

COMMUNITY PERCEPTIONS OF HUMANITARIAN ASSISTANCE IN SOUTH SUDAN: FINDINGS AND RECOMMENDATIONS

June 2022



INTRODUCTION

Accountability to Affected Populations (AAP) has been recognised as a strategic priority in South Sudan to ensure an accountable and rights-based approach to response planning and to enhance the effectiveness and efficiency of aid. This was demonstrated through the development and endorsement of the Humanitarian Country Team's (HCT) Strategy on AAP in 2021, which aims to support the operationalization of the Inter-Agency Standing Committee (IASC) Commitments on AAP and Prevention of Sexual Exploitation and Abuse (PSEA) within the humanitarian response in South Sudan. It is further underpinned by the Grand Bargain¹, which calls for the systematic participation of affected populations in decision-making that affects them.

Conflict sensitivity is recognised as an extension of the humanitarian principle of "do no harm". There is wide recognition that humanitarian, development, and peacebuilding activities cannot be separated from the context of peace and conflict in which they are implemented, and that conflict sensitivity increases the likelihood of sustaining peace.² The 2007 OECD DAC Fragile States Principles³ requires proactive mitigation of

risks to and from agencies' presence, strategy and programs while the 2011 New Deal for Engagement in Fragile States⁴ and the 2016 Sustainable Development Goals⁵ require international actors to directly and deliberately address drivers of conflict through their programming in fragile contexts.

The meaningful realisation of these commitments and principles necessarily requires the systematic inclusion of the perceptions of diverse groups of affected populations as an evidence base for the humanitarian response. Response planning must align with affected communities' evolving priorities and perceptions regarding humanitarian assistance and its interaction with the context of implementation. This brief is based on AAP, protection and conflict sensitivity data from the 2021 expanded Food Security and Nutrition Monitoring System (FSNMS+) assessment⁶ and seeks to inform an evidence-based approach to community-centred, accountable, and conflict sensitive response planning to support the operationalisation of the HCT's AAP Strategy. Recommendations in this brief have been endorsed by the Communication and Community Engagement Working Group (CCEWG) in South Sudan.

1. Inter-Agency Standing Committee. Grand Bargain. <https://interagencystandingcommittee.org/grand-bargain>

2. UN Sustainable Development Group. Good Practice Note on Conflict Sensitivity, Peacebuilding, and Sustaining Peace. 2022. <https://unsdg.un.org/resources/good-practice-note-conflict-sensitivity-peacebuilding-and-sustaining-peace>

3. OECD. Principles for Good International Engagement in Fragile States and Situations. 2007. <https://www.oecd.org/dac/conflict-fragility-resilience/docs/38368714.pdf>

4. International Dialogue on Peacebuilding and Statebuilding. A New Deal for Engagement in Fragile States. 2011. https://www.pbsbdialogue.org/media/filer_public/07/69/07692de0-3557-494e-918e-18df00e9ef73/the_new_deal.pdf

5. United Nations. The Sustainable Development Goals Report. 2016. <https://unstats.un.org/sdgs/report/2016/>

6. The 2021 expanded Food Security and Nutrition Monitoring System (FSNMS+) was an independent, response-wide and inter-agency multisectoral needs assessment mandated by the HCT and endorsed by the Inter-Cluster Coordination Group (ICCG). It was conducted to inform the 2022 humanitarian program cycle by the World Food Programme (WFP), the Food and Agriculture Organisation (FAO), UNICEF, International Organisation for Migration (IOM) and REACH in coordination with the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) in South Sudan.

Photo: Focus Group Discussion in Kapoeta, Eastern Equatoria State, REACH South Sudan, 2022.

DEFINITIONS

The IASC⁷ definition of AAP is used in this brief: **“Accountability to affected populations is an active commitment to use power responsibly by taking account of, giving account to, and being held to account by the people humanitarian organisations seek to assist”**. This definition recognises the importance of understanding and identifying the diverse experiences of population groups across South Sudan, particularly with respect to age, gender and ability.

Conflict sensitivity is defined as: **“An organization’s ability to understand the context in which it operates, understand the interaction between its intervention and the context, and to act upon the understanding of this interaction in order to avoid negative impacts and maximize positive impacts”**.⁸ In this definition, the word context rather than conflict has been used as it encompasses all socio-economic and political dynamics, and structural contextual factors that could potentially contribute to conflict.

METHODOLOGY

The 2021 FSNMS+ assessment followed a mixed methods approach, comprising a structured household survey conducted in all 79 counties in South Sudan⁹ and a qualitative component with semi-structured focus group discussions (FGDs) and key informant interviews (KIIs) in selected counties. Three population groups were covered: host communities/non-displaced communities, internally displaced persons (IDPs) and returnees. For the quantitative component, the final sample size of households surveyed across South Sudan was 19,194. Overall, findings were representative at 95 per cent confidence level with a 10 per cent margin of error for population groups at a higher administrative level (i.e. state level). Findings related to subsets were not generalizable with a known level of precision and should be considered indicative only.

