Rapid Needs Assessment

Peri-urban communities from the Municipality of Angostura in the State of Bolívar (Venezuela)

CONVITE A.C.

Kapé-Kapé Asociación Civil

HelpAge International

HelpAge International is a global network of organisations promoting the right of all older people to lead dignified, healthy and secure lives.

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Peri-urban communities from the Municipality of Angostura in the State of Bolívar (Venezuela)

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Cover photo: Interview of pregnant woman. Photo credit: Armando Obdola

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Context

Ten days of continuous heavy rain caused the Orinoco River (the fourth longest river in South America) to overflow in August 2021. This caused serious flooding in communities along its riverbanks, leaving them at risk of losing their lives and homes in what authorities say is the worst flooding since 2018. This situation was made worse when heavy rain resumed in the northern region of remote Bolivar state from October 26 to November 3.

The worst-affected communities were in the Angostura del Orinoco municipality of Bolivar State, including La Toma and Argelia Isturbiz. These areas are home to highly vulnerable people, including older people, people with disabilities and women-headed households. Bolivar State is also home to several indigenous ethnic groups who have moved from their native communities to be closer to the main cities, settling in areas such as La Toma in search of work. The institutional collapse that characterises the country – alongside economic crisis and hyperinflation – compounds the fact that there are few humanitarian and international NGOs active in the state (and none of which operates in the affected zone), leaving communities such as La Toma and Argelia Isturbiz with little prospect of help.

Household water level reached during flooding emergency

Both communities are near the state capital Ciudad Bolivar (with La Toma located closer to the river) and are characterized by poor, unsanitary housing that provides little protection from the elements (some made of zinc, called “ranchos”), and by irregular electricity and transport services. Water for daily consumption comes from the river and as a result, outbreaks of yellow fever and infectious diarrheal diseases are common.

The community is prone to robberies and muggings, even though there is no strong presence of armed gangs. The Bolivar State response to issues of security, service provision and disaster response is lacking, and the state itself has historically been neglected by the national government.

Older people and people with disabilities (PWD) are often neglected, and access to assistive devices is almost nil because of high costs. There is no governmental support for PWD. Livelihoods in both communities are mainly fishing, street vending, pensions and informal work.

This Rapid Needs Assessment (RNA) was conducted to provide a snapshot of the multi-sectoral needs of people in La Toma and Argelia Isturbiz following the flooding. The assessment was conducted in November 2021 by AC Kapé Kapé and Convite, AC, with technical support from HelpAge International. Its purpose is to enable agencies to identify urgent humanitarian needs and to review and adapt their programmes in response to the RNA findings.

Methodology

Data were collected on **26–27 November 2021** in two locations (La Toma and Argelia Isturbiz) in Bolivar State, through face-to-face, individual interviews using a structured survey developed by HelpAge International and Convite AC. These locations were identified by Civil Protection authorities (the government agency for disaster prevention) as having the highest levels of flood damage.

A selective sampling approach was used to recruit female and male heads of household for the survey, supplemented by snowball sampling to reach marginalised older people who might otherwise have been difficult to find (e.g., isolated, or homebound).

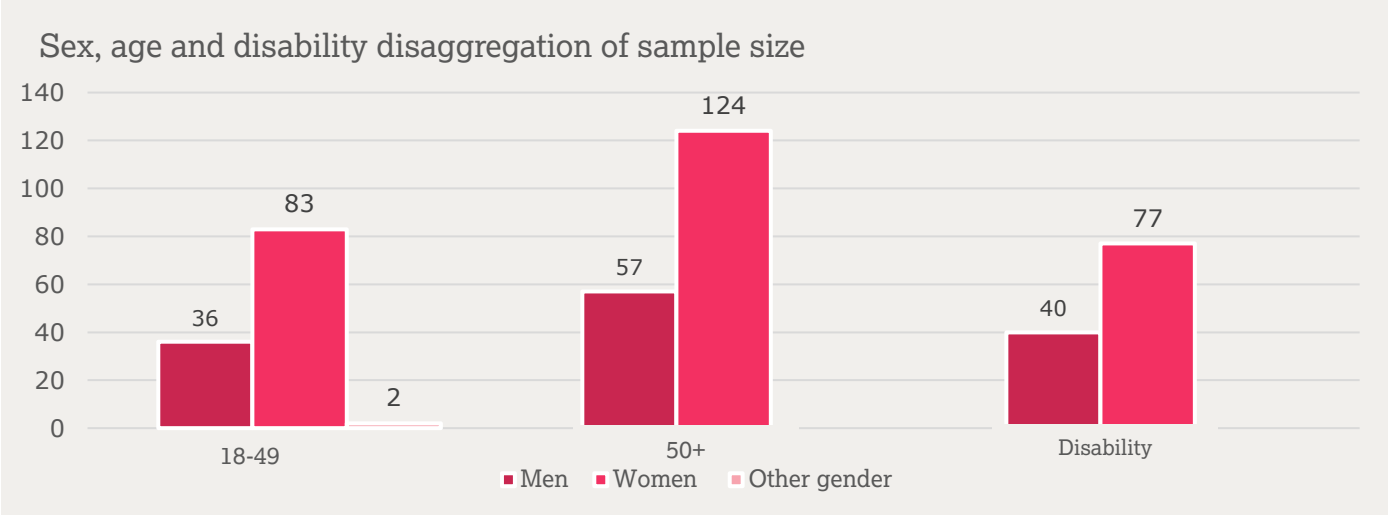
Each location was mapped and divided into zones according to the level of access (remote areas, next to river, village centres, etc.) and enumerators interviewed a member of the household from every fourth house across these areas.

The interviews were carried out by 10 enumerators (9 women and 1 man) from AC Kapé Kapé who received data collection and survey tool training. A pilot test was conducted to identify and resolve any problems with the tool and data collection.

In total, 302 people were interviewed, including 207 women (68%), 93 men (31%) and two of another gender (1%). The higher number of women in the sample reflects the fact that 60% of households in Venezuela are women-headed[1].

Of the overall total of 302 people, 220 were interviewed in La Toma (73%) and 82 were interviewed in Argerlia Isturbiz (27%) (the weighting of the distribution reflects the relative population size of the two communities). Given that the interviewees were not randomly selected, the sample is not statistically representative of the total population of both locations.

However, this sample is sufficiently representative to guide decision-making and provide a large enough sample to disaggregate the data by age, sex, and disability.



