

# ***Community Consultation Report on feedback and compliant mechanism and reporting Channels.***

## Facilitators

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## Introduction

Efforts to align and implement accountability to the affected people has been receiving high regard particularly in the context of humanitarian responses and becoming center piece of the programmatic interventions since the recent past in Tigray. Aid workers are accountable to people affected and for humanitarian response to be both effective and efficient, accountability to affected people is a prerequisite. In addition, UNICEF has commitment to a zero tolerance to sexual exploitation and abuse perpetrated against people it serves and that all individuals participate access to a safe and confidential reporting mechanisms to raise concerns.

In the Tigray context, the existing practice and effort is challenged by various drawbacks. Weakness in the participation and community systems reflected in disrupted community networks and access to information, limited level of community participation, lack of awareness on available services and how to share their feedback, knowledge and skill gap, absence of data reflecting community views and perspectives on priorities and needs and poor mainstreaming, difficulty to close the loop for community feedback and constitute the main ones.

It was also witnessed on the field that this is compounded with the problem of consultation fatigue whereby people at IDPs are tired of consultations and assessments without adequate real response to their complaints in which people often claim that the information and messages are not focused and targeted. As far as existing feedback mechanism/reporting channels and communication systems is concerned, practical challenges relate to the limitations in terms of consulting the community and responding pending questions/complaints that come from the affected population in a meaningful way.

Hence, with this rationale behind, this assessment was conducted from 19-20 Sep 2024 aimed at listening to the affected people about how they experience sharing their feedback and making complaints with service providers including government structures on services provided in general and sensitive issues in particular including SEA, corruption, aid diversion etc.

**Objective:** To explore feedback and complaint mechanisms availability and preference among community/IDPs (male and female, persons with disability and adolescents) towards improving accessible and confidential system for reporting.

### **Methodology**

A total of 6 focus group discussions (FGDs) with a range of 10-15 participants were held in four woredas both from rural and urban (Adigrat, Glomekeda, Wukro, and Tserae womberta we choose those places because both the host community and the internally displaced people live in those areas, and they are highly affected by the war. which were facilitated by two (male and female) UNICEF staff enumerators representing SBC and PSEA to ensure gender balance. The participants were sampled from randomly selected IDP sites and Kebeles for the host community. This is especially important as the consultations were conducted in a variety of compositions with men and women in separate groups due to cultural, safety, and confidentiality considerations and mixed groups at times.

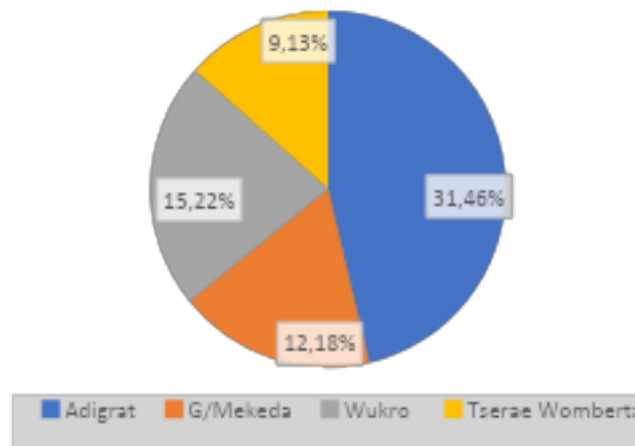
### **Participants Profile**

Community feedback and reporting channels assessment Focus Group Discussions conducted with participants comprising of men and women as well as diverse age groups from IDPs (Old airport and Welwalo) and local community (Mereta, Wukro Agazi and Mesanu). A total of 67 participants were engaged in the consultation (women 44 and men 23).

1. Two women groups (1 IDP and 1 Community) 20 participants
2. A men IDP group (10 participants)
3. An adolescent IDP group (10 participants).
4. Mixed community group (12 participants)
5. Persons with disability group (15 participants) hearing impermeant, seeing impairment and physical disability they were helped by their relatives, husband, wife, friends specially the one with hearing impairment.

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### Participants by Location



#### Key findings

##### 1. Preferred channel for sharing feedback or making complaints with service providers, including the government.

Many of the participants/beneficiaries consulted stated that there is high community need to share feedback regarding services and activities in their respective communities/settings. It was found that the practice of verbal/oral feedback in community setting, and the feedback/suggestion box in facilities were more common in all the consultation groups. Having the similarity on availability of the most common feedback mechanisms, majority of the participants/groups generally reported that their preferred channel for sharing their feedback or making complaints are face-to-face or in person with appropriate representatives and networks.

For the IDP women group, elected committee, women group network and in person to community leader/representative, and aid workers were their preference while the men IDP group preferred the 40 HHs lead called “Abo 40” in addition to in person with community representatives and aid workers. The community women group favored government workers such as Health extension workers, in person with community leaders and women development group network while the mixed young group had similar preference but with additional phone and hotline need to share their feedback and ideas. The persons with disability mixed men and women participants stated their experience is unique and usually have no access to such feedback mechanisms and reporting channels and expressed their interest and preference to relay on local community leaders, government workers mainly from social affairs office, and aid

workers though not visible at community. For the adolescent girls, women and girls' safe space, girls' platform such as clubs and in person with aid and government workers

In general, the most preferred feedback and reporting channels mainly restricted to the community-based platforms and aid/government structures instead of the digital mechanisms due to their perception related to their context and lack of access to mobile network/connectivity, radio, and TV except some intent among the adolescent and mixed young groups.

