Yemen Nutrition Cluster Accountability to Affected Population operational guidance

July 2018

The guidance was developed by the Yemen Nutrition Cluster AAP Task Force under overall guidance of the Nutrition Cluster Coordinator:

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About the guidance

This Accountability to Affected Population (AAP) operational guidance was developed for the Yemen Nutrition Cluster partners by the Nutrition Cluster AAP Task Force, chaired by the Save the Children International, with members being Abs Development Organisation, International Medical Corps, SOUL for development, UNICEF and WFP under the overall guidance and leadership of the Nutrition Cluster Coordinator. The AAP taskforce would like to acknowledge contribution of the Community Engagement & Accountability unit of UNICEF EMOPS, who reviewed the guidance and provided tools 2, 3, 9 and10 for the toolkit.

The purpose of the guidance is to facilitate AAP implementation for all Nutrition Cluster partners throughout the project cycle. It is developed in line with the Yemen Humanitarian Response plan and Yemen accountability framework. Accordingly, the Yemen humanitarian community committed to focus on enhanced implementation of the AAP commitments throughout the Humanitarian Programme Cycle outlined in the Yemen accountability framework including providing information to the public; involving community in decision making; learning from feedback and complaints. The Nutrition Cluster 2018 AAP framework, as a part of the Yemen accountability framework is presented in Annex 1.

The guidance includes the narrative that explains AAP and how to mainstream it in nutrition programs, followed by the recommended tools. A monitoring and reporting tool for the partners to the Nutrition Cluster will be developed in 2018, as well as the standard AAP training package for field staff.

Background

Accountability to affected people (AAP) is around the commitment of humanitarian workers to use power responsibly by taking account of, giving account to, and being held to account by the people humanitarian organizations seek to assist. Informed by the five IASC Commitments on AAP and other key inter-agency standards on AAP, including the Core Humanitarian Standards, all humanitarian agencies are responsible to engage communities and be accountable to the population they serve. The real Accountability to communities involves giving them not only a voice, but also the opportunity to influence relevant decisions affecting whether and how we work with them. It involves giving communities the power to hold us to account in ways that influence the organisation's policies, priorities, and actions at local, national and global levels. Such influence balances the power that donors and governments (as regulators) have to influence us. An accountable and participatory approach brings important practical advantages to programs, including:

- Improving relationship with and acceptance by the communities, helping move towards working in true partnership with communities
- Reducing the risk of fraud or of funds being used inefficiently
- Reducing the risk of harm to affected population that might be caused by the conduct of staff or by the design of the intervention itself
- Demonstrating to donors that we are able to deliver on quality processes such as accountability in program design and implementation.
- Improving the quality of program design and implementation, making work more relevant.

The purpose of this document is to provide guidance for the Yemen Nutrition cluster to operationalize AAP framework. The document provides general guidance on improving

community engagement throughout project cycle, as well as related tools. Individual organizations can decide on how best to follow the guidance and adopt the tools as needed.

Accountability throughout the project cycle

Figure one. Project cycle

Initiating process (Need assessments)

Before project planning and while deciding what, why, where and how to implement, there are several stages of needs assessment and analysis, for all of which the affected population should have direct involvement and influence results of the analysis. Involvement of the affected population should be ensured through all or some of the below approaches:
- Desk review of the evidence should include accountability related analysis
- Inclusion of the AAP related questions in the needs assessment or survey and analysis
- Focus group discussions with affected population
- Inclusion of the AAP related questions in the health facility assessment

Ensure a consultative /participatory approach by consulting a wider group from affected communities alongside with partners on their needs. Include Governorate and District Health Officers and health staff from health facilities and communities and ensure they are consulted.

During **desk review** the following should be considered: clarifying objectives of the project, identifying communities where project will be implemented, review of vulnerabilities and most affected demographics and stakeholders, review of available data specific to AAP, etc.

Include questions related to the AAP in your baseline **needs assessment**.

If conducting **Focus Group Discussions (FGDs)**, choose approximately 6-12 people to participate, with equal distribution of male and female (if women and men are attending the same group discussion), with following selection criteria to be used:

- Random selection – If participants will come from a large but defined group (e.g. an IDPs in informal settlements), names can be randomly drawn from a hat until the desired number of verified participants is achieved.
- Gender and inclusion – Consider if both men and women feel comfortable discussing topics of nutrition (breastfeeding, children's nutrition states, issues of pregnant and lactating women) in a mixed gender group. The participants should also include minorities or those with disabilities. We should ensure representation of various groups and career from the community.
- Power - it is important to have background about the community and about the freedom of individuals in the targeted community (e.g would a teacher be likely to make candid remarks in a group where his/her principal is also a participant).

