants expressed frustration about poor relations between local government authorities and community leadership.

Lastly, although most of the humanitarian workers interviewed articulated specific selection criteria for their respective projects and programming, FGD participants from affected populations were generally unaware of how and why people were selected for particularly programs, even if they themselves were recipients.

4.3.3. Protection concerns in relation to assistance

Map 5: Proportion of assessed settlements reporting that accessing assistance in the six months prior to data collection had exposed people to protection concerns



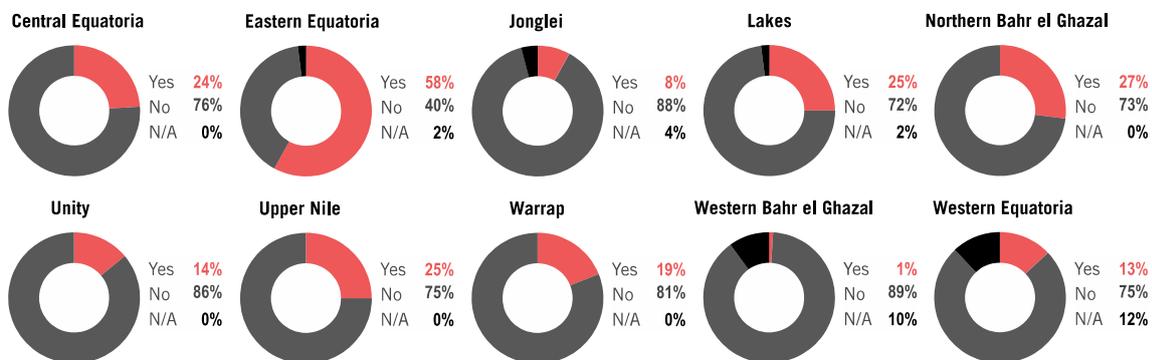
Among assessed settlements at the national level, 19% reported that accessing assistance in the six months prior to data collection had exposed people to protection concerns. At the state level, 58% of assessed settlements in Eastern Equatoria tied service provision in the last six months to exposure to protection concerns—the only state where more than half of participants responded ‘yes’ on this question (refer to Map 5 and Figure 14).

Distance as a protection concern and source of perceived unfairness

The primary protection concern raised by FGD participants and KIIs involved theft and/or robbery of assistance. This concern arose primarily in contexts where recipients were expected to travel long distances to reach distribution points, or else specifically in relation to PWDs and/or older people who were cited as being more vulnerable to theft due to mobility issues.

Relatedly, the distance of distribution points contributed to perceptions of unfairness in assistance provision, as

Figure 14: Proportion of assessed settlements reporting that accessing assistance in the six months prior to data collection had exposed people to protection concerns (by state)



several participants noted that recipients were compelled to sell or exchange a portion of their assistance (in the case of food distribution) to obtain transportation to and from the distribution site. This was specifically highlighted as a strategy employed by persons with disabilities and older people. As women reported being the main group that physically accessed assistance, this barrier almost exclusively affected women and girls.

4.4. Respect of Affected Populations

A substantial majority (80%) of assessed settlements reported feeling respected by humanitarian service providers on a day-to-day basis.

Reported sources of disrespect included:

- assessments conducted by humanitarian actors without feedback or follow-up;
- failing to receive a response after engaging with a feedback mechanism;
- failure to complete assistance projects (particularly concerning infrastructure development);
- involvement of non-humanitarian actors (such as traders) in the provision of assistance.

PWDs consistently cited humanitarian workers as sources of positivity and respect, especially when compared with perceptions of treatment by community members.

Sixty-four percent (64%) of assessed settlements reported a strong preference for sharing feedback or making complaints through other members of the community, including through local leaders or chiefs.