[1] ENCOVI, Survey of Living Conditions, 2020, https://insoencovi.ucab.edu.ve/indicador-de-vivienda-y-hogar/

Key findings

Shelter

90% of houses in the affected areas of La Toma and Argelia Isturbiz have been damaged or destroyed.

Food

88% of respondents said they did not have access to enough food and **62%** of respondents stated that they could not afford to buy food.

Water, sanitation and hygiene

Over **30%** of those interviewed reported having no access to clean water for drinking or cooking.

Health

81% of respondents said they (or another household member) had a chronic health condition, and **80%** reported that they (or another household member) had experienced illness since the flooding.

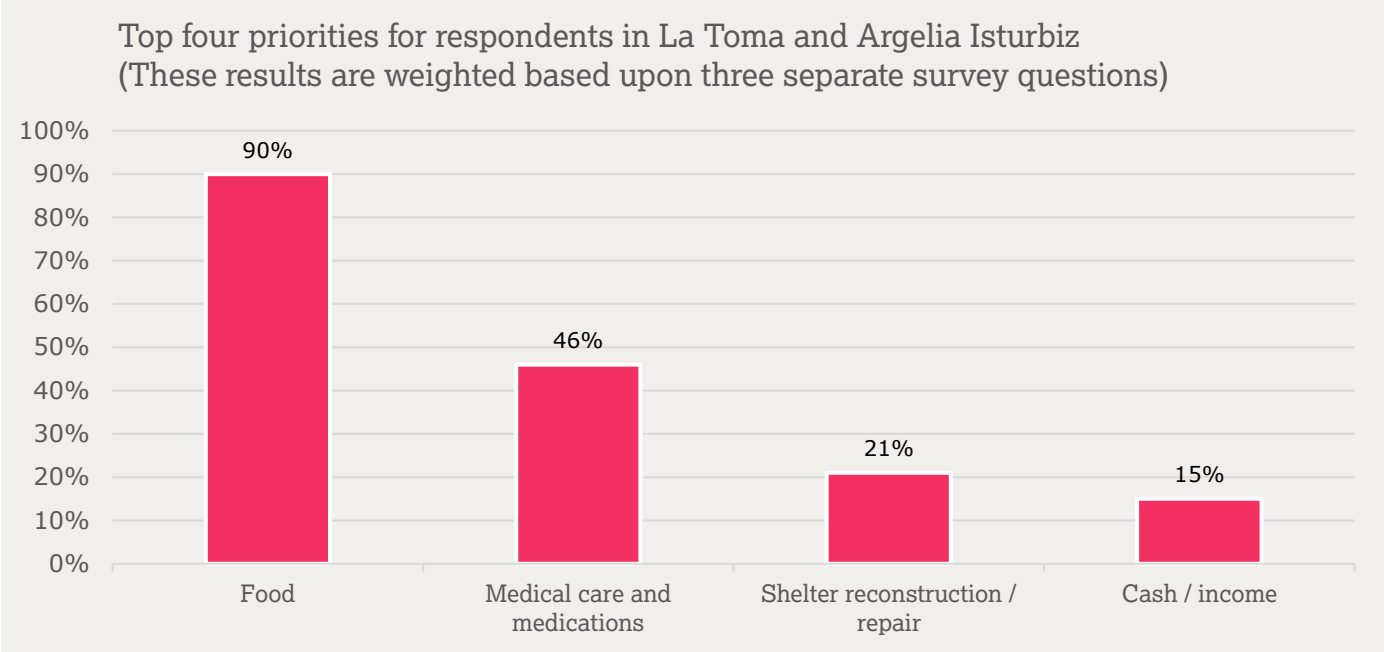
Protection

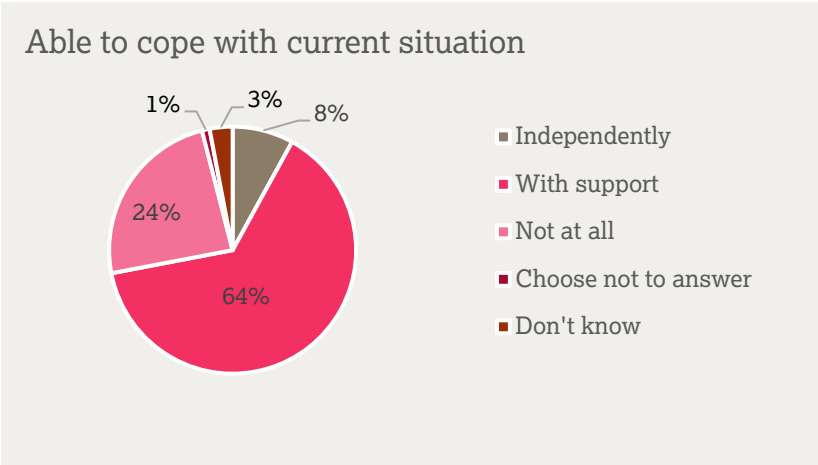
76% of all people interviewed said they are *"completely or somewhat dependent"* on others to meet their basic needs. The was higher for older people **(80%)** compared to adults under the age of 50 years **(69%).**

Psychosocial wellbeing

89% of people interviewed said that since the flooding they feel worried or anxious about their current situation and **85%** said they feel depressed. This was similar for older and younger respondents.

Key charts





39% of people surveyed have at least one disability (22% between age 18-49 and 50% age 50+)

Sight: 20%

Walking: 13%

Self-care: 2%

Hearing: 2%

Remembering and concentrating: 1%

Communication: 1%

Typical household construction, based on zinc and wood.

Sector-specific findings and recommendations

1. Shelter

Eighty-nine percent of houses (89%) in the affected areas of La Toma and 93% of houses in Argelia Isturbiz have been damaged or destroyed by the flooding.