Health facility visit should be done as part of the needs assessments to identify gaps and ensure AAP in the HFs during your project implementation. When conducting a health facility visit the following should be considered through direct observations and discussions with key informants:

- Gender and inclusion sensitive arrangements are in place (separated toilets for males and females, patience privacy, etc.)
- Availability of supporting services including safe drinking water, water and soap in the toilets.
- Waiting area is in place with seats and organization of patients and their companions.
- Cleanliness of hazards around the HFs and entrances.
- Availability of professional and trained staff, availability of supplies

Tools recommended for needs assessment and analysis

Tool 1. Community engagement/ participatory process check list
Tool 2. Incorporating Gender and Age Marker into cluster coordination activities
Tool 3. How to involve disaster-affected communities in the needs assessment process
Tool 4. Menu of AAP related questions for needs assessments in Yemen

Planning process (Project design and proposal development)

Ensure AAP understanding by project team - the design team and the key people involved in the process need to understand what is meant by accountability so they have a view of what needs to be done at every stage of programming.

Ensure participatory approach by giving priority to views of affected communities alongside with partners in the project design. It is strongly recommended that affected communities and partners are involved as early as possible as this will positively impact the outcome. Make sure that the design is informed by / based on documented consultations, evaluations, assessments recently done with the same communities.

Planning Participation of the communities. In what ways will affected communities participate at each stage of the project cycle? What opportunities have you created for affected population, PLWs and affected communities to work with you as you plan for their involvement? Consider mapping how you currently meet Practice Standards on Affected Communities Participation. You can then plan to address gaps and ensure quality and safety.

Integrating AAP into the project proposal - Project proposal should mention how the project team promote a participatory approach and ensure accountability to affected communities.

The proposal should include a **robust MEAL (Monitoring, Evaluation, Accountability and Learning) plan** that allows regular feedback from affected communities as well as staff and partners, providing them sufficient room for participation, response and reflection and enabling learning for new programs.

Include **AAP indicators in the logframe** (standard AAP indicators agreed globally at inter-cluster level):

- Number of feedback received (including complaints) which have been acted upon
- Number of information products distributed to the affected population through a variety of mechanisms on humanitarian program planning, functioning and progress
- Number of persons consulted (disaggregated by sex/age) before designing a program/project [alternatively/as well: while implementing the program/project]

For more information on the indicators refer to the [Humanitarian Indicator Registry hosted on the Humanitarianresponse.info](#) and to the tool 4 "AAP core indicators".

Additional AAP indicators can also be used as per the "[Mainstreaming accountability to affected Population and core people-related issues in the humanitarian programme cycle through the cluster system](#)" from the global Food Security and Nutrition clusters.

Success indicators can be developed with communities or checked with them so project team is informed about and work with what success looks like for the communities. This will then help working with communities to monitor progress and impact and help community ownership of the project.

Budgeting for accountability and participation is <u>critical</u> to ensure the program is accountable and participatory. Appraise your budget with the questions below:

- Information Sharing - Have you budgeted for resources that will enable you to share information effectively with affected communities and our partner organizations?

(Consider allocating resources for production of posters, leaflets, information boards, child friendly materials, films, etc.)

- Participation - Have you budgeted adequately to enable participation of the affected population in activity design, implementation, and monitoring and evaluation? (Consider resourcing for regular meetings, setting up of community groups, special needs that may be required for affected population such as transport assistance, chaperoning requirements, weekend meetings, etc.)
- Complaints Handling - Have you budgeted for setting up complaints mechanisms? (Consider allocating resources for trainings for staff, consultation meetings with communities and materials for the complaints mechanisms)
- Dedicated staff- Consider allocating resources for a full or part time dedicated staff member to coordinate the work on accountability. This could be an M&E and Accountability Officer or an Accountability Coordinator.

Reviewing the Program Design. Once you have a draft program design you should review it with different groups of people from the community including women to confirm its relevance and robustness of the approach.