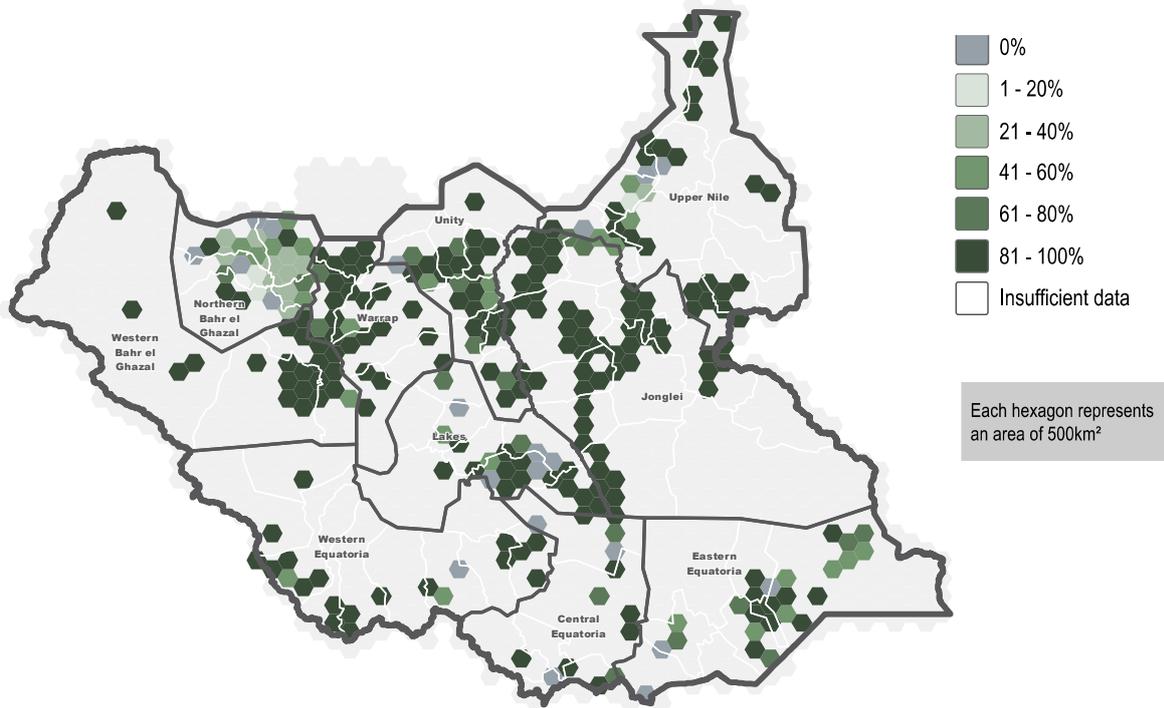
In almost all FGDs and KIIs, participants were unaware of how to make complaints about assistance outside of conveying dissatisfaction to community leaders.

4.4.1. Overview

In order to assess whether affected populations feel respected by the humanitarian response at large, this study gathered data on the following points (i) whether affected communities feel respected in day-to-day interactions with humanitarian workers and (ii) how affected communities would prefer to communicate feedback or complaints about humanitarian assistance. The quantitative data presented in the below figures was collected in August 2019.

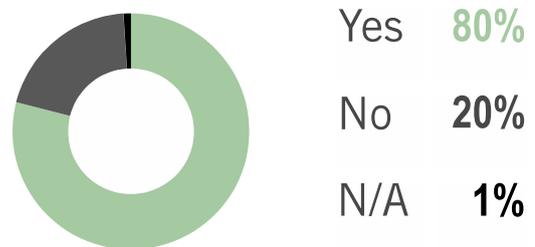
4.4.2. Day-to-day interactions with humanitarian workers³⁴

Map 6: Proportion of assessed settlements reporting that most people feel respected in day-to-day interactions with humanitarian workers



Among assessed settlements at the national level, 80% reported that most people feel respected in day-to-day interactions with humanitarian workers (refer to Figure 15). NBeG state reported the lower level with only 42% of respondents feeling respected by humanitarian workers. Overall, FGDs and interviews revealed near-unanimous agreement with the notion that humanitarian workers showed respect in their regular interactions with affected communities. Notably, this was largely uninfluenced by an affected community's reported sentiments of dissatisfaction. For example, 96% of assessed settlements in WBeG State reported feeling respected by humanitarian staff, despite 70% of participants reporting general dissatisfaction with the quality and amount of assistance received. Other examples included Warrap State and Lakes State, which reported overall dissatisfaction among assessed settlements (58% and 55%, respectively), yet returned strong majorities (93% and 75%) on the question of respect.