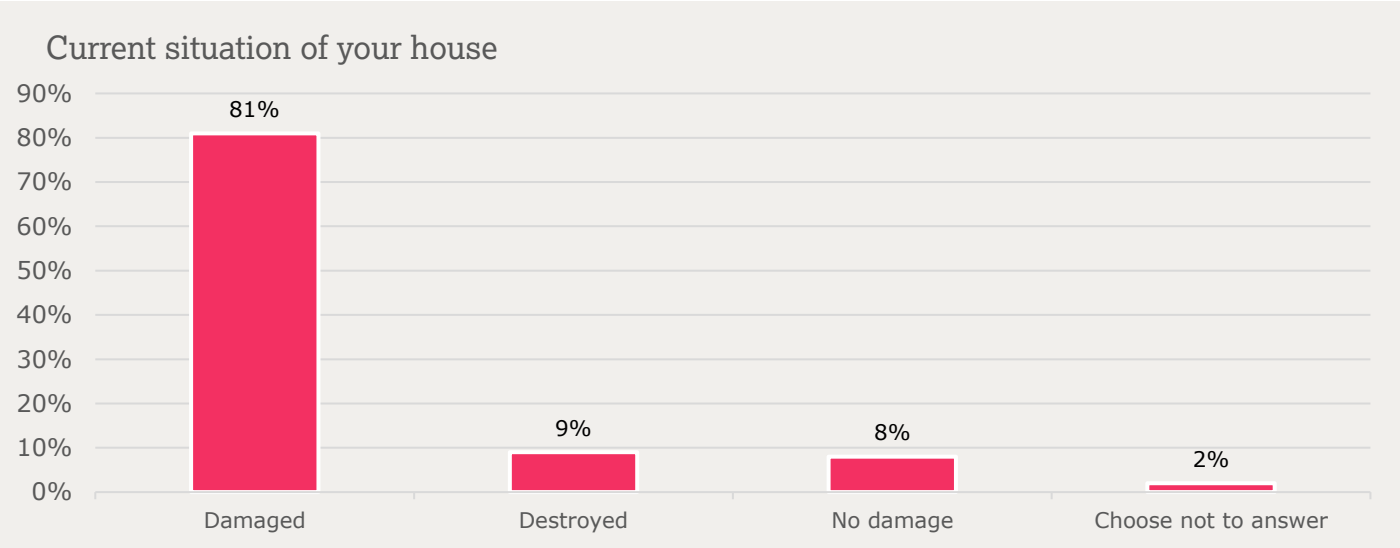
Over 90% of people said they were staying at their own homes (most of which are damaged), and 8% reported sheltering with family, neighbors or friends.

Alarmingly, the majority of those interviewed (66%) reported feeling unsafe where they were currently staying. These figures did not alter significantly by location, age, sex or disability, reflecting a universal need for shelter support.

Several factors may cause a feeling of lack of safety – fear of structural collapse while sleeping, lack of police presence, fear of robbery due to reduced security of shelter etc. – but further analysis is needed given this widely reported concern.

Bolivar State's cyclical, seasonal floods often create humanitarian emergencies, particularly among communities living in structurally weak buildings on the banks of the river.

Poor house construction, economic hardship and the impact of COVID-19 have left the population highly exposed to the risks of future disasters, and further deterioration in their wellbeing.



Recommendations

1. **Prioritize rebuilding of the homes** of the most at-risk groups in the community.

2. **Ensure the houses are built in safer locations and are made of strong**, locally sourced building material to minimize the impact of future disasters.

3. **Conduct a safety audit to identify the reasons why people feel unsafe** in their shelter and pay particular attention to those facing additional risks.

4. **Use the findings to develop appropriate responses**, such as encouraging a stronger security presence in the neighborhood, developing community-based security support strategies, or helping people to relocate to safer areas.

5. **As the communities are prone to flooding**, engage with the community and local authorities to prepare for future floods, such as storing sandbags, establishing and managing early warning systems, planning evacuation routes, etc.

2. Food, basic utilities and income availability

Our engagement with communities and organisations revealed that the local government response to the flooding has been insufficient, with only very limited quantities of food, household goods and basic services delivered to a small number of families, and the needs of the majority of community members left unmet.

Sixty-two percent (62%) of those interviewed said their purchasing power was not sufficient to buy food, while 17% had no gas or electricity with which to cook food. A tenth of those interviewed did not have space to prepare food.

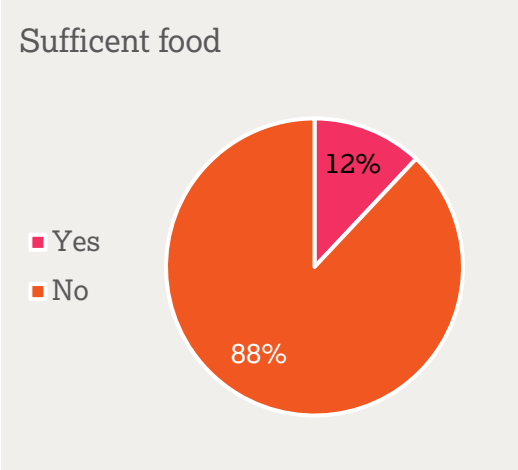
The situation facing people in La Toma and Argelia Isturbiz did not vary significantly between the locations.

Having the means to buy food was reported as even lower for older people (over the age of 50 years) – 68% of older people could not afford to buy food. In addition, some 17% stated that the available food was not good quality or appropriate for their consumption.

Overall, 39% of the interviewed population had no income[2], with women being more economically active (58%) than men.

Piecework formed the main source of income for 30% of respondents, followed by a state (social) pension or retirement (employer) pension (25%).

It should be noted that the state pension and the retirement pension are less than US$5 per month. Among the older people interviewed, 56% reported having no income, while 70% of people with disabilities who were interviewed stated that they had no income (72% among women with disabilities interviewed).



88% said they did not have access to enough food

43% noted subsidised food as their main source of food.

28% listed local markets as their main source of food.

8% of those interviewed exchanged work for food.

7% grew their own food.

5% of interviewees said they bartered other goods in exchange for food.

Recommendations

1. **Adapt livelihood recovery and income-generating initiatives** to local urban and rural contexts by actively engaging existing community structures (e.g., community-based organisations, women's groups, mutual solidarity groups and/or credit unions) in their design and implementation.

2. **Provide culturally appropriate livelihood opportunities to** those that have no employment, including older people and people with disabilities.

3. **Support inclusive livelihood recovery opportunities** with training components adapted to the needs and skills of older people, people with disabilities and/or their caregivers and develop these activities with the active participation of these vulnerable

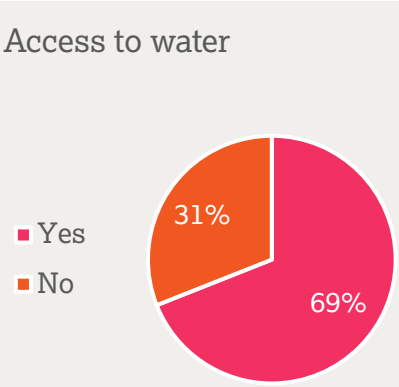
4. **Deliver food and related non-food items** (e.g., kitchen utensils) through in-kind, door-to-door delivery, should that be identified as being in line with the "do no harm" principle and ensuring the safety of humanitarian staff and those they are supporting in communities.