Tools recommended for project design and proposal development

Tool 1. Community engagement/ participatory process check list
Tool 2. Incorporating Gender and Age Marker into cluster coordination activities
Tool 5. Core AAP indicators

Executing process (Project set up)

Ensure proper staff induction on AAP (staff and partner's staff) specially around
- Practice Standards for affected population participation
- Code of Conduct and Child Safeguarding Policy, Core Humanitarian Standards, Protection from Sexual Exploitation and Abuse policy and any other no harm policy
- Organizational vision and mission and well as all aspects of the project

As you hold **project set up meetings with affected population and other community member,** it is <u>critical</u> to ask:
- How they would like to receive information (Verbally? In writing? How often? From whom?)
- How they would like to share feedback and complaints about the project (this will help you set up complaints mechanisms in the implementation stage)

Share information with affected communities in accessible formats about:
- The organization
- The project (including budget for that community and the specific services the services they provide)
- How people can be involved inviting them to share their views on this

- The standards of behaviour they can expect of the staff and representatives, in line with the Code of Conduct
- The fact that they can and should be engaged in the project through feedback and complaints

Identify appropriate representatives that adequately represent the interests of different vulnerable groups. Have you considered how inclusive your approach is? What can you do to ensure the most marginalised can participate?

Partner agreements need to include expectations on:
- Information sharing with communities and between partners
- Enabling affected communities' participation
- How complaints will be handled between partners and with communities (how and when partner will refer to organization)
- Code of conduct and child safeguarding
- Project monitoring and evaluation

Discuss with project team and partner **staff their capacity building needs** around accountability, participation and child safeguarding and make a plan.

Staff work plans need to reflect amount of time required to carry out all the aspects of AAP. Setting a **performance objective** on accountability for program staff will help make it happen.

Set up a MEAL system. Ensure that the project M&E system has indicators on monitoring AAP, looking at how good we are at information sharing, participation, and complaints handling. **Develop tools to measure recommended indicators included in the logframe.**

Exit planning. Considering when and how to close a program at the outset helps to ensure true ownership of the program by its stakeholders, reduce dependency on the organization, and avoid uncertainty and misunderstandings. Exit planning involves meeting with key stakeholders and affected communities to agree on:
- Expected outcomes and timeframe for the organizational withdrawal,
- How the capacity of local partners, allies, community members will be developed throughout the program so that they are able to take over responsibility when the organization withdraws
- Who will take over key elements of the program when the organization withdraws and what assets will be transferred with this responsibility.

Set up a Feedback and Complaints Mechanism (FCM) - Based on the community's preferences, set up a complaints and response mechanism. You will need to:
- Asking communities what FCMs they would be most comfortable with, the type of feedback they are comfortable giving and those that are more sensitive
- Design a process and a system for recording complaints and suggestions and responding to them and ensuring it includes a process for fast-tracking urgent or sensitive complaints such as abuse or exploitation
- Assign roles and responsibilities
- Train staff and possibly community health volunteers
- Inform affected communities about the FCM

- Include a mechanism for monitoring and reporting/sharing outcomes of the FCM with communities, cluster/ other partners bearing in mind issues of confidentiality and data protection. This could include number and types of complaints/feedback received, action taken, response time, etc.

Note that informal complaints are as important as formal ones and should be similarly monitored and acted upon.

Tools recommended for project set up

Tool 1. Community engagement/ participatory process check list
Tool 2. Incorporating Gender and Age Marker into cluster coordination activities
Tool 6. AAP Committee sample Terms of Reference
Tool 7. Guide to program staff on information sharing
Tool 8. Ten steps to set up complaints and response mechanism
Tool 9. Brief description of feedback and complaints mechanisms
Tool 10. Pros and cons of different feedback and complaints mechanisms

Monitoring and controlling process (Project implementation)

Regularly share information - Based on the community's preferences, make a plan with health facility team and other stakeholders for regular information sharing (which tools to use with which audiences, who will update, how often, visibility in the community, etc)

Act on responses and complaints received from the affected populations:
- Record complaints and responses
- Monitor trends and make changes to program as necessary
- Brief health facilities team and other stakeholders on how to use these data and deal with the complaints and suggestions provided

Once the affected communities are sensitized about the intervention, their engagement could be assured in different mechanisms. One of the effective mechanisms is to get them represented in a community based body like **Community engagements committees** - Make it easy for affected communities especially from marginalized groups to be involved in the project by carefully considering activity places, times and formats. Ensure that community engagements committees involve people from other sectors as well.