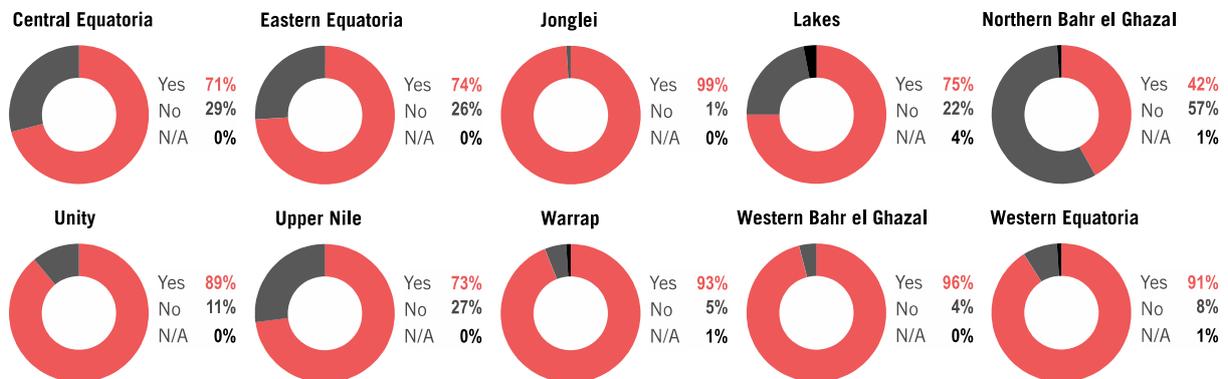
Figure 15: Proportion of assessed settlements reporting that most people feel respected by humanitarian workers



³⁴ In August 2019, 1,298 of 1,954 assessed settlements (66%) reported having received assistance in the six months prior to data collection. The data presented in this section under the subheading *Day-to-day interactions with humanitarian workers* represents responses collected from this subset.

These findings may suggest that affected communities can and do discern between issues with assistance that are more structural and tied to overarching patterns within the response, such as insufficiency and beneficiary selection, and those that occur as a result of individual behaviour at the field level.

Figure 16: Proportion of assessed settlements reporting that most people feel respected by humanitarian workers (by state)



Sources of perceived disrespect

When FGD participants and local leaders reported feeling disrespected by humanitarian workers, it was generally due to:

- *Assessments without feedback* – Humanitarian service providers visiting communities for assessment or informational purposes who then failed to return with feedback for the affected population.
- *Complaints without responses* – In some situations where community members or local leaders made use of existing complaint mechanisms and failed to receive a response from humanitarian service providers.
- *Assistance projects not completed* – Particularly in the case of infrastructure projects (such as road, school or hospital construction), incomplete or abandoned projects, with no explanation for the delay or cessation in work, were cited as disrespectful.
- *Non-humanitarian actors incorporated into humanitarian service delivery* – Among voucher recipients, the behaviour and treatment of community members by local traders was described as disrespectful.

Humanitarians as enforcers of respect during humanitarian service delivery

Several PWDs expressed feeling disrespected by other members of the community in the particular context of general assistance distributions, while citing humanitarian workers as sources of positive treatment and respect in that environment. Persons with significant physical disabilities and substantial mobility limitations felt neglected by other community members in this context. In FGDs, these individuals advocated for increased targeted interventions by humanitarian workers in order to ensure their needs are prioritised and to limit negative treatment by others.

4.4.3. Preferences for feedback and complaint mechanisms³⁵

Among assessed settlements at the national level, the preferred method of making complaints and/or giving feedback to humanitarian service providers was through other members of the community. Sixty-four (64%) of respondents reported a preference for this communication channel, which generally incorporates chiefs and other members of local leadership. The second most popular method was through community meetings with humanitarian workers (18%) (refer to Figure 17 and Figure 28).

Figure 17: Preferred mechanisms for sharing feedback and/or making complaints to humanitarian service providers

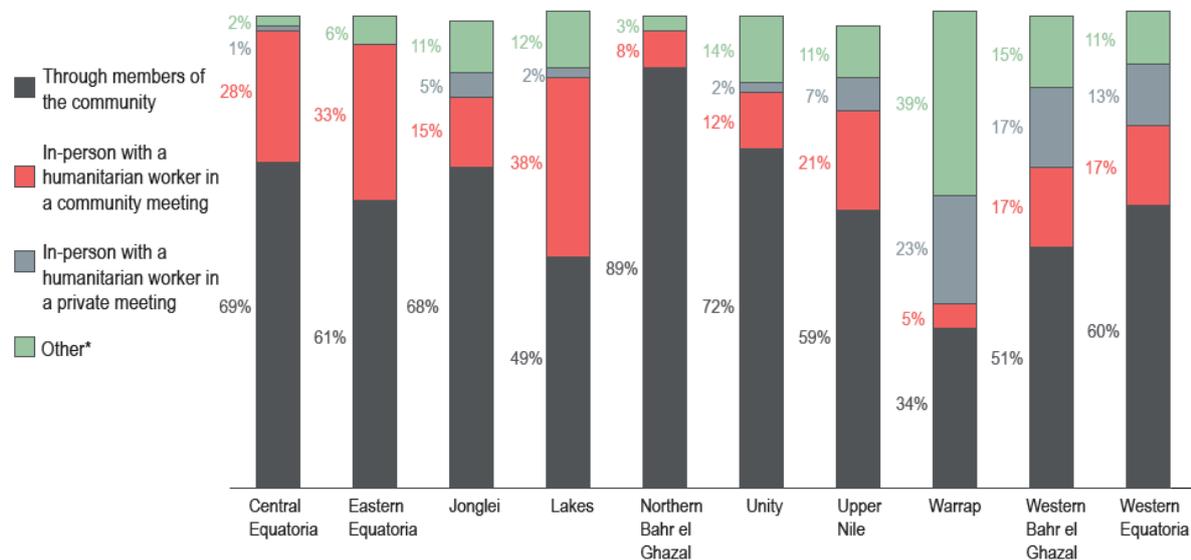
Through community members	64%	█
In-person in a community meeting	18%	█
In-person in a private meeting	6%	█
Non-consensus	6%	█
Phone call	3%	█