[2] Income is defined as any money earned or received, e.g., pension, donations, etc.

3. Water, sanitation and hygiene (WASH)

Our research shows that the lack of drinkable water means residents continue to store water in their homes in inappropriate storage containers (without a lid) and without adequate purification methods.

These communities remain in critical need of assistance because they are extremely susceptible to rain and floods; have constant and prolonged interruptions to basic services (including their water supply, which worsens during heavy rains because of river overflow and increased sediment in the water); have a weakened infrastructure because they are in settlements with little (if any) urban planning; and have limited access to medical assistance.



While piped water is assumed to be clean and uncontaminated, in Bolivar State this is not the case, as most water processing plants are either damaged or underserviced. It should also be noted that piped water is not continuously available and is usually pumped once or twice a month.

This means that almost 90% of people with access to water are using contaminated sources of water, increasing their vulnerability to water-borne illnesses, as evidenced through the high number of people with diarrhea, noted in the health section.

This is compounded by the fact that almost half of all respondents (48%) use no regular method of water purification, even though their water source is at heightened risk of contamination. Those that do purify their water predominantly do it through boiling. This is similar among those aged 50 years or over, and among people with disabilities.

There are no other national or international agencies responding to this crisis and government support effectively ended after the initial support in august.

Civil Protection reports on 10th September indicated that, after the floodwater receded, numerous households (372 in La Toma and 128 in Argelia Isturbiz) and families (554) remained affected and in need of assistance in to meet multiple needs.

Over 30% of those interviewed in La Toma and Argelia Isturbiz have no access at all to any water source. Two thirds (66%) depend on piped water and a further 23% depend on surface water (e.g., from rivers or lakes).

16%

the recent flooding further damaged the water pipes

6%

stated that they have no access to bathing facilities.

13%

of men with disabilities having no access to such facilities.

10%

that have disabilities stated that they have no access to bathing facilities.

17%

stated that did not have water in their bathing facilities.

13%

stated that did not have enough privacy in their bathing facilities.

43%

had no access to handwashing facilities. That percentage was slightly higher (45%) in La Toma.

5%

stated that were too difficult to use their bathing facilities.

Recommendations

1. **Upgrade at-risk households' emergency water storage capacity** by supplying water storage containers and chlorine.

2. **Invest in durable solutions by building rainwater catchment systems** and repair damaged community water supply systems and sources (protected and unprotected pipes, springs, wells, public fountains).

3. Monitor indicators of waterborne diseases and work with local authorities and humanitarian responders **to secure access to chlorine to purify drinking water for households and schools** in the worst affected areas.

4. Provide community information on the risks of dehydration and drinking unclean water, using accessible formats. **Identify humanitarian agencies working in the area on WASH.** Advocate for them to meet the needs of older people, women, and those with disabilities. Provide the same information to communities so they can also request facilities that meet their needs.

5. Construct appropriate bathing facilities in or close to the homes of older people and people with disabilities that **provide sufficient privacy, ensuring they have roofs and walls.**

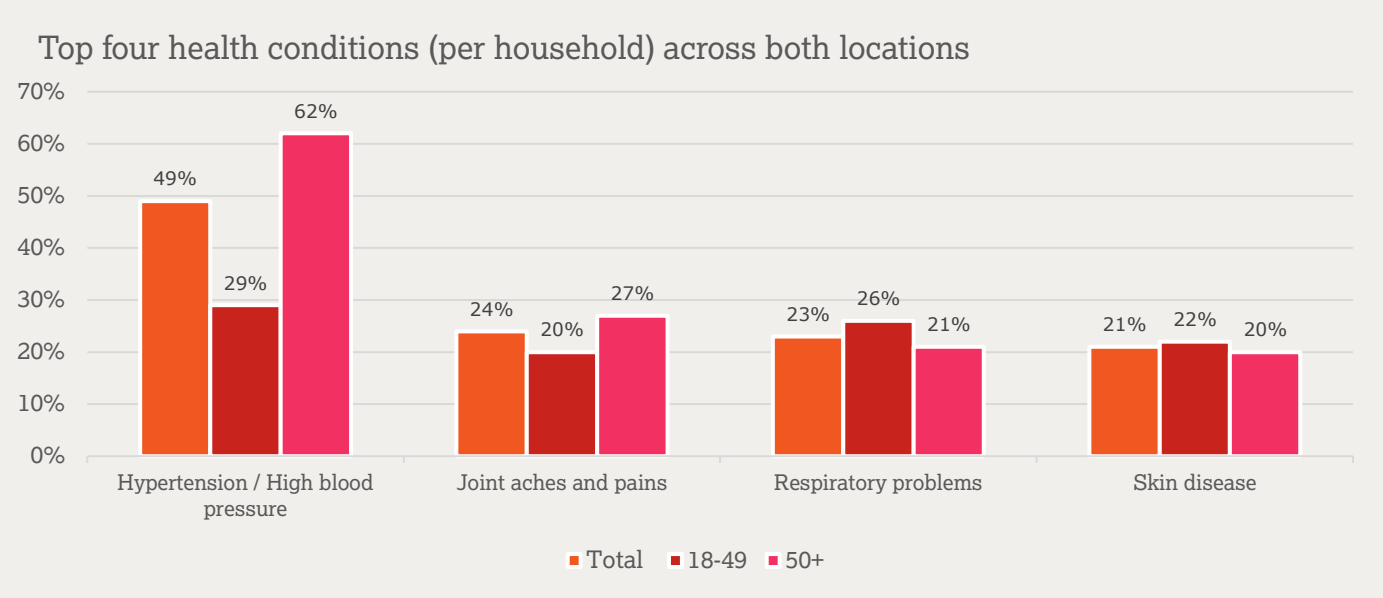
6. Across all WASH activities, include culturally appropriate and accessible information-education material in multiple formats (digital, printed, video, etc.) related to personal, family and community hygiene, vector-related disease prevention, and related topics, to **ensure adequate use and maintenance of household and community WASH equipment**.