For the qualitative component, 14 counties (Awerial, Bor South, Juba, Lainya, Gogrial West, Maban, Malakal, Mayom, Rubkona, Rumbek North, Tonj North, Tonj South, Wau and Yei) were selected for data collection based on specific criteria (high intersectoral needs, severe protection needs, presence of target population groups and access). A total of 61 FGDs and 34 KIIs were conducted. Findings from the qualitative component are not representative and should be considered indicative.

Bilateral consultations were conducted with clusters, key working groups and partners in the research design phase to develop the tools for the assessment. **Data collection took place between August and November 2021.**

This assessment integrated protection principles throughout the research cycle, including the observation of do-no-harm, confidentiality and anonymity, and informed consent during data collection. Additionally, representation of population groups from an age, gender, and ability lens was prioritised.

7. Inter-Agency Standing Committee.

8. Africa Peace Forum, Centre for Conflict Resolution, Consortium of Humanitarian Agencies, Forum on Early Warning and Early Response, International Alert, Saferworld, Conflict Sensitivity Resource Pack. (2004)

9. An urban component of the assessment included data collection in following five IDP camps: Juba IDP camp 1, Juba IDP camp 3, Bentiu IDP camp, Malakal PoC and Navaisha IDP camp. Urban centres therefore include following counties: Juba, Yei, Rubkona, Malakal and Wau.

KEY FINDINGS AND RECOMMENDATIONS

Key findings

- 1. Gaps in information-sharing regarding humanitarian assistance was reported by over half of households** which had reportedly received assistance in the 3 months prior to data collection (38 per cent). **Vulnerable groups were reportedly disproportionately affected, including child-headed households and people residing in rural areas.**
- 2. Protection issues reportedly drive humanitarian needs and impede affected populations' access to humanitarian services.**
 - According to findings, communities often encounter multiple protection issues while accessing assistance leading to community members reportedly having to choose between their security and humanitarian assistance.
- 3. Gaps in assistance reportedly excluded vulnerable groups, including persons with disabilities, older persons, widows and orphans in some locations.**
 - **Issues with registration processes** were reported as a barrier to some vulnerable populations receiving assistance.
- 4. Two thirds of households** that had reportedly received assistance in the 3 months prior to data collection (38 per cent) **reported being dissatisfied with the assistance received. The key drivers of their dissatisfaction were: the quantity of humanitarian assistance and the timeliness of the provision of assistance.**
- 5. Findings indicate distrust in beneficiary targeting processes in some locations due to reported community perceptions of nepotism and corruption amongst aid workers and community leaders.**
- 6. Limited consultations between humanitarian agencies and communities regarding assistance were reported, alongside a lack of representation of diverse groups in consultations that do take place.**
- 7. Almost half of the households** that had reportedly received assistance in the 3 months prior to data collection (38 per cent) **reported being unable to provide feedback and make complaints regarding humanitarian assistance.** However, **findings also illustrate trust in complaint and feedback mechanisms amongst households which reported being able to access them.**
- 8. Tensions between communities were reportedly linked to perceptions of exclusions of certain communities or groups from assistance, and distrust of aid workers and community leaders. This risks assistance provision impacting conflict dynamics in such locations.**

KEY FINDINGS AND RECOMMENDATIONS

Key recommendations

- 1. Reliable and clear information must be easily available to diverse groups within affected populations to ensure they are able to access the assistance available to them and to prevent misinformation within communities. Barriers faced by demographic groups and profiles with limited access to standard information platforms (such as people with disabilities, people in rural areas etc.) must be identified and addressed.**
 - At the response-level, clear, accurate and culturally sensitive information should be shared with relevant agencies (for dissemination to communities) through relevant working groups [such as the CCEWG and the Risk Communication and Community Engagement Technical Working Group (RCCE TWG)].**
- 2. Agencies must urgently identify and address protection risk and issues faced by populations while accessing assistance,** for instance through conflict-sensitive programming and implementation of safety audit recommendations.
- 3. Beneficiary targeting processes must be regularly re-assessed to ensure they are inclusive and target vulnerable groups,** for instance, through community-based participatory methods to develop selection criteria.
- 4. Agencies must ensure that affected populations are inclusively consulted regarding their specific needs and preferences to ensure the relevance of assistance and service modalities aligns with their needs and preferences, and more broadly to enhance the effectiveness and efficiency of aid.** This requires proactive engagement with communities to enable access to complaint and feedback mechanisms and build trust with communities (for instance, through Closing the Feedback Loop).
- 5. Transparent and inclusive communication on beneficiary selection criteria, inclusive community engagement regarding assistance, and conflict-sensitive programming is needed to address distrust in targeting processes and to ensure vulnerable populations are not excluded from assistance.**
- 6. Individual agencies and the humanitarian response at the collective level must ensure that perceptions and priorities of affected populations are regularly monitored** in a systematic manner to ensure **response planning aligns with their evolving needs and preferences,** and that **appropriate course correction** is taken when required.