Local leadership as intermediaries

Most FGD participants expressed an interest in channelling feedback to humanitarian service providers via community leadership, such as local chiefs, leaders of women’s groups, and/or other community structures. This method was considered accessible to most participants; as local leaders were relatively accessible in the community. In KIIs conducted with local leaders, leaders themselves typically agreed that they were best positioned to receive complaints about assistance and to transmit them onwards to local authorities or humanitarian organisations.

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. In PoCs, participants expressed a preference to meet directly with humanitarian workers as they are not reliant on chiefs in the same way in this context.

Figure 18: Preferred mechanisms for sharing feedback and/or making complaints to humanitarian service providers (by state)



Other includes the following responses: complaint box, phone calls, text messages, other, and non-consensus

Existing complaint and feedback mechanisms

Humanitarian workers interviewed indicated that the complaint and feedback mechanisms employed by their respective organisations often varied between projects. Common methods included hotlines, help desks at distribution sites, reporting to community committees or mobilisers, meeting with local leaders, meetings in the

³⁵ The quantitative data presented for *Preferences for feedback and complaint mechanisms* represents the preferences of the entire sample (1,954 assessed settlements) as collected in August 2019.

community, and through AAP focal points, who are responsible for following up on the concerns of affected populations.

In almost all FGDs, 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. In some cases, awareness of existing complaint mechanisms was hampered by distance, as some participants who had to travel far to access assistance had little information about who was available on site to complain to or how to communicate with humanitarian workers after distribution was completed.

5. CONCLUSION

Since its independence in 2011, South Sudan continues to face profound humanitarian and development challenges. The enduring impact of violence, compounded by economic and environmental crises, suggests that humanitarians will be a fixture in the country's landscape in the years to come. It is clear AAP operates both as a sort of moral and ethical standard, as well as a technique for improving the overall efficiency of humanitarian programming. Communities that have the opportunity to identify their own needs and participate in the decisions that affect their own lives are better served than those who do not.

The findings from this project suggest that increased focus on AAP is necessary and warranted across South Sudan. Over half (57%) of respondents reported dissatisfaction with humanitarian assistance, with 'insufficiency' cited as the main reason for this perceived dissatisfaction. Furthermore, there was widespread misunderstanding of targeting procedures and criteria for aid recipients. These factors, coupled with a low awareness of existing community-feedback mechanisms and AAP structures, contributed to frustration with the perceived 'extractive' nature of the aid process, especially as it related to lack of feedback or follow-up on the part of humanitarian actors.

These reported shortcomings of the South Sudan humanitarian infrastructure and the findings of this report reveal a clear appetite among affected populations for more extensive consultation and communication, underscoring the necessity to further incorporate AAP into the overall humanitarian response.

In particular, respondents highlighted that they prefer to be communicated with in ways that promote better awareness of the activities of the overall response, especially concerning who is involved as recipients and why. In-person, direct engagement was ranked as the preferred communication modality. Local leaders—namely chiefs—were identified as key interlocutors between communities and humanitarian service providers. Despite occasional concerns of favouritism, respondents reported that these leaders played a critical role and were generally trusted to accurately convey their sentiments and needs to humanitarian actors.

Despite the shortcomings of the response in AAP, affected populations nonetheless hold humanitarian workers in high regard and view their relationship as one of mutual respect. This dynamic is a powerful endorsement of humanitarian actors, which aids in furthering AAP efforts towards substantive, meaningful engagement with communities throughout South Sudan.