A view inside a household shows vulnerability conditions that inhabitants face, in particular older people.

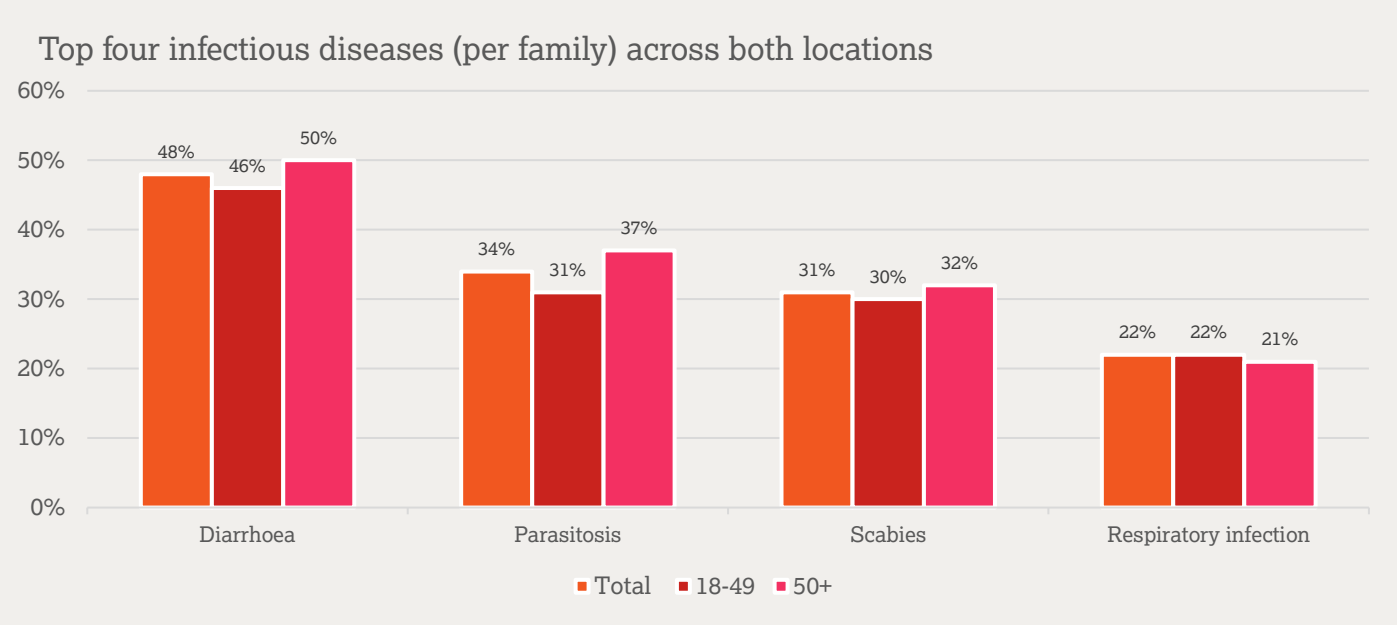
4. Health

In total, four-fifths (81%) of those surveyed reported that they or a member of their household had a chronic health condition. This was reported more frequently where the survey respondent was female (86% compared to 69% of men); lived in Argelia Isturbiz (89% compared to 73% in La Toma); or was aged 50 years or over (87% compared to 70% of respondents aged 18–49).

The difference in reporting by age is likely to reflect higher rates of chronic conditions in older people. Age and sex differences may also suggest higher rates of chronic conditions in female or older-person headed households, though it may also indicate differences in reporting depending on who is asked the question. Higher rates of chronic conditions reported in Argelia Isturbiz may be related to more people reporting access to health services and therefore having a higher chance of being diagnosed.



The most common types of chronic health conditions reported in the households were hypertension/high blood pressure, joint aches and pains, respiratory problems, and skin diseases. Almost half of all respondents (48%) said that they could not afford regular medication to control a health condition.



The survey also asked about illnesses experienced since the flooding. The vast majority of respondents.

(80%) reported that either they or a member of their household had experienced an illness during this time. However, there were significant differences across the two locations, with 94% of respondents in Argelia Isturbiz reporting having one or more of the illnesses listed, and 74% in La Toma.

Despite the high rates of reported chronic and infectious diseases, over a third of respondents in La Toma (36%) reported that there was either no health service available (12%) or that they could not access health services (24%).

This compares to no reports of an absence of available health services in Argelia Isturbiz, and just 3% reporting that they could not access them. Leading barriers to accessing health services reported included distance to health facilities, lack of transport, not having enough money to pay for health services, and no medicine being available.

Most common illnesses reported since the flooding¨

- Diarrhoea (48%)
- Parasites (34%),
- Scabies (31%)
- Respiratory infection (22%).
- COVID-19 (15%)

Coronavirus Information

In total, more than four-fifths (85%) of those surveyed reported having received either one (55%) or two (45%) doses of a COVID-19 vaccine.

The likelihood of having received at least one dose of a vaccine was the same for those aged 18–49 years, and those aged 50 years or older.

In terms of ability to practice COVID-19 infection prevention and control methods, 79% in Argelia Isturbiz and 64% in La Toma said they could not do them all, meaning that at least 1 in 5 people were unable to adhere to COVID-19 prevention and control measures.

Recommendations

1. **Share the findings of the RNAs** with those planning and delivering health services and undertake further assessments to ensure that responses are tailored to the current health and care needs of the population (especially given the finding that medical care and medicines are the second priority for the people interviewed, after food needs).

2. **Implement inclusive WASH activities** as this is paramount in order to reduce the incidence and burden of infectious diseases

3. Humanitarian agencies should **prioritize the provision of required medication** to health facilities based on identified needs. This is particularly important considering the high rates of both chronic and infectious diseases reported by those surveyed.

4. Particular attention should be given to **ensuring availability and accessibility of health services in La Toma**, where as many as 36% reported services being either unavailable or inaccessible.

5. **Community-based approaches to support** health promotion and prevention should be designed and implemented for all age groups, and cover infectious and chronic diseases. Consider training of community health workers to ensure sustainable and lasting health promotion and prevention.

6. Control measures highlight the vital importance of increasing the numbers of people who have received their first and second COVID-19 vaccination where necessary (i.e., where the vaccine administered requires two doses). **Authorities should also seek to increase understanding of prevention measures among the population**, access to personal protective equipment and supplies, and access to testing and treatment for those who contract COVID-19.