FINDINGS

Across the country, 38 per cent of households reported having received humanitarian assistance in the three months prior to data collection. Receipt of assistance in the six months prior to data collection was also confirmed in three-fourths of qualitative interviews. Forms of assistance received included food assistance, health, shelter and non-food items (SNFI), livelihood support, nutrition, shelter, water, sanitation and hygiene (WASH), protection and education.

Findings focused on core AAP and conflict sensitivity themes¹⁰: information-sharing, access to assistance, satisfaction with assistance, consultations with affected communities, complaint and feedback mechanisms, and do-no-harm and conflict sensitivity.

Information-sharing regarding humanitarian assistance with affected populations

Among households that reported having received assistance in the 3 months prior to data collection (38 per cent), over half reported not having received adequate information about the humanitarian assistance available to them, with vulnerable groups, such as child-headed households and people residing in rural areas, being disproportionately affected.

Qualitative findings indicate that humanitarian agencies use several sources and methods to inform communities regarding assistance, with the key ones being community leaders, chiefs or payam administrators; local authorities [including the Relief and Rehabilitation Commission (RRC)] and county commissioners; and community members, relatives and neighbours. The most frequently mentioned modalities of information-sharing were

received aid in the 3 months prior to data collection, the majority (60 per cent) reported not having received adequate information about the assistance available to them. This trend was broadly consistent across population groups aside from child-headed households, the vast majority (81 per cent) of which reported not having received adequate information regarding available services. In qualitative interviews, participants also identified women, older persons, persons with disabilities, people with low levels of literacy and persons with mental health and psychosocial issues as groups with less access to information. These groups may have limited access to standard community forums where information is formally shared, and may be reliant

Reported lack of information-sharing in rural areas: Mayom and Gogrial West

In FGDs held in Mayom and Gogrial West, some participants reported that information-sharing regarding assistance focused on towns and urban areas and left out rural areas, leading to an unequal access to information.

Other factors that reportedly attributed to gaps in information-sharing were issues in the information provision by community leaders and aid workers, which were characterised as inadequate and ineffective by participants in several interviews. This may suggest that restricted levels of information flow through established power structures within communities, limiting access to those falling outside these hierarchies.

Reported gaps in information-sharing by aid agencies and community leaders: Rubkona and Tonj North

Participants in some interviews held in Rubkona shared that aid agencies did not share information in a timely manner, which at times led to community members missing distributions.

In Tonj North, interview participants perceived that community leaders selectively disseminated information regarding assistance to their relatives only.

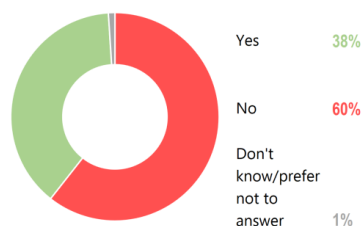
The exclusion of vulnerable groups from clear and reliable information regarding assistance may reduce their access to critical assistance necessary to meet their needs.

Access to humanitarian assistance

Protection issues reportedly drive humanitarian needs and impede affected populations' access to humanitarian services.

In qualitative interviews, communities reported that insecurity and violence resulted in restricted access to markets and land

Figure 1: Proportion of households reportedly receiving adequate information about humanitarian services



Subset: Question asked to the 7865 households who reported having received humanitarian assistance in the 3 months prior to data collection

radios, megaphones, phones, and word-of-mouth.

Despite these varied sources and mechanisms for information provision, quantitative findings (Figure 1) illustrate considerable gaps in information-sharing regarding humanitarian assistance. Among the 38 per cent of households that reported having

10. The names of some locations have not been disclosed to ensure adherence to the humanitarian principle of "do no harm".

for cultivation, destruction of cultivation areas prior to harvest, and limited communities' coping mechanisms, including firewood gathering and wild food collection. Such impacts on livelihoods and the functionality of markets were reported to particularly restrict access to food.

Protection issues in accessing humanitarian assistance were also raised, with participants mentioning looting of food from shelters and disrupted food distributions further limiting their access to food. Additionally, protection issues were reported to impede access to health and education facilities due to insecurity experienced on the way to facilities, and damages to or closure of facilities due to violence and fighting. For instance, access to education for children was reportedly affected by their frequent displacement as well as the displacement and killings of teachers in schools.

Reported protection issues blocking affected populations' access to facilities: Maban and Tonj North

Ongoing conflict dynamics in Maban reportedly impact the ability of IDP children to access education, with FGD participants stating that host communities did not permit IDP children to attend schools in the area.

In interviews held in Tonj North, FGD participants mentioned that people attempting to travel to health facilities were attacked by cattle raiders on the way.