Regularly listen to people, health facilities team and involve them in making decisions
- Regularly monitor the program – ask affected population involved in the program their impression of progress and impact of the project and how well are we sharing information, handling complaints and working with them in partnership
- Invite community members to take part in project monitoring
- Take time to reflect on program implementation also with partners and staff
- Based on community feedback, make necessary changes
- Provide regular reports on performance and project finances to the community

- Share results of project evaluations with the community in accessible formats

Tools recommended for project implementation

Tool 1. Community engagement/ participatory process check list
Tool 2. Incorporating Gender and Age Marker into cluster coordination activities

Closing process (Project exit)

Key things to consider during **closing your program** are:
- Communicating about your exit/handover to stakeholders including Ministry of Public Health and Population and health facilities staff and AAP Committees at community level about when, why, and how you will be closing your program three months in advance, and who they should contact once the organization has left
- Handing over to communities, partners, or government some aspects of the program that might continue
- Handing over assets to the organization or key stakeholders
- Managing program staff towards the end of their contracts
- Accounting and reporting
- Identifying, documenting and sharing lessons learned

Tools recommended for project exit

Tool 1. Community engagement/ participatory process check list
Tool 2. Incorporating Gender and Age Marker into cluster coordination activities
Tool 11. AAP assessment tool for information sharing at the program closure stage

Annex 1. Yemen 2018 Accountability framework

Objective

To support Clusters, agencies and organizations attain and monitor collective commitments to accountability to affected people and communities.

Overview

Accountability to affected people (AAP) is an active commitment of humanitarian workers to use power responsibly by taking account of, giving account to, and being held to account by the people humanitarian organizations seek to assist. It is the responsibility of each humanitarian agency to engage communities and be accountable to the population it serves. This framework operationalizes accountability through community engagement, particularly information provision, participation and feedback components. The framework provides different options for humanitarian organizations to adhere to in their work.[1]

AAP and Protection are complementary and mutually reinforcing…AAP helps to improve protection outcomes, as it promotes inclusive, equitable and meaningful access to decision-making, programming and services.

While the text targets projects, the Cluster role is to ensure that the Cluster partners are operationalizing accountability throughout the HPC. The Cluster supports projects to achieve/maintain the highest level in the framework, with support from the common services of the Community Engagement Working group and the Assessment/Monitoring Working Group.

Role of the Community Engagement Working Group

As a common service mechanism, the role of the community engagement working group is to:

- Provide trainings on conflict sensitivity and how to appropriately respond to feedback/complaints;
- Monitor community perceptions of response and identify preferred communication channels and feedback key messages to communities;
- Support feedback/complaints mechanisms and PSEA complaint mechanisms.

How to Use the Framework

1. Define the 2018 baseline by categorizing the current level for each component and write a comments as to why;
2. Define the 2018 target level for each component;
3. Outline key actions to reach the 2018 target.[2]

Reporting and Monitoring

Clusters will report on this framework as part of the quarterly periodic monitoring report. Using the Cluster self-reporting tool below, Clusters will rate the performance of the HRP projects and provide examples to support the self-rating. If a component does not reach level 3, Clusters will be asked to detail the challenges encountered, proposed actions to reach level 3 and identify areas of support.

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[1] The Child Protection Sub-Cluster AAP framework used in 2016 informed the development of this framework.

[2] The document, *Suggested Actions for cluster coordination groups to strengthen accountability to Affected Populations and Protection in the Humanitarian Programme Cycle,* is a useful reference to identify actions.

Yemen 2017 Accountability Framework

Component	Level 0	Level 1	Level 2	Level 3
Provide information to the public	Project overview is available and provides basic information about the project, including objectives and target population. Project staff provides information on the project verbally and/or informally.	Basic project information is provided publically. This includes objectives and planned activities, targeting criteria of beneficiaries in English and Arabic.	Regular project updates (progress monitoring) are provided publically, using the communities' preferred communication methods. Messages are tailored for people with specific needs. Messages include how to provide feedback/complaints.	Regular project updates are provided publically and readily available to affected communities ensuring that all have access to information. Messages include how projects have addressed feedback and complaints received, as well as monitoring results. The project checks whether the information provided is relevant and understood by local population.
Involve community in decision making	Affected communities are informed of the planning process.	Project supports existing capacities of affected population and addresses identified gaps in capacities	Project has been validated with community members.	Community members are involved in design and monitoring/evaluation mechanisms.