5. Psychosocial wellbeing

Most people interviewed (89%) reported that since the flooding they felt worried about their situation. This figure was similar across all age groups, but rose slightly to 90% among respondents in Argelia Isturbiz, and for people with a disability across both locations.

Eighty-five percent of people interviewed said they felt depressed about this situation and again this was similar for older and younger respondents.

Fifty-eight percent of people interviewed said they felt lonely or isolated, and this was higher for older respondents (62%) compared to respondents under the age of 50 years (51%).

Given that 50% of older people interviewed have a disability such as reduced mobility, this could contribute to feelings of isolation and loneliness.

Also, isolation was one of the top four protection risks noted by older and younger respondents (see Protection section).

Increased feelings of worry and anxiety are not surprising given the RNA findings that 88% of people interviewed said they do not have access to enough food and 66% do not feel safe where they live.

These challenges can intensify and impact all age groups' feelings of safety and psychosocial wellbeing.

When asked about coping with their current situation, 64% of people interviewed said they could cope with support from family or others, and this was similar for older people and those under the age of 50 years.

Therefore, it is evident that when support is available from family and/or the community, people can better manage their situation.

However, it is important to note that 25% of people interviewed said they are unable to cope or manage their situation, and 23% said their personal relationships with family or others had become more difficult. This was similar across age groups.

Therefore, interventions should be directed at those finding it hard to cope, feeling isolated, those caring for others and those whose relationships with family or the community have become more difficult.

It is important to explore ways to foster support from within the community, to bolster existing connections or establish new ones with those who are managing better, and provide ways in which people can safely come together. Also, it is important to share information about where people can get more specialised support if that is available.

To strengthen and improve people's overall psychosocial wellbeing and long-term recovery within the community, providing support to safely access basic needs such as food, water, shelter, health services, and livelihoods is vital.

Feeling worried, depressed, isolated, and unable to cope with the current situation is evident across all ages and needs to be taken into consideration when planning ways to work with and holistically support the community.

Recommendations

1. Work with or establish a **network of community volunteers** (of all ages) who have links within the community and can **provide basic psychosocial support**, including befriending, sharing information, and connecting people with each other.

2. Strengthen and **build the capacity of the community volunteer network** to support themselves, each other, and those in their community (e.g., peer support, intergenerational links, religious groups, older people's groups etc.)

3. Through **active community participation**, look for ways to reinforce community ties and promote healthy connections across people of all ages.

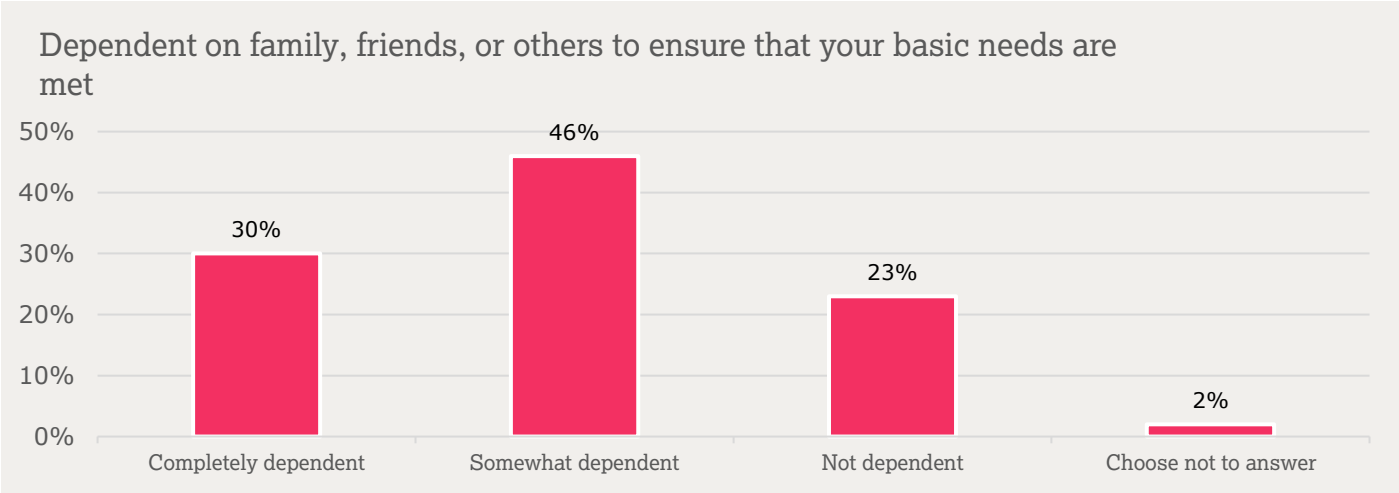
4. Set up **opportunities for community and family-focused psychosocial support** to guide and assist people on how to address feelings of worry, depression/sadness, loneliness, and their inability to cope. Share information on other services and service providers that may be available within the community for those needing more specialized support.

5. Reach out to those with a disability and older people who feel particularly isolated and unable to cope, provide them and their families or caregivers **with befriending support, basic home support and sharing information**.

6. Protection

Seventy-six percent of people interviewed said they are "completely or somewhat dependent" on others to meet their basic needs, and this was higher for older people interviewed (80%) compared to adults under the age of 50 years (69%).

Thirty percent of people interviewed stated they were "completely dependent" on others to meet their basic needs. Again, this was higher for older people (36%) compared to those under the age of 50 years (21%). It is not surprising that more older people are completely or somewhat dependent on others given that 50% have a disability and 42% do not have an income.



47% Care for a child

28% are the sole carer for a child

9% are sole carers for three or mor children

70% care for other older people

11% care for older people with a disability

33% are sole carers for other older people

For those under the age of 50 years, 41% were caring of an older person. Taking care of others, especially as a sole carer, and being dependent on others to meet your basic needs can have a very significant impact on people's health and wellbeing.

Child care by older people who are themselves relying on others for support has serious implications for the care and safety of the child.