Vulnerable groups, including persons with disabilities, older persons, widows and orphans, are reportedly excluded from humanitarian assistance in some locations.

While humanitarian assistance was broadly perceived as accessible to people most in need in the majority of qualitative interviews, participants in several interviews also reported gaps in assistance that led to the exclusion of some vulnerable groups in their communities. These groups included persons with disabilities, older people, widows, orphans, newly arrived IDPs and returnees, non-registered returnees and vulnerable people in host communities. Some of these gaps in assistance were attributed to demographic or displacement profiles being prioritised in beneficiary targeting over actual vulnerability and needs of people. For instance, in interviews held with some female participants from host communities, status-based targeting versus needs-based targeting was raised as a contributor to some vulnerable people being left out of assistance.

Reported exclusion of vulnerable groups from assistance due to perceived issues in targeting criteria: Bor

Participants in an FGD held in Bor reported that NGOs had fixed targets for beneficiaries based on their ethnicity/clan/section instead of their needs.

The unique circumstances of specific vulnerable groups that led them to being unable to access certain services was raised in some interviews. This included children of persons with disabilities, who were reportedly often unable to access nutrition services as their parents were unable to take them there.

Reported restrictions to accessing assistance faced by children of persons with disabilities: Rubkona and Mayom

Participants in interviews held in Rubkona and Mayom shared that parents with physical disabilities in their communities were often unable to carry their children to nutrition centres to receive nutritional assistance. Some of them attempted to overcome this obstacle by asking other community members to travel on their behalf to the centres to present their children's health cards and get the nutritional supplements required back to them. However, nutritional centres would reportedly refuse to provide the supplements unless the children or parents themselves were physically present at the centre. In some cases, these children reportedly had limited or no other alternative means to cover their nutritional needs.

Issues with registration processes were reported as a barrier to some vulnerable populations receiving assistance.

In qualitative interviews, particularly those held with returnees, difficulties with registration processes were raised as a key barrier to receipt of assistance. Challenges reported by some participants included long waiting times for registration for humanitarian assistance, exclusion from registration processes, and being excluded from distributions, despite being registered on beneficiary lists.

Reported challenges faced by returnees in Juba during beneficiary list reviews

In an FGD held with female returnees in Juba, it was shared that people who were not physically in camps at the time of beneficiary list reviews were excluded from them altogether, and that such reviews would often take place without any prior notification.

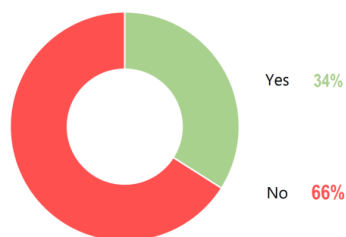
Satisfaction with humanitarian assistance

Among those households who had reportedly received assistance in the 3 months prior to data collection (38 per cent), the majority reported being dissatisfied with the assistance received, which they primarily attributed to the limited quantity of humanitarian assistance and the timeliness of assistance provision.

Overall, 66 per cent of households who reported having received assistance in the 3 months prior to data collection (36 per cent) were not satisfied with the assistance received (Figure

2). Across population and demographic groups, deviations from this finding were observed in the case of returnee households (60 per cent) and child-headed households (53 per cent).

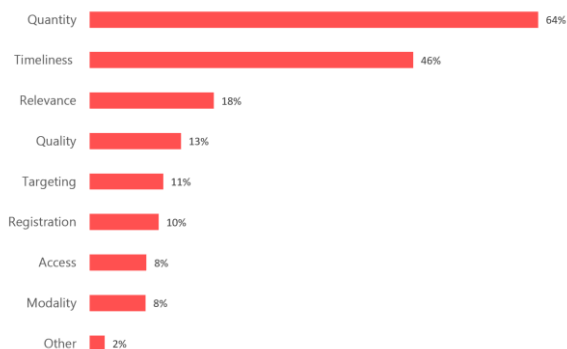
Figure 2: Proportion of households reportedly satisfied with humanitarian services



Subset: Question asked to the 7865 households who reported having received humanitarian assistance in the 3 months prior to data collection

Insufficiency of the level or quantity of assistance to meet needs was the main driver of dissatisfaction with assistance, as reported by a majority of households.¹¹ This finding is corroborated by several qualitative interviews during which participants stated that assistance received did not cover their needs adequately in terms of quantity. Disparities in findings were observed between population and demographic groups: larger proportions of female-headed households reported being dissatisfied with assistance due to quantity as compared to male and child-headed households, while between population groups, a higher proportion of host community and IDP households attributed their dissatisfaction to quantity as compared to returnee households.

Figure 3: Key reported reasons for households' dissatisfaction with humanitarian assistance



Subset: Question asked to the 4535 households who reported having received assistance in the 3 months prior to data collection and being dissatisfied with this assistance

Other key reported reasons for dissatisfaction with assistance were relevance of assistance, quality of assistance, targeting of assistance and registration issues. [see Figure 3 above].