Annex 1: Ethical considerations and accountability

- **Do no harm.** This study observed the principle of ‘do no harm,’ which obliges humanitarian actors to avoid and work to mitigate potentially negative impacts of assistance. In the context of this research, consideration of this principle arose from the sensitive subject matter itself, given that an inquiry into community perceptions of humanitarian assistance unavoidably permitted the expression of critical views towards actors involved in assistance programming and delivery. Recognising that potential repercussions and/or protection concerns could arise as a result of participation, this study aimed to mitigate the likelihood of such outcomes through careful research design and the adoption of certain practices when engaging with affected communities. These efforts included:
 - Developing research questions and tools using neutral language;
 - Examining community perceptions in a broad sense, rather than focusing on a particular sector or area of humanitarian programming;
 - Meeting with authorities at data collection sites prior to the commencement of FGDs and interviews to explain the purpose and objectives of the study;
 - Ensuring the confidentiality and anonymity of information shared by participants by removing identifiable information from the data when stored and declining to include identifiable information about participants in factsheets and reports;
 - Requesting FGD participants to respect the confidentiality and anonymity of others by refraining from any discussion of others’ viewpoints outside the context of the FGD;
 - Allotting time outside of the structured FGD for participants to share information they did not feel comfortable sharing in front of others;
- **Confidentiality and anonymity.** This study ensured the confidentiality of personal information provided by participants and all personal information was made anonymous in datasets and excluded from the final report. Participants were informed that they were providing information on a confidential and anonymous basis.
- **Voluntary participation and informed consent.** Participants were advised at the outset of FGDs and interviews that their participation was voluntary and that they were free to leave or decline to answer questions at any time. They were asked to positively indicate their consent to the process. Recognising that consent may be influenced by power imbalances or by factors such as gender, ability, social positioning within a community, etc., researchers were cautious to ensure the voluntariness of the process was understood and agreed to by all participants.
- **Prioritisation of an Age, Gender and Diversity (AGD) lens and efforts at disability mainstreaming.** The design of the qualitative phase of data collection prioritised an AGD lens and aimed to mainstream disability as much as possible. In order to ensure the representation of different subsets of the affected community, FGDs were constructed in line with the following categories:
 - Women 19-45
 - Women 45+
 - Men 19-45
 - Men 45+
 - Persons with disabilities
 - Mixed gender
 - *While FGDs were held for persons with disabilities (PWDs) in order to create space for this population to share their specific concerns, mainstreaming efforts to encourage the participation of PWDs in other activities were undertaken. These efforts included locating accessible, central spaces as venues for discussions and ensuring privacy by attempting to meet in enclosed spaces where possible. In addition to FGDs, this study incorporated individual interviews (IIs) with vulnerable persons in order to create another avenue for participants to share their perceptions of humanitarian assistance. ‘Vulnerability’ was broadly construed to capture PWDs, older persons, widows and single parents, those with medical conditions or mobility issues, etc.*
- **Closing the feedback loop.** To ensure consistency with the AAP approach and to improve the quality of analysis, this study developed an overarching strategy to close the feedback loop and provide affected communities with research results and opportunities for commentary at various junctures in the process. In addition to sharing the findings of the present report with affected communities, researchers shared

baseline quantitative results using accessible language, with communities visited during the qualitative phase of data collection. Participants were encouraged to comment and asked whether the information was consistent with their own perceptions. Lastly, participants were asked about their perceptions of the data collection process itself, including whether the questions asked during the FGDs and interviews were appropriate given the topic at hand.

Annex 2: Focus group discussion question route

Area of Knowledge Accountability to Affected Populations FOCUS GROUP DISCUSSION QUESTION ROUTE

Date:
 Moderator Name:
 Assistant Moderator Name:
 Translated By:
 Focus Group Demographic:
 Location:
 Started at:
 Completed at:

Name	Area of knowledge	How do they know about area?	State of origin	Age	Sex
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

INTRODUCTION

- **Facilitator’s welcome, introduction and instructions to participants**
 - Welcome and thank you for volunteering to take part in this discussion. You have been asked to participate as your point of view is important. We appreciate your time.
 - We are researchers and we are gathering information about humanitarian assistance available in your area. We want to understand the overall situation in your community and other communities throughout South Sudan. We will ask you some of your opinions and the opinions of your community members when it comes to humanitarian assistance.
 - We do not provide any assistance and you will not receive any money for participating.
 - Your participation in this discussion is entirely voluntary, and anyone who does not want to participate can leave. You can leave at any time. It is not mandatory to answer all the questions.
 - **Anonymity:** We would like to make sure you understand that this conversation will be anonymous. We are writing down your names but will not share them with anyone.
 - We would appreciate it if, when you leave this session, you do not discuss the opinions that others share during this conversation. This will help make everyone feel comfortable to share their opinion.