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Component	Level 0	Level 1	Level 2	Level 3
Learn from feedback and complaints	Project encourages feedback from affected people, informally. Project collects this information through informal exchanges during implementation. Project provides regular report to Cluster coordinator(s).	Project ensures that there are moments to hear feedback/complaints. All feedback/complaints receive a formal response. Compilation of Feedback/complaints are shared with the CE WG using standard reporting format.	Project actively seeks feedback and outlines a formal mechanism to hear and address feedback/complaints, including how the mechanism is safe, easy and accessible to affected people and how feedback/complaints are taken into account. All feedback/complaints are documented and regularly collated using most preferred communication mechanism. The degree of satisfaction of the population is taken into account.	Formal feedback mechanism is developed with local population. The degree of satisfaction of the population is taken into account using the official CE micro-survey questions.
Staff attitudes and behaviours	Staff is aware of community engagement and accountability.	All staff is formally trained on conflict sensitivity and prevention of sexual exploitation and abuse	All project staff is formally trained on how to collect and report feedback/complaints.	All staff actively promotes dialogue and relationships of mutual respect.

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Component	Level 0	Level 1	Level 2	Level 3
Use information from project learning[3]	Reports are available upon request	Reports are publically available.	Findings from reports are actively shared back to community in Arabic/English.	Project includes formal learning sessions to review progress towards established results. Project designs/implementation are revised to reflect changes in the context, risks and people's needs and capacities.
Assessments	Online assessment registry is consulted before any assessment is planned. Clusters and AM WG are informed of all planned assessments.	Assessment includes Clusters' needs indicators/HNO severity indicators. Report is shared with the Cluster and AM WG and includes indicators. Multi-Cluster assessments are conducted 6 months apart (unless sudden change in the situation).	Assessment report documents how Yemen assessment standards were addressed in the implementation of the assessment.	Project includes formal learning sessions to review progress towards established results. Programme designs/implementation are revised to reflect changes in the context, risks and people's needs and capacities.

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[3] Includes monitoring, evaluations and reviews.

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Nutrition Cluster Self Reporting Tool (2018)

Component	2017 Baseline Level	2018 Target Level	2018 Actions	Comments
Provide information to the public	Basic project information is provided publicly. This includes objectives and planned activities, targeting criteria of beneficiaries in English and Arabic.	Regular project updates (progress monitoring) are provided publicly, using the communities' preferred communication methods. Messages are tailored for people with specific needs. Messages include how to provide feedback/complaints.	*Have community meetings with women, men, girls and boys on regular basis to inform on project updates (planned activities, targeting criteria in Arabic and English)* *Messages are tailored for people with specific needs.* *Messages include how to provide feedback/complaints.* *Develop dashboard / leaflets in Arabic language to update on regular project updates (if there is a community board)* *Remote communication: telephone, sms if possible*	
Involve community in decision making	Project supports existing capacities of affected population and addresses identified gaps in capacities	Project has been validated with community members.	*Develop community action plans with women, men, boys and girls* *Modalities to access Nutrition services/facilities have been assessed to support existing capacities of the affected populations*	

			GHOs are involved in the design of the project	
Learn from feedback and complaints	Project ensures that there are moments to hear feedback/complaints. All feedback/complaints receive a formal response. Compilation of Feedback/complaints are shared with the CE WG using standard reporting format.	Project actively seeks feedback and outlines a formal mechanism to hear and address feedback/complaints, including how the mechanism is safe, easy and accessible to affected people and how feedback/complaints are taken into account. All feedback/complaints are documented and regularly collated using most preferred communication mechanism. The degree of satisfaction of the population is taken into account.	*Have focus groups with women, men, girls and boys on regular basis to seek and address feedback and complaints* *Frequent field visits*	

Staff attitudes and behaviours	All staff is formally trained on conflict sensitivity and prevention of sexual exploitation and abuse	All project staff is formally trained on how to collect and report feedback/complaints.	*Training of staff on how to collect and report feedback/complaints*
Use information from project learning[4]	Reports are publically available.	Findings from reports are actively shared back to community in Arabic/English.	*Ensure learning report are developed for each projects and shared with communities, including through social media*
Assessments	Assessment includes Clusters' needs indicators/HNO severity indicators. Report is shared with the Cluster and AM WG and includes indicators.	Assessment report documents how Yemen assessment standards were addressed in the implementation of the assessment.	*Adapt the SMART methodology to the local context.* *Follow the standard SMART methodology and use the standard questionnaire.*

Note: all commitments subject to access constraints

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[4] Includes monitoring, evaluations and reviews.