Reported delays in assistance leading to a lack of relevance of assistance for affected communities' needs

In one location, participants in interviews shared livelihood support in the form of seeds led to them was delayed and provided only after the harvest period, at which point it did not address the community's needs.

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

In several qualitative interviews, respondents reported perceiving existence of corruption and nepotism by aid workers and community leaders involved in beneficiary targeting processes to prioritise their own family members and relatives for assistance, signifying distrust in the mechanisms used to select beneficiaries for provision of assistance. This may be one of the factors driving dissatisfaction with assistance relating to targeting of assistance.

Reported perceptions of corruption in beneficiary targeting mechanisms: undisclosed location

Participants in an FGD held in one location reported perceiving that local patronage networks exerted pressure on NGOs to register their family members as beneficiaries despite them not meeting the targeting criteria.

Consultations with affected populations regarding humanitarian assistance

Findings indicate perceptions of gaps in consultations between humanitarian agencies and communities regarding assistance and a lack of inclusivity of diverse groups in consultations. Such gaps could limit representation of their specific needs and preferences.

Participants in qualitative interviews shared that aid agencies engage with various representatives and groups to consult them about their opinions regarding assistance for their communities. These include community leaders, chiefs or payam administrators; local authorities (including the RRC and county commissioners), women's groups or associations and youth representatives. In a few interviews, consultations with older people, persons with disabilities and church leaders were also mentioned. While trust in community representatives to present their communities' needs and preferences was indicated in most interviews with host communities and returnees, mixed perceptions were shared in interviews held with IDPs.

11. This is part of the subset of households reporting having received humanitarian assistance in the three months prior to data collection and reporting being dissatisfied with the assistance received.

A lack of consultations overall was also indicated in FGDs and KIs. In several interviews across population groups, participants were not aware of any such consultations having been undertaken and reported not feeling consulted for their opinions regarding assistance. For instance, in almost a third of interviews with returnees, returnees reported being unaware of any consultations having been held with community members.

Additionally, within the consultations that were reported, the exclusion of some groups including women, older people and persons with disabilities were mentioned, which risks a lack of representation of diverse groups and information regarding their specific preferences and needs. Exclusion of women from consultations is likely reflective of reported barriers to female participation in community-level decision making processes more generally, which was also reported in most FGDs and KIs.

Concerns regarding the level of consultation were also expressed, with some participants reporting one-way communication from aid agencies regarding assistance instead of dedicated engagement with communities for their inputs and feedback regarding assistance.

Reported one-way communication by aid agencies in lieu of meaningful consultations regarding assistance: Rubkona and Yei

Participants in FGDs held in Rubkona and Yei stated that NGOs did not undertake consultations with communities regarding their needs and preferences around assistance, and instead only informed the communities or their representatives about the assistance that would be provided.

This reported lack of meaningful and inclusive consultations is likely an underlying factor driving dissatisfaction with assistance relating to the relevance and timeliness of assistance and targeting processes (discussed in the previous section).

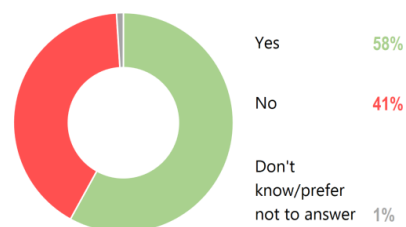
Findings indicated mixed levels of trust that consultations would lead to actual changes in assistance. In interviews held with host communities, male participants tended to think consultations did have the desired impact on assistance while some female participants did not. Mixed views were expressed in interviews held with returnees, while generally low levels of confidence in consultation mechanisms were indicated in most IDP interviews. The latter finding, along with the aforementioned finding on varied levels of reported trust in community representatives, may be attributed to a possible lack of representation of IDPs in community governance structures, in comparison to host communities and returnees. Further research on the representation of IDPs in community governance structures and its link to humanitarian service provision is necessary to further interpret these findings.

Complaint and feedback mechanisms

Among those households who had reportedly received assistance in the 3 months prior to data collection (38 per cent), almost half reported being unable to provide feedback and make complaints regarding humanitarian assistance. Of those households who reported being able to provide feedback and make complaints regarding humanitarian assistance, the majority reported generally trusting complaint and feedback mechanisms.

The inability to use complaint and feedback mechanisms (CFMs) was reported by almost half of households who had received assistance (Figure 4), with a disproportionate lack of access observed in the case of child-headed households. A larger proportion of child-headed households reported being unable to use such mechanisms.