- If there are any questions or discussions that you do not wish to answer or participate in, you do not have to do so; however please try to answer and be as involved as possible.
- The discussion will take no more than 1 hour. If you have an opinion or information that you do not want to share in front of the group, you can come tell us afterwards. We will stay for 15 minutes after and you can share information with us one-on-one.
- **Ground rules**
 - The most important rule is that only one person speaks at a time. There may be a temptation to jump in when someone is talking but please wait until they have finished.
 - There are no right or wrong answers.
 - You do not have to speak in any particular order.
 - When you do have something to say, please do so. There are many of you in the group and it is important that we hear from all of you.
 - You do not have to agree with the views of other people in the group.
 - Does anyone have any questions? (*answers*)
 - OK, let's begin.

QUESTION ROUTE

Stage 1: AWARENESS OF HUMANITARIAN SERVICE DELIVERY

1.1 Do people in your area usually feel like they are receiving enough information about the assistance that is available to them?

➤ [Probing Questions]

1. If not, why aren't people receiving enough information?
2. Are there some people in your community who tend to know a lot about assistance? Are there some people who do not receive information? If so, who are they?

1.2. What are the best ways for humanitarian service providers to communicate with your community? Why are these ways effective for sharing information? What are the least effective ways of sharing information?

Note to facilitator: *If the participants are struggling to answer, probe for loudspeakers, poster campaigns, door to door messaging, loudspeaker, radio messaging campaign, town hall meetings...*

Stage 2: RELEVANCE OF HUMANITARIAN INTERVENTIONS

2.1 Do most people in your area feel like the type of assistance they receive is the type they need the most?

If the group has difficulty answering, ask what types of assistance is being received presently or, if there is no aid presently coming into the community, what has been received in the recent past.

➤ [Probing Questions]

- a. Can you give an example?

2.2 Do most people in your area feel like they are being asked for their opinions by humanitarian service providers?

➤ **[Probing Questions]**

- a. Do people feel like they are being asked about their needs before assistance arrives? What about during the delivery of assistance? Afterwards?
- b. Do women have access to the same opportunities to express their opinions about assistance as men do? Why or why not?
- c. Do persons with disabilities or elderly people have a chance to tell humanitarian service providers about the assistance they need?

2.3 Do most people in your area feel like the assistance they receive arrives when they need it?

➤ **[Probing Questions]**

- a. Can you give an example?

2.4 Do most people in your area usually feel like the assistance they receive is good quality?

➤ **[Probing Questions]**

- b. Can you give an example?

2.5 Are most people satisfied or dissatisfied with the assistance they receive?

➤ **[Probing Questions]**

- a. Does target the right beneficiaries? Insufficient? Not what is most needed? Unsustainable? Most of the community is not aware that the services exist?

Stage 3: FAIRNESS OF HUMANITARIAN INTERVENTIONS

3.1. Do most people feel like assistance is provided to those who need it most?

➤ **[Probing Questions]**

- a. If yes, do you have examples?
- b. If no, who should assistance be going to?

3.2. Do most people feel safe when accessing assistance? If no, what are the safety concerns?

Stage 4: RESPECT

4.1 Do most people feel respected by the humanitarians who work in your community?

➤ **[Probing Questions]**

- a. If not, can you give an example?

4.2 How would most people prefer to share feedback or make complaints about assistance if they are unsatisfied?

➤ **[Probing Questions]**

Note to facilitator: *If the participants are struggling to answer, probe for complaint boxes, help desk, giving direct feedback to an aid worker, accountability hotline, interactive radio shows...*

FEEDBACK AND INFORMATION SHARING

- We have been researching this topic and some of these questions for the past few months. We have some results from this area I'd like to share with you. *[Share most recent AoK results on AAP questions for this state and/or payam, if available]*. Do you have any comments on these results? Do these results make sense to you, are they surprising, etc?
- I also want to get your opinion on the questions I've asked today. What do you think of these questions? Are there different questions you think we should add to our research? If so, what? What do you think of the topic we are studying?

CONCLUSION

- Thank you for participating in our conversation and for sharing your opinions with us. This has been a very helpful discussion and your perspective is very important for us to understand.
- I would like to remind you that any comments featuring in this report will be anonymous and we will not share your name with anyone.