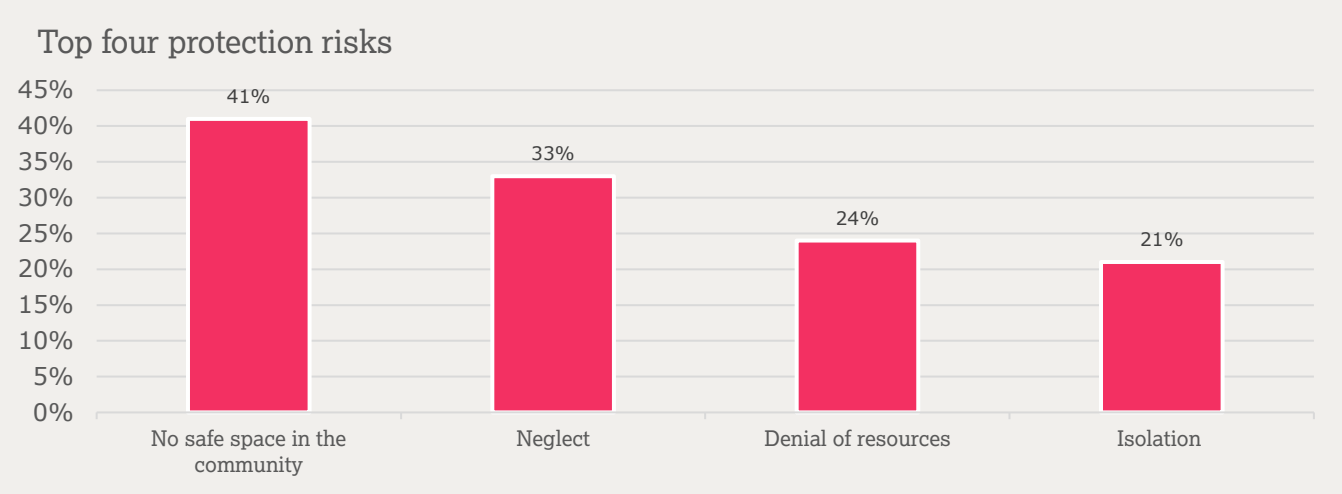
Therefore, it is important that carers – including older carers – are connected with other service providers if available, and if not, that they are (at a minimum) linked in with a community volunteer network who could provide support.

This is particularly concerning when considering that 59% of people interviewed are child carers, including 33% as sole carers. In terms of older people interviewed:

Feeling safe and protected where you are staying is also a concerning factor across all age groups and impacts all aspects of life. Sixty-six percent of people interviewed (69% of women and 59% of men) said they do not feel safe in the place where they are currently staying/sleeping, and this was similar for older people (66%) and those under the age of 50 years (65%). Again, this is not surprising given 81% of people interviewed said their homes are damaged.

When people were asked what they think are the main protection risks facing their community since the floods, the top 4 were no safe space in the community, neglect, denial of resources, and isolation.

This was similar for older respondents and those under the age of 50 years. However, people living in Argelia Isturbiz put "neglect" (49%) as their top protection risk followed by "no safe place in the community" (38%).



Recommendations

1. Work through existing or newly formed **community volunteer networks** (intergenerational) to reach out to and support those at risk of being isolated and neglected. This includes older people, older carers, and people with a disability.

2. Provide **tailored and practical support to older people caring for others** and register dependents of older people, including children and people with disabilities and other older people, and link them to other relevant services providers if locally available.

3. **Share information** on how these services can be accessed, and support users in accessing them through follow up.

4. With participation and input from the community (including the volunteer network) **develop culturally sensitive, community-based activities** that can re-establish or strengthen community links, especially for those concerned about neglect and isolation.

5. **Provide opportunities for all age groups, including older people**, to take on roles in the community such as volunteers in the volunteer network. Consider setting up accessible safe community spaces where people have opportunities to engage with each other, meet people of the same age, find peer support and strengthen community links

6. **Arrange home visits, home-based care and intergenerational activities** for families living in households headed by older people.

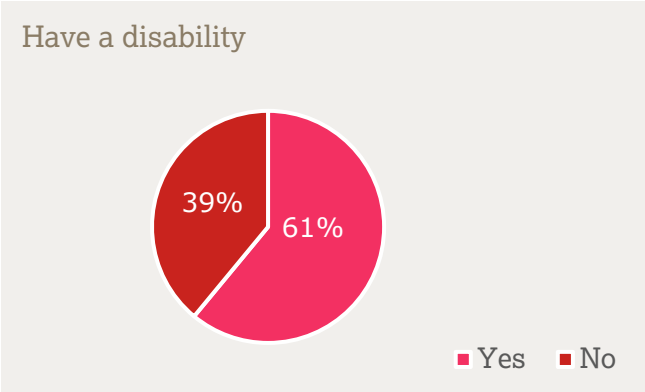
7. Use the **Humanitarian Inclusion Standards**[3] **for older people and people with disabilities** to ensure all sectors respond in a fully inclusive way.

[3] Available at http://humanitarianstandardspartnership.org/ViewContent?DocID=1000102&VersionID=2000138&Lang=en&ChapterNumber=0&OrderInChapter=1

7. Disability

Thirty-nine percent of people who responded to the survey are living with a disability (37% of women, 43% of men). The rates of disability increase with age with 22% of people aged 18–49 years self-reporting a disability, and 50% of people aged over 50 years self-reporting a disability.

This information is important to use in planning activities, so that activities are tailored to different needs and ensure that any participatory activities include men and women with disabilities across the age ranges.



Type	Total	18–49	50+
Sight	20%	9%	27%
Hearing	2%	1%	2%
Walking	13%	7%	17%
Remembering + Concentrating	1%	1%	2%
Self-care	2%	1%	3%
Communication	1%	1%	1%

Table 1: Prevalence of disabilities among people

Disability has been determined using the global standard Washington Group Questions as part of the RNA[4]. Table 1 shows that disabilities related to sight and mobility/walking are the most prevalent and that people with disabilities have multiple difficulties, especially in older age.

For example, 27% of respondents who are aged over the age of 50 years reported a sight disability and 17% reported a mobility disability, compared to 9% and 7% of respondents under the age of 50 years reporting these disabilities respectively.

This highlights the increased risks older people face with multiple disabilities in receiving essential services as they are unlikely to be accessible or available.

It is also important to note that the data identified several people having some difficulty in responding to the Washington Group Questions. This is to be expected for people reporting some difficulty remembering and concentrating or communicating, but highlights the need for inclusive, accessible needs assessments, programmes and feedback mechanisms.

The data suggests it is also important to include activities to provide support to reduce future loss of independence and the reduction of other protection risks (e.g., isolation, neglect).

