

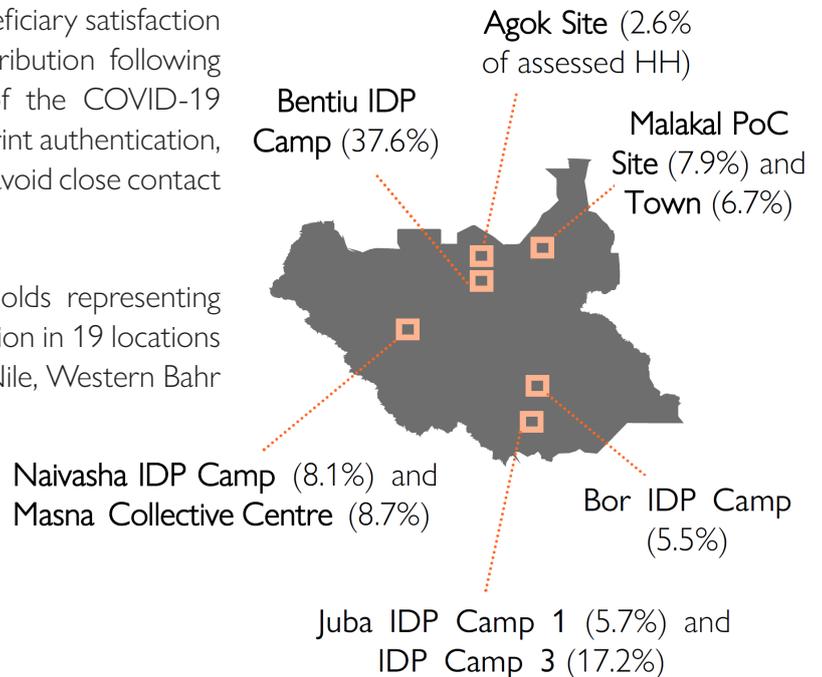
Data collection: 5 November 2020 - 2 June 2021  
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IOM's Displacement Tracking Matrix (DTM) interviewed 5,059 households (HHs) representing 37,792 household members (average of 7 individuals / HH) to assess the beneficiary satisfaction among service-receiving IDPs during food distribution following the measures instituted since the outbreak of the COVID-19 pandemic. Instead of the previously used fingerprint authentication, beneficiaries' registration cards were scanned to avoid close contact and maintain social distancing.

In June 2021, DTM targeted 250,566 households representing 974,956 individuals for food distribution verification in 19 locations across Central Equatoria, Jonglei, Unity, Upper Nile, Western Bahr el Ghazal and Abyei Administrative Area.

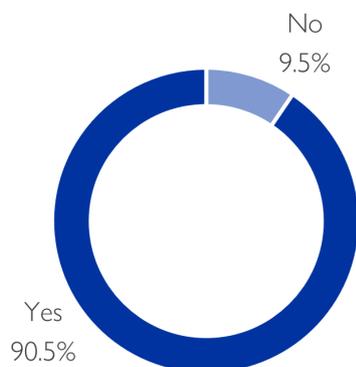
*91.2% of households reported being very satisfied (68.4%) or somewhat satisfied (22.8%) with biometric registration*

## GEOGRAPHIC COVERAGE:

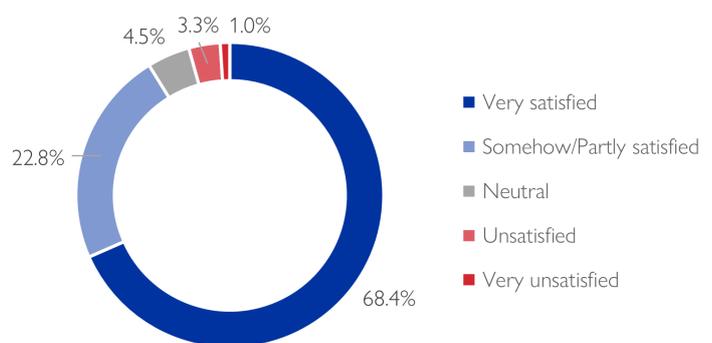


Biometric registration's contribution to fairer distributions (reducing issues such as stealing and scams) has been perceived positively by 90.5 per cent of respondents, representing 4,580 households. Notably, respondents in Bentiu IDP Camp (15.6%, or 297 HHs) and Juba IDP Camp 1 (23.4%, or 67 HHs) were more likely to report that it did not contribute to a fairer process than in other locations. Female respondents were significantly more likely to not see it contributing to a fairer distribution (10.5%, or 459 HHs) compared to male respondents (2.9%, or 20 HHs). Respondents with household members with a vulnerability were slightly less likely to be of this opinion (8.0%, or 109 HHs) compared to their counterparts (10.0%, or 370 HHs).