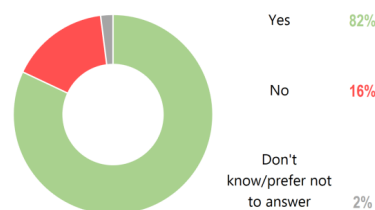
Figure 4: Proportion of households reportedly able to provide feedback and make complaints about humanitarian services



Subset: Question asked to the 7865 households who reported having received humanitarian assistance in the 3 months prior to data collection

Among households who reported being able to provide feedback and make complaints about humanitarian assistance, the majority reported trusting existing CFMs (Figure 5), indicating that the previous finding may point to a lack of access or awareness of the availability of these systems or knowledge of how to use them, as opposed to misgivings regarding their efficacy.

Figure 5: Proportion of households that trust feedback and complaint mechanisms



Subset: Question asked to the 4904 households who reported having received humanitarian assistance in the 3 months prior to data collection and being able to provide feedback and make complaints about humanitarian assistance

However, in some qualitative interviews held with returnees and host communities, a lack of trust in feedback mechanisms resulting in positive change was mentioned.

Reported lack of action by aid agencies despite complaints of protection issues while accessing assistance: undisclosed location

In one location, FGD participants and KIs shared that, while repeated protection issues experienced when accessing assistance in a distribution site had been reported to the relevant aid agencies multiple times, no visible measures had been taken to address them. Some participants also indicated reticence amongst their community members to register a formal complaint as they feared that their assistance may be completely stopped.

On preferred means for making complaints and providing feedback, findings indicate that among households who had reportedly received assistance in the 3 months prior to data collection (38 per cent), face-to-face communication of any kind was generally preferred over other types of communication such as phone or use of complaints/suggestion boxes. The most reported mechanisms were (in descending order): face to face at home with an aid worker, face to face with community leaders, community meetings or group feedback sessions and face to face in an office or another venue with aid workers. [Figure 6]

Figure 6: Households' reported preferred mechanisms to provide feedback and make complaints regarding humanitarian assistance



Subset: Question asked to the 7865 households who reported having received humanitarian assistance in the 3 months prior to data collection

Do-no-harm and conflict sensitivity

Multiple protection issues faced while accessing assistance were reported. These can lead to community members having to choose between their security and humanitarian assistance.

As mentioned previously, participants in qualitative interviews held across locations stated that protection issues, including violence, looting and destruction/closure of facilities impeded their access to humanitarian assistance, including food distributions, and health and educational facilities. This reportedly led to decisions to prioritise security over access to services.

Reported protection issues faced while accessing assistance leading to communities not accessing assistance to ensure their safety: Mayom and undisclosed location

In FGDs held in Mayom, some host community participants stated, that due to the risk of revenge killings, boys had to drop out of schools.

In one location, participants shared that their community members had repeatedly been exposed to violence, including sexual violence against women, and looted after they had accessed assistance. This reportedly led to some community members avoiding going to distribution sites at all to avoid risks to their safety.

Perceptions of exclusions of certain communities or groups from assistance and distrust of aid workers and community leaders was linked to tensions between them and between communities.

In addition to the above-mentioned perceptions of aid workers and community leaders engaging in nepotism and corruption, poor information-sharing by aid workers and community leaders regarding assistance to communities was also reported to strain relations between them and communities.

Reported sharing of unverified information by aid agencies regarding assistance leading to tensions with communities: Malakal

Participants in interviews in Malakal mentioned that information regarding assistance that was shared was at times incorrect or unverified, which then led to tensions between community members and aid agencies.

Perceptions of exclusion of certain communities and/or groups from beneficiary lists for aid provision was reported in several interviews to cause tensions between and within communities as well, including between host communities, IDPs, and returnees. In interviews with host communities and returnees, FGD participants and KIs indicated that tensions within communities were caused by perceptions among community members that community leaders were involved in deliberate exclusion of certain groups from humanitarian assistance

Reported tensions between host communities and IDPs linked to targeting processes: Yei

According to FGD participants in Yei, the exclusion of host communities from assistance reportedly led to tensions between them and IDPs. This reportedly resulted in IDPs not being allowed to cultivate on the host communities' land, thereby limiting their access to livelihoods.

This reported impact of (perceptions of) targeting processes and exclusion from assistance on community relations risks an additional effect on conflict dynamics in locations where assistance is provided.

RECOMMENDATIONS

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



Programmatic recommendations

1. Diverse groups within affected populations must have clear and reliable information about humanitarian assistance to enable them to fully benefit from existing services and programmes available to them and to prevent misinformation regarding assistance within communities.

- Agencies must ensure a range of easily accessible channels for information-sharing is available to all affected populations and provide them with specific, verifiable information relating to assistance.
- Demographic groups and persons in areas with less access to standard, formal community information structures [community leaders and representatives, local authorities etc.] and public spaces [where information may be disseminated informally through word-of-mouth] must be specifically targeted, for instance, child-headed households, persons with disabilities and people in rural areas where the information infrastructure may be more limited.
- Context-specific barriers to information of vulnerable groups must be identified for the development of tailored strategies for information dissemination. Where possible, existing community structures for information-sharing within population groups, and particularly with vulnerable groups, should be identified and used.
 - Information dissemination in locations where vulnerable groups may access information more easily should be prioritised, for instance, in churches, market places and water wells or boreholes.