Yemen Nutrition Cluster AAP toolkit

Tool 1. Community engagement / participatory process check list

Project stage	Check list/ points to consider
Mothers/caregiver/community participatory during **assessment and project design**	Participation happens in two ways: first, participatory exercises can be used to allow people to share their views and priorities with the needs assessment team. Second, community representatives can be part of the needs assessment team itself. To strengthen community participation on the nutrition program needs assessment, consider the following 1. **Checking questions and assessment design**: before starting the needs assessment, share the assessment questionnaire or checklist with community representatives (especially women), that the questions are questions culturally appropriate, any important issues missing that mothers/caregivers are concerned about, is the questionnaire including all different groups in the community (there may be ethnic divisions, language groups, social status groups, people living in remote parts of the village that you might not be aware of) and also the appropriate time of day that is best to ensure participation of maximum number of people, particularly mothers/caregivers. Key areas should include treatment for acute malnutrition, prevention approaches and community nutrition assessments. 2. **Training in the preparedness phase:** Involve the GHO and DHO in this process in identifying Community Health Volunteers, women leaders, representative from people with special needs that will assist with needs assessments in the event of a disaster. 3. **Involving community Health volunteers in gathering information:** community Health volunteers can play an important role in collecting information. Provide orientation, on how to conduct house to-house surveys using a simple questionnaire format. To avoid bias, it is important

	to have simple control mechanisms: displaying the results of the needs assessment publicly so that people can check the data; having a feedback and complaints mechanism for people to raise concerns.
	4. **Participatory tools:** participatory tools should be included; focus group discussions, social maps, resource maps, daily activity schedules, seasonality calendars, mobility maps are a useful way to understand the situation and uncover issues that people may not automatically tell you. Remember that participatory tools are ways to help you have a productive conversation with communities – be sensitive to context and situation and don't be tied to using a tool just because it is on your needs assessment checklist!
	5. **Talking to vulnerable groups:** make sure in the needs assessment you create spaces where different groups can share their views, including the most vulnerable (women of bearing age, elderly and disabled people are able to participate. Be sensitive also to ethnic or social divisions in the community (for example are low caste people participating in the discussions?). Consider how the location, time or language of the discussion or the presence of certain community leaders might be restrictive to some people
	6. **Sharing results with the community:** an important part of our accountability to disaster-affected communities is to share the findings of needs assessments, and explain the decisions that have been made as a result. What activities and locations the project is considering and why? Even if the result is a negative, please do explain in most cases NGO come to do assessments, start implementation or never return without explaining the results of assessment.

Mothers/caregiver/community participatory during **Monitoring and review of the program**	During program nutrition program implementation the project staff, community leaders, mothers/caregivers jointly need to continually review and reflect to ensure that the project is on the right track and making progress or it needs revising work plan and approaches. Remember this should be a participatory review and reflection processes at this stage it is expected that the project has formed a community committee *(Members refer to tool 6 on AAP committee ToR) In brief AAP committees, on regular basis visit the projects, engage mothers/caregivers in providing feedback regarding service delivery, observe staff while providing services, provide feedback to the project, meet on a monthly basis and review project progress, checking nutrition supplies quality and quantities provided to that community. They are first trained and small TOR developed for this group.* Project review should be based on the following;
	1. **Context**: what has changed in the context that we need to take into account? Are there new, or newly learned, factors? It is often useful to first ask what has changed (outbreak of diseases, population movement, heighten insecurity, drought, floods) and how this has impacted on the project.
	2. **Activities:** are we doing what we said we would? Are our resources invested? How can we improve efficiency and effectiveness? Under nutrition interventions.
	3. **Objectives:** reviewed against outcomes and indicators, assessing both positive and negative, expected and unexpected. Project staff need to prepare data, analyze and present to the committee targets against achievements.
	4. **Goal/impact:** is there any feedback as to whether objectives are leading to intended impact? Are our assumptions and theory of change playing out in practice or do they need to be adjusted, and if so how? What is the community saying in regard to outcomes? Listening is quiet important process here. Remember this phrase "Failure is the foundation of success" go back to the drawing board and now come up with the best modality on how to

	implement the project again "experience is the best teacher". 5. **Sharing the monitoring report;** ensure that the report is shared among key stakeholders, GHO,DHO, health facility workers mothers/caregivers, with recommendation on how each partner will contribute in improving the project outcomes towards combating malnutrition.
Mothers/caregiver/community participatory during **Project period end/handover to another partner**	It is critical at the end of the project/or during handover again to involve the community at this stage main areas for inclusion 1. **Presentation of the project implementation phase;** overall achievement, number of children, pregnant and lactating women reached with nutrition services, what were key challenges. Lesson learnt. 2. **Together with community evaluate project activities;** can be some IYCF friendly mother and child space areas, facilities established to support nutrition activities. 3. **Engage community in