Annex 3: Individual interview discussion question route

Area of Knowledge Accountability to Affected Populations

INDIVIDUAL INTERVIEW QUESTION ROUTE

Date:
 Primary Interviewer:
 Secondary Interviewer:
 Translated by:
 Individual Interview Profile:
 Location:
 Started at:
 Completed at:

Name of Interviewee	Area of knowledge	How do they know about the area?	State of origin	Age	Sex
1					

* personal details will not be made public

INTRODUCTION

- Welcome and thank you for volunteering to take part in this discussion. You have been asked to participate as your point of opinion is very important. I do appreciate your time.
- We are researchers and we are gathering information about humanitarian assistance available in your area. We want to understand the overall situation in your community and other communities throughout South Sudan. We will ask you some questions about yourself and your life here in this community. We will ask you your opinions about humanitarian assistance.
- We do not provide any aid and you will not receive any money in exchange for talking with me today.
- Your participation in this discussion is entirely voluntary, free of charge and if you do not want to participate you are free to leave at any time. Please let me know if you are uncomfortable or do not wish to answer any question.
- **Anonymity:** I would like to assure you that this conversation will be anonymous. I will be writing down your name but will not share them with anyone.
- The discussion will take no more than 1 hour.
- Can you understand the interpretation?
- Do you agree for me to interview you today? Do you have any questions for me before we start?

BACKGROUND

The background questions are used to build rapport with the interviewee and gain insight into their life and/or any particular challenges he or she faces in the settlement. These questions may vary by context or by individual. The following questions may be appropriate for this part of the interview:

- a) Where were you born? When?
- b) For how long have you lived in this community/settlement?
- c) With whom do you live in this settlement? Do you have some family members right now in the settlement/community?

- d) How many siblings do you have? Are you the first born or not? Where are your parents? Do they live here as well?
- e) Are you married? If yes, where is your spouse?
- f) Do you have children? If yes: how many? Where are they now? What are their approximate ages? Do they attend school?
- g) What work do you do in this settlement and for how long have you been doing it?
- h) Have you ever gone to school before? If so, for how many years?
- i) Is it okay for me to ask you questions about your health? *[Proceed if yes]*
 - a. Do you have any difficulty seeing?
 - b. Do you have any difficulty hearing?
 - c. Do you have any problems walking or moving about?
 - d. Do you have any difficulty remembering or concentrating?
 - e. Do you have any difficulty taking care of yourself?
 - f. Do you have difficulty communicating with other people in the settlement?
 - g. Do you have any health issues or medical problems you feel comfortable talking to me about? What about your family/children?

Stage 1: AWARENESS OF HUMANITARIAN SERVICE DELIVERY

- 1.1 As a member of the community, do you believe that the type of assistance being provided here is what people need the most?
- 1.2 Would you say most people are satisfied with assistance? Why or why not?
- 1.3 Have you ever personally received any form of assistance? If so, what type and when?
- 1.4 Would you say that most people here feel like their opinions are being taken into account by the humanitarians providing the assistance? Have you ever personally been consulted by any organization providing assistance?
- 1.5 Do most people in your area feel like they are being asked/consulted for their opinions by humanitarian service providers? Have you ever been consulted for any humanitarian assistance in the area?
 - *Other possible questions during this portion: timeliness of assistance; quality of assistance;*

Stage 2: RELEVANCE OF HUMANITARIAN INTERVENTIONS

- 2.1 In your own view, do you think most people in your area usually feel like they are receiving enough information about the humanitarian assistance that is available to them?
- 2.2 How do most people hear about assistance that is available?
- 2.2. What do you think are the best ways for humanitarian service providers to communicate with your community?

Stage 3: FAIRNESS OF HUMANITARIAN INTERVENTIONS

- 3.1. Do you feel like the humanitarian assistance is provided to those who need it the most? Why or why not?
- 3.2. Do most people feel safe when accessing assistance? If not, what are the safety concerns?

Stage 4: RESPECT

4.1. Do most people here feel respected by the humanitarians who work in your community?

4.2. How would most people prefer to share feedback or make complaints about assistance if they are unsatisfied?

FEEDBACK AND INFORMATION SHARING

- We (REACH) have been researching this topic and some of these questions for the past few months. We have some results from this area I'd like to share with you. *[Share most recent AoK results on AAP questions for this state and/or payam, if available]*. Do you have any comments on these results? Do these results make sense to you, are they surprising, etc.?
- I also want to get your opinion on the questions I've just asked today. What do you think of these questions? Are there different questions you think I should add to our research? If so, what? What do you think of the topic we are studying?

CONCLUSION

- Thank you for participating in the conversation and for sharing your opinion with us. This has been a very helpful discussion and your perspective is very important for us to understand.
- I would like to remind you that any comments featuring in this report will be anonymous and we will not share your name with anyone.
- Before you leave, please ensure you have completed the personal details.