2. Barriers to accessing assistance must be addressed to ensure all groups are able to access assistance safely and equitably in line with their needs.

- Protection risks faced by affected populations while accessing assistance must be urgently assessed and addressed through protection analysis and mainstreaming conflict sensitivity in programming.
 - This includes the implementation of recommendations from regular safety audits conducted by Protection/GBV partners (prior to, during, and after distributions) and other periodic safety audits or protection risk analysis conducted

by the SGBV sub-cluster or other protection partners to ensure protection risks are identified and addressed.

- Informal sources of information regarding safety issues (from chiefs and other community members) should be tapped, as they may be more reliable and/or comprehensive than formal channels of information around sensitive protection issues.
 - Beneficiary targeting processes must be re-assessed on a rolling basis and informed through inclusive consultations with diverse groups to ensure that vulnerable people with high need (including persons with disabilities, older persons, widows, orphans, newly arrived IDPs and returnees) are not excluded from assistance.
 - Consistent coordination with community representatives and Protection agencies at the administrative levels must be undertaken to identify vulnerable groups and, in turn, to inform beneficiary targeting efforts.
 - Community-based participatory methods should be used to develop selection criteria for beneficiary targeting which align with communities' understanding of vulnerability.
 - The specific circumstances limiting access to assistance of diverse groups, for instance, persons with disabilities and their children, and child-headed households, must be understood within different contexts to ensure that these, often vulnerable, groups are able to receive the critical assistance they need.
- ### 3. The rights of affected people to share their views and opinions on the quality and effectiveness of assistance and to participate in decisions that affect them must be upheld by aid agencies. This will, in turn, ensure the relevance of assistance and service modalities to their needs and preferences, and consequently, enhance the effectiveness and efficiency of aid.
- The significant gaps in consultations reported in findings indicate the need for regular, two-way, inclusive consultations to build trust with communities and ensure their specific needs and preferences inform programming decisions. A dedicated effort to reach groups outside established power structures of

community leadership (which traditionally tend to be accessed for consultations) must be made to ensure equal representation of diverse needs.

- Opportunities to engage in consultations with communities within existing community structures should be identified by aid agencies and capacity built within aid agencies to learn to work with prevailing structures. Additionally, gaps in community structures must be identified and capacity-building provided to ensure engagement between community leaders/representatives and communities regarding needs are inclusive and consultative.
- The reported lack of ability of a large section of the population to use CFMs requires proactive engagement of aid agencies with affected populations, particularly those with limited access to common platforms and standard communication channels (such as child-headed households and persons with disabilities), on the availability and use of existing CFMs.
 - Agencies must develop and improve existing information management systems and operational implementation for smoother functioning of CFMs.
 - Standardising information needs and harmonisation of data collection methods and mechanisms for the receipt, referral, and response to complaints and feedback from CFMs is required to ensure agencies “speak the same language” relating to CFMs.
 - Preferred channels for CFMs, as indicated by communities themselves, should be prioritised, particularly direct, face-to-face formal communication channels.
 - CFMs must remain anonymous feedback mechanisms with strong data protection standards to ensure confidentiality and anonymity, and trust must be built with communities to ensure they can use CFMs without fear of exclusion from assistance.
- Closing the feedback loop mechanisms should be integrated into programming to address the reported lack of trust and confidence in consultations and CFMs actually leading to desired changes in assistance.
- Agencies must ensure flexibility to enable “course correction” in their programming in alignment with gaps or inefficiencies identified through systematically collected data on affected communities’ perceptions.

- The ability of agencies to course-correct should be internally assessed and evaluated to constructively support such efforts.

4. The reported impact of (perceptions of) issues with targeting processes and exclusion from assistance on community relations must be addressed through transparent communication, inclusive community engagement, and conflict-sensitive programming.

- Clear and transparent messaging of beneficiary eligibility criteria is key to addressing frustrations with the quantity of assistance provided despite acute needs, particularly given that funding shortfalls are affecting levels of assistance.
 - This must be accompanied by an inclusive communication strategy which will help mitigate against misperceptions around assistance that strain relations between communities.
- Feedback from communities indicating a lack of trust in community leaders and aid workers to reliably inform them about humanitarian service provision, in community leaders to represent their interests to humanitarian agencies, and in community leaders and aid workers to ensure targeting of beneficiaries is based on objective, needs-based criteria may indicate the existence of patronage networks and established power structures within communities that enable corruption, nepotism, and the exclusion from aid of those outside these structures. To address these issues:
 - Continually updated context, conflict, and interaction analysis focused on analysing triggers of conflict and (potential) links to aid must inform programming throughout the response cycle.
 - Continuous conflict risk assessment must be carried out to ensure that partners, persons selecting beneficiaries, beneficiary criteria, aid modalities, and distribution locations do not contribute to deterioration in conflict.
 - Opportunities for programming to contribute positively to relations between affected populations must be identified and used on an ongoing basis and taken into consideration when designing and adapting programmes.
 - Alleged violations of humanitarian agencies’ standards or codes of conduct by staff members must be appropriately investigated and acted upon as relevant.
 - Trainings on organisation standards or codes of conduct and humanitarian principles and regular refresher trainings for all staff must be conducted to ensure their institutionalisation across operations.