Do you feel IOM biometric registration contributes to fairer distributions? (n = 5,059 HHs)

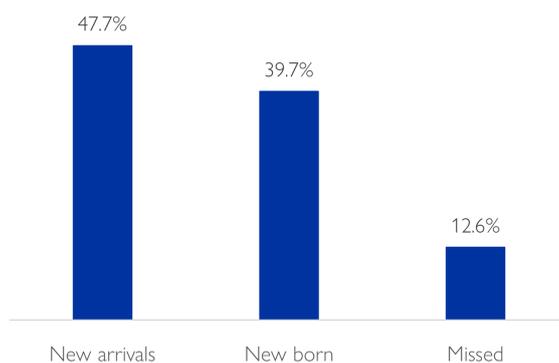


Overall, are you satisfied with IOM biometric registration? (n = 5,509 HHs)



Most households have up to three unregistered household members (69.8%, or 2,592 HHs). Lack of registration was mainly due to being new arrivals or having newborns. This issue was particularly prevalent in both Juba IDP Camps and Naivasha IDP Camp, where only 8.3 per cent (24 HHs), 17.6 per cent (153 HHs) and 16.2 per cent (66 HHs) were fully registered, respectively. Female respondents were more likely to report that some members were not registered (74.2%) than male respondents (68.2%). Registration of all household members was only successful in 26.6 per cent of households (1,348 HHs).

Why are family members not registered?  
(n = 3,711 HHs)

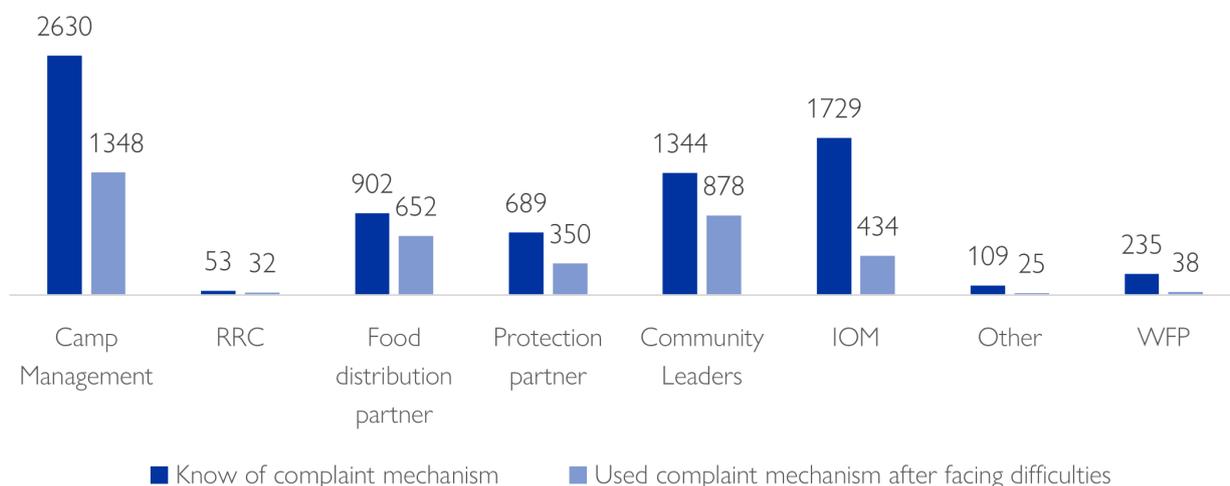


Unsuccessful attempts to access food distributions were attributed mostly to lost or deactivated cards or to them not catering to disabilities or livelihood activities. These unsuccessful attempts were reported by only two per cent of interviewees (101 HHs) overall, with a higher proportion female respondents (2.2% of female respondents, or 94 HHs) being affected than their male counterparts (1.0% of male respondents, or 7 HHs). These were located mainly in Bentiu IDP Camp (72 HHs) and Malakal PoC site (14 HHs) representing 3.8 and 3.5 per cent of respective respondent cohorts. In Bentiu, 49 households had lost their card, 18 households had deactivated cards and 4 households were not registered. For unsuccessful attempts in Malakal PoC site, the issue was mostly related to disabilities or livelihood activities hampering with access (11 HHs) and households losing their cards (3 HHs).

Difficulties during the food distribution process were reported by over seven in ten households (70.7%, or 3,579 HHs). While 34.3 per cent of respondents (96 HHs) in Bor IDP Camp reported difficulties, the proportion was significantly higher in all other locations. Female respondents (71.3%, or 3,107 HHs) were slightly more likely to be affected than male respondents (67.5%, or 472 HHs). Households with members with a vulnerability (75.3%, or 1,031 HHs) were also more likely face difficulties compared to households without vulnerabilities (69.1%, or 2,548 HHs). The most common issue reported was a long waiting time (85.7%, or 3,066 affected HHs), followed by lack of water (63.2%) and the locations being too crowded (63.1%). However, 10.6 per cent (378 HHs) reported that the location was unsafe, most of which were in Malakal PoC site (44.9% of affected HHs), Juba IDP Camp I (22.0%) and Masna Site (12.1%).