Annex 4: KII – Local leader – Question route

Area of Knowledge Accountability to Affected Populations KII LOCAL LEADER QUESTION ROUTE

This tool is used to gather the perspective of local leaders throughout South Sudan via local leader key informants (KIs) on the ground. Specifically, the target group for participation in these interviews are those who fall within a broad definition of ‘local leader’, which may include a traditional authority, local government official and/or a prominent community member, all of whom should represent areas that are presently receiving humanitarian assistance.

Note to the interviewer: *Explain to the KI that the purpose of the AAP research project is to examine: whether affected communities are aware of the assistance available to them, whether interventions are relevant to the needs of affected communities, whether affected communities perceive interventions as fair, and whether affected communities perceive interventions as respectful.*

Date:
Location:
Interviewer Name:
Started at:
Completed at:

Name	Area of knowledge	How do they know about area?	State of origin	Age	Sex
1					

** personal details will not be made public;*

Stage 1: AWARENESS ABOUT HUMANITARIAN INTERVENTIONS

- 1.1 Do people in this area receive enough information about assistance from humanitarian service providers?
- 1.2 From your experience as a leader in this community, what would be the best way to communicate with the people who live here?

Stage 2: RELEVANCE OF HUMANITARIAN INTERVENTIONS

- 2.1 Do people in this area feel like they are being asked for their opinions by humanitarian service providers?
 - 2.1.1 Do you have the opportunity to share your opinion with humanitarian service providers about what is needed in the community?
- 2.2. In your opinion, are people in your area receiving the type of assistance they need the most?
- 2.3. In your opinion, is assistance arriving at the time people need it the most?
- 2.4. Do most people in this area usually feel like the assistance they receive is good quality? If not, why not?

2.5. Are most people satisfied with the assistance they receive? Why or why not?

Stage 3: FAIRNESS OF HUMANITARIAN INTERVENTIONS

3.1. From your perspective, is assistance provided to those who need it most?

3.2. Have you heard of any safety concerns that exist for people when trying to access assistance? If yes, please describe.

Stage 4: RESPECT

4.1. In your opinion, do humanitarian service providers show respect to the community?

4.2. Based on your knowledge of this community, what would be the most effective way for people to provide feedback to humanitarian service providers about the assistance they are receiving?

Annex 5: KII – Humanitarian worker – Question route

Area of Knowledge Accountability to Affected Populations HUMANITARIAN WORKER QUESTION ROUTE

This tool is used to gather the perspective of humanitarian workers via humanitarian worker key informants (KIs) on the ground. Specifically, the target group for participation in these interviews are those who have a direct connection to Accountability to Affected Populations (AAP) – related work. This will most likely include project managers who have had to operationalize the AAP component of an aid project, or else field staff who work on M&E or post-distribution monitoring.

Note to the interviewer: *Explain to the KI that the purpose of the AAP research project is to examine: whether affected communities are aware of the assistance available to them, whether interventions are relevant to the needs of affected communities, whether affected communities perceive interventions as fair, and whether affected communities perceive interventions as respectful.*

Date:
Location:
Interviewer Name:
Started at:
Completed at:

Name	Area of knowledge	How do they know about area ?	State of origin	Age	Sex
1					

** personal details will not be made public;*

INTRODUCTION

What experience have you had operationalizing Accountability to Affected Populations as part of your programming? In which geographic areas and/or thematic sectors did you operationalize AAP?

Stage 1: AWARENESS ABOUT HUMANITARIAN INTERVENTIONS

1. How does your project/program inform affected communities about the assistance available to them?

Please describe:

- the means of communication involved and any commentary on the efficacy of these methods compared to others, based on your experience;

Stage 2: RELEVANCE OF HUMANITARIAN INTERVENTIONS

2. Does your project/program consult the affected community? If yes, please describe:

- consultation prior to the start of the project/program
- consultation during the project/program
- consultation after the project/program has ended

Stage 3: FAIRNESS OF HUMANITARIAN INTERVENTIONS

3. By which criteria does your project/program select beneficiaries?

- do you have examples where selection or targeting was not successful?
- have you experienced situations where the selection of beneficiaries caused tensions within the affected community? If yes, please describe.

Stage 4: RESPECT

4. Do beneficiaries of your project/program have the opportunity to provide feedback about the assistance provided to them?

- If so, what mechanisms exist? How is awareness of these mechanisms promoted?
- What do you do with the feedback once you receive it?
- Relatedly, is there a mechanism for addressing serious complaints about misconduct? (e.g. sexual abuse, fraud, corruption)

CLOSING QUESTION

5. Is there anything that you would like to do to enhance your project's accountability to affected populations but that you do not feel like you can implement due to lack of resources?