2. Preferred channels for reporting sensitive information, e.g., fraud, corruption, aid diversion, inappropriate behavior of aid workers.

All groups reported that they prefer similar channels mentioned in #1 and only one common feedback mechanism reported differently in c when reporting sensitive issues, it is different from other issues so the preferred way is suggestion box report confidential issues including SEA and Corruption is compliant/suggestion box. On top of this, the young mixed group and adolescent groups also pointed out that using phone/hotline made them much freer than using verbal feedback which is more comfortable for elder group. They also stated that giving feedback through the phone will be more comfortable than using the box to receive feedback on the status of the issues.

3. Level of comfort If they wanted to report a sensitive issue.

Except the group of young male and female participants in Mereta, the remaining five groups reported that they are not comfortable to report sensitive issues such as SEA, corruption, aid diversion and other inappropriate behaviors for fear of negative consequences and positive punishment such as exclusion from aid and social network, social norms not supportive and considered as deviant or liar, will be targeted by those committed the act, will spoil our smooth relations, may not be accepted by the recipient/duty bearer. Whereas the former group in the rural setting were confident that they would report despite such incidents are rare and complicated to easily track.

4. How they prefer to receive information about available humanitarian assistance, type of information and language preference to receive this information? top 3 priorities.

Face to face and community groups are common reported preferred channels as medium of communication across all FGD participants while variation was also observed as loudspeaker favored by IDP men group, and print posters, leaflets, radio and TV by mixed rural young group and adolescent group participants.

In terms of information types they would like to receive from aid providers, the top prioritized favorites for IDPs include on information about nutrition supplies, health care attention and education, how to compliant, rights and entitlements as recipients of humanitarian assistance, food aid access, type of available support, hygiene and MHM information and supply (Adolescent group), access to education, getting help and stay safe from attack or harassment, and security situations. On the other hand, participants in the local community settings mainly focused on how to get access to water/food /nutrition/education, health care and medical attention, transport access, security situation, money, and financial support/loan.

Almost all participants involved were Tigrigna speaking community and preferred to receive their information need in Tigrigna except the old airport IDP in Adigrat who favored it but also Irob as a second option as there was a participant in the discussion and 13 HHs out of 301 HHs living in the IDP camp were from the Irob community.

5. Weather information was shared by aid providers that assistance is free, and not provided in exchange for anything in the last 3 months.

All participants in the five groups reported that information was shared by aid providers that assistance is free, and not provided in exchange for anything such as money, goods, services, favors, romantic relationships or any other form of payment in the last 3 months mainly from partners such as IHS/ADCS/IOM, WGSS focal persons, health extension workers mention during discussions. Exceptionally, the persons with disability group (hearing impairment, physical disability, seeing impairment depicted that they didn't get information in the last three and more months regarding this underlining their limited access and information outlets due to absence of their own disability specific based associations and umbrella platform in the area.

6. If they ever been asked for favors in exchange for assistance or services.

No participant or group has reported that they had been asked for favors in exchange for assistance or services and experience such incidence, but they expressed they believe that they sometimes heard such rumors and informal complaints.

*"We never asked personally but we sometimes feel that adult men are being spent time in the bars each other probably for some favor"* (young man and the community leaders spend a lot of time together and also we see them drinking beer around the bars and this seems like it's for favor because it's the community leaders that facilitate the aid an adolescent participant from Welwalo IDP

7. In the last 3 months, have they have been asked about what aid they would like to receive by aid providers. If yes, do they feel like their voiced opinions have been considered by aid providers.

The women and men community group participants, especially persons with disability, stated that they have never been asked or consulted of their aid needs and gaps by aid workers and even not aware of aid distribution for a couple of months. In contrast, all the IDP consultation participants and FGDs groups (women, men, and adolescent groups) confirmed that they have rarely been asked about what aid they would like to receive by aid providers individually and collectively. For example, the ADCS consulted IDPs in Adigrat old airport ID camp on what needs they prioritize and as a follow up provided them with cash support which was considered a lifesaving for the target beneficiaries. However, all groups even in rare incidents of consultation, they believed that their voices and opinions have not been considered by aid providers.

*"Similar assessments have been done by different people but no meaningful impact on our life. It is a routine practice that we talk every day and expressing our needs for nothing. It is just waste of paper and our children always watching every car that comes into the compound hoping that they will get something"* A participant in old airport men group, Adigrat

8. How would they like to be involved in decision making about humanitarian aid?

Expressing their experience on the level of involvement, the majority of the participants underlined the poor culture of consulting the community across the process cycles. Participants favored mainly the community-based ways of communication and platforms to ensure their engagement in decision making. The common reported ones were community committees/groups, face to face meetings, women group networks, and peer engagement platforms such as girls' cubs (Adolescent group).

**Table: Profile of participants by location, gender, and age**

<b>S/n</b>	<b>Woreda</b>	<b>Location (IDP/Kebele)</b>	<b>Gender &amp; Age</b>	<b># of participants</b>	<b>Date Conducted</b>	<b>Remark</b>
1	Adigrat	Old Airport	Women age18 - 49 years	11	18/09/2024	IDP
			Men age18 - 49 years	10	18/09/2024	IDP
		Welwalo	Adolescent age 14-17 years	10	19/09/2024	IDP
2	G/Mekeda	Mereta	Mixed women & Men 18-35 years	12	19/09/2024	Community
3	Wukro	Agazi	PWD men & Women	15	20/09/2024	Community
4	Tserae Womberta	Mesanu	Women age18 - 49 years	9	20/09/2024	Community
<b>Total</b>				<b>67</b>		