Despite a large proportion of households facing difficulties, only slightly more than half of these households raise a complaint or submit feedback about the difficulties faced (57.6%, or 2,062 HHs). Of the households that did not raise a complaint, 79.2 per cent reported that they are aware of where and how to complain. This indicates that there may be other barriers that hamper them from reaching out to report the difficulties they encounter.

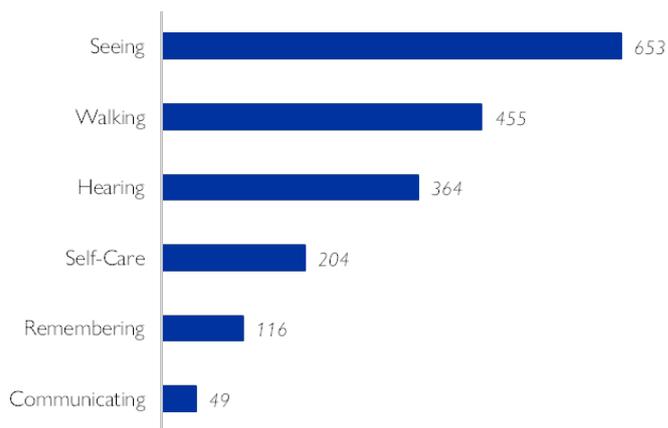
Complaint mechanisms by households knowing of and by households having used complaint mechanisms  
(n = 4,242 HHs who know of complaint mechanisms; n = 2,062 HHs who faced difficulties)



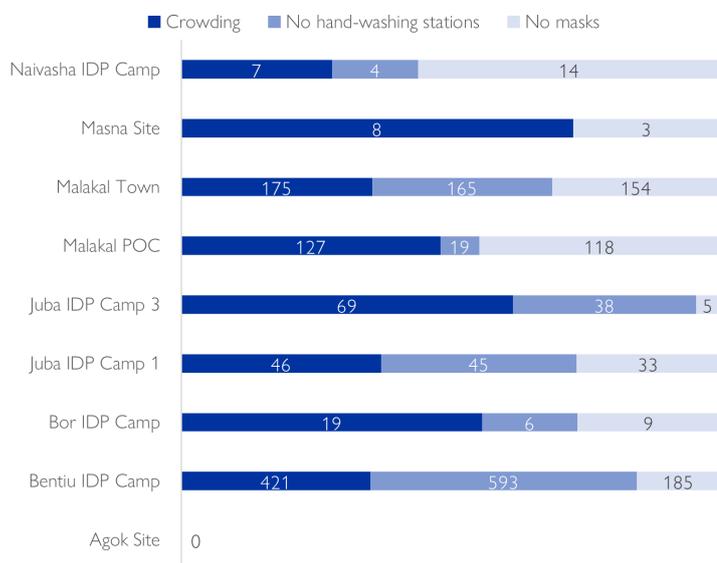
**Vulnerabilities** within the household were reported by 27.1 per cent of households (1,369 HHs), Malakal town stands out with over two thirds of respondents (222 HHs) reporting to have a household member with a vulnerability. In Agok site, Bentiu IDP Camp, and Bor IDP Camp, over a third of respondents responded positively to having a household member with a vulnerability.

Among respondents with household members with disabilities, most respondents (93.5%) indicated that vulnerabilities were catered for. The exception were households mostly in Juba IDP Camp I (16.7%, or 8 HHs), Malakal Town (10.8%, or 24 HHs) and Bentiu IDP Camp (8.0%, or 50 HHs) who mostly cited as reason, factors unrelated to vulnerabilities including problems with registration or the card itself or being a new arrival.

# of households with members with disabilities by type (n = 1,369 HHs)



What issues did you notice with the COVID-19 preventive measures taken? (n = 1,141 HHs)



**Preventive measures taken against COVID-19** were well-received among 77.4 per cent of respondents (3,918 HHs) who were satisfied with these measures. In Agok site, all respondents (133 HHs) reported to be satisfied. Respondents who were unsatisfied were mostly located in Malakal Town (53.4% HHs unsatisfied), Malakal PoC Site (36.5%) and Bentiu IDP Camp (33.8%). Moreover, respondents with a household member with a vulnerability were more likely to be unsatisfied (28.6%) than respondents without (20.3%). The most common reasons reported by unsatisfied respondents were crowding or lack of social distancing (76.4%, or 872 HHs) and lack of hand-washing stations (76.2%, or 870 HHs).

**Information about biometric registration - including registration process, purpose and data storage -** has reached most respondents. 93.4 per cent of respondents (4,727 HHs) indicated that they had enough information. Although the proportion of positive responses was similar among interviewees with and without vulnerabilities, female interviewees were more likely to report that they lacked sufficient information (7.2%, or 4,047 HHs) compared to male respondents (2.7%, or 680 HHs). Respondents lacking sufficient information reported that they were in need of information on the purpose of registration (49.1%, or 163 HHs), safety of data (44.3%, or 147 HHs) and the registration process (38.9%, or 129 HHs).

IOM DTM BMR activities are generously supported by:



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