In light of the high levels of disability, it is likely that the whole community is in need of support and more work is needed to understand protection risks and measures to mitigate them. This is an important finding when considering the types of support needed, and how to prioritise the needs and best interests of people with disability in order to maintain their independence and autonomy.

The data below shows an important set of findings on the barriers to access assistive products and corresponds to the high levels of difficulty (especially those related to sight and mobility, as identified earlier). Many people lack assistive products (in particular, eye glasses), while others have assistive products that are in need of replacing (see Table 2). It is also very clear that people aged 50 years or older need to be prioritised to improve access to glasses and mobility aids (such as canes) to increase their level of independence. The lack of access to essential assistive products is a key finding across all age groups of women and men in this survey.

Access to Assistive products	Glasses	Cane
Has item but it needs replacing (all ages)	43%	16%
Has item but it needs replacing (50+)	54%	22%
Does not have but needs item (all ages)	18%	15%
Does not have but needs item (50+)	19%	22%

Table 2: Access to assistive products

Recommendations

1. Develop plans with community health and social workers to **carry out screening programmes** for people of all ages who are dependent on others for care, and/or have difficulty seeing and walking, and need help with self-care. Plan how to improve their access to healthcare and other essential services.

2. **Actively involve older people with disabilities in planning and information-sharing** for their immediate and longer-term future to make sure their needs are well identified, and relevant services are accessible to them.

3. Identify **community-based rehabilitation services** to support provision of rehabilitation services and access to mobility products.

4. Identify **eye care and optician services to screen women and men**; to provide advice on prevention of eye diseases for younger adults; and to provide critical eye care and referral to optician services for older people.

5. Include **occupational therapists and physiotherapists** in plans for next steps in project development

6. Set up **buddying schemes** to support adults and older people who cannot leave their home because of difficulties in maintaining their independence and autonomy.

7. Provide **accessible messages to everyone about the different services that exist** to assist people of all ages with disabilities, as well as messages to promote their inclusion in community decision-making spaces.

[4] Further information can be found at: http://www.washingtongroup-disability.com/

8. Accountability

Determining accountability to affected populations means considering whether they have received humanitarian assistance, whether they have been consulted on this assistance, whether they understand the complaint and feedback mechanisms (CFM) if they exist, and what their preferences are for the CFM.

Overall, considering the historical neglect of support for the area, it is surprising to note that 62% of interviewees said that they had received humanitarian aid since the floods began, especially considering the unresolved high needs identified through this Needs Assessment.

After analysing the data across age, sex, and disability, it can be determined that there was slightly greater accountability among older people (age 50 years or older) than adults under the age of 50 years in terms of knowledge of how to provide feedback: 51% of older people knew how to provide feedback compared to 44% of all adults.

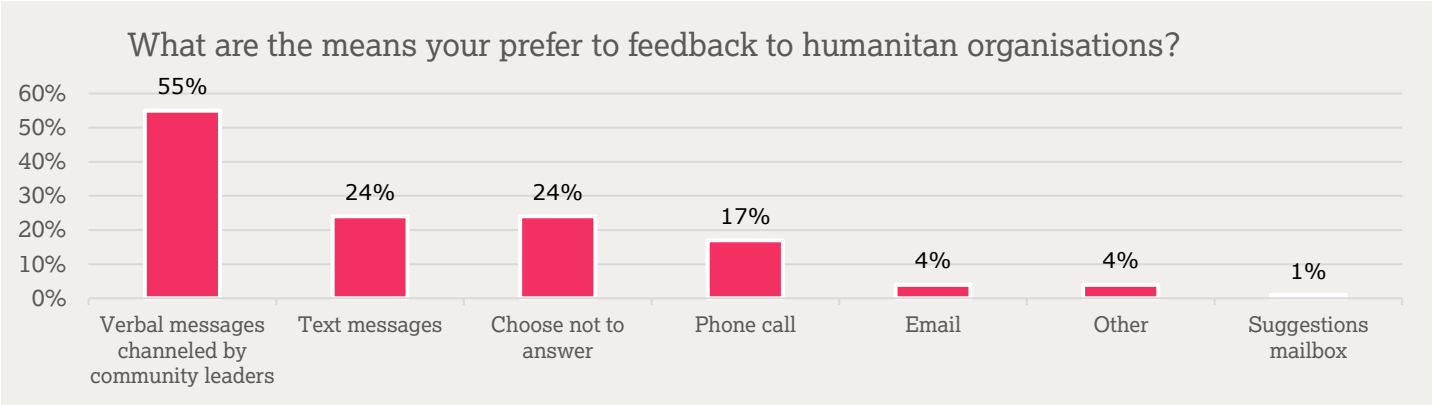
There was less accountability for people with disabilities in relation to being consulted (49% had been consulted versus 55%), and knowing how to provide feedback (34% compared to 48% of the total sample size). This did not vary significantly according to gender within this group.

When comparing the experience of women and men in the overall group of respondents, it was found that more men received aid (67% versus 60% of women); more men were consulted (59% versus 54%of women); yet significantly fewer men than women knew how to provide their feedback on services provided (26% of men versus 53% of women).

It is vital to establish accessible avenues for communities to provide feedback or complaints and to ensure that assistance provided is timely and appropriate. When asked how they would prefer to feed back to agencies on their programmes, the groups (be it according to age, sex, or disability) all chose community leaders as their preference (55%).

Options including a text message, phone call, email, suggestion box were similarly consistent, with all groups choosing text messages and phone calls at approximately 25% and 20% respectively, followed by email and other at 4% each. Suggestion boxes were preferred by only 1% of the interviewees.

This is especially noteworthy as many agencies opt for suggestion boxes as their preferred method of CFM.



Recommendations

1. **Conduct further assessment** to identify those (40% of the population) who have not received humanitarian aid since flooding began and determine if additional support is required to include them in the response.

2. **Use accessible communication methods** to consult people, including those with disabilities, about their needs and preferences, gaps in services, and whether services are safe and accessible.

3. **Establish multiple avenues for complaints and feedback** when implementing programmes, prioritising those preferred by the community. Ensure that a strong network of community leaders is involved and that at least one avenue is anonymised. Explore options of avenues not identified in this assessment as 4% suggested “other” avenues. Make sure the feedback is analysed on a regular basis to support adaptive programming and redesign interventions that are found to be inaccessible or inappropriate.

Find out more:

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