Response-level recommendations

5. Mitigate against the provision of inaccurate and/or unreliable information through centralised and formalised pathways for the dissemination of clear, accurate, context-specific and culturally sensitive information.

- This is particularly relevant to sensitized messaging around critical humanitarian issues, such as seasonal hazards or public health risks. Such efforts would entail the development and timely dissemination of centralised Information, Education and Communications (IEC) materials by relevant working groups, such as the CCEWG and the RCCE TWG, for humanitarian stakeholders to use for information-sharing with communities.
 - This includes responding to ad hoc requests by partner agencies for IEC materials or support for communication strategies and efforts.

6. The perceptions and priorities of affected populations must be regularly monitored in a systematic manner to ensure their evolving needs and preferences inform response planning.

7. The humanitarian response at the collective level must be responsive and flexible to the perceptions and priorities of affected populations based on systematically collected evidence (through perceptions, monitoring and evaluation surveys, organised CFM data and research on community perceptions) and ensure that appropriate course correction in the response takes place when required.

ANNEX 1: METHODOLOGY

The 2021 FSNMS+ assessment followed a mixed methods approach, comprising a household survey conducted in all 79 counties in South Sudan and a qualitative component with focus group discussions (FGDs) and key informant interviews (KIIs) in selected counties. Three population groups were covered: host communities/non-displaced communities, internally displaced persons (IDPs) and returnees.

The quantitative survey covered all counties in South Sudan. For the urban component, data was collected in following five IDP camps, Juba IDP Camp 1, Juba IDP Camp 3, Bentiu IDP Camp, Malakal PoC and Navaisha IDP Camp. Urban centres therefore include following counties: Juba, Yei, Rubkona, Malaka, and Wau. Findings were representative at 95 per cent confidence level with a 10 per cent margin of error at the county level for the overall population. Findings were also representative at 95 per cent confidence level with a 10 per cent margin of error for population groups at a higher administrative level (i.e. State level). The sampling methodology consisted of a two-stage stratified cluster sampling, where the primary sampling unit (PSU) or cluster was selected following probability proportional to size (PPS), and the secondary sampling unit (SSU) or households were randomly selected within each cluster. The final sample size of households surveyed across South Sudan was 19,194. Findings related to subsets were not generalizable with a known level of precision and should be considered indicative only. Most findings in this brief are related to the subset of households who reported having received aid.

For the qualitative component, purposive sampling was used to identify participants for FGDs and KIIs from the population groups of interest, with gender parity being achieved in the selection and representation of persons with disabilities in 17 per cent of interviews. A total of 14 counties (Awerial, Bor South, Juba, Lainya, Gogrial West, Maban, Malakal, Mayom, Rubkona, Rumbek North, Tonj North, Tonj South, Wau and Yei) were selected for data collection based on specific criteria (high intersectoral needs, severe protection needs, presence of target population groups and access). A total of 61 FGDs and 34 KIIs were conducted. Findings from the qualitative component are not representative and should be considered indicative.

For both quantitative and qualitative components, all sensitive questions have been reviewed with the Protection Cluster and enumerators were trained on how to ask sensitive questions during data collection. Respondents had the option of not replying if they did not feel comfortable.

The quantitative methodology had the following limitation:

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

The qualitative methodology had the following limitations:

- Not all FGDs with only female participants and interviews with female KIIs were led by female moderators due to a lack of availability of female moderators.
- Due to the sensitivity of the questions asked, it is possible that this had led to under-reporting of information by FGD participants and KIIs. To mitigate this, at the start of each interview enumerators clarified that the answers would not impact participants' receipt of aid and that data collection was completely anonymous. However, social desirability bias could still have played a role in how questions were answered.
- Due to the sensitivity of the questions asked, it is possible that this led to less detailed and/or less reliable information captured in female-only FGDs led by male moderators.
- As a result of access issues in certain locations, some of the interviews were undertaken with respondents having indirect knowledge of a specific area without physically being in the location. This may have influenced the level of detail captured in these interviews.

12. An urban component of the assessment included data collection in following five IDP camps: Juba IDP Camp 1, Juba IDP Camp 3, Bentiu IDP Camp, Malakal PoC and Navaisha IDP Camp. Urban centres therefore include following counties: Juba, Yei, Rubkona, Malakal and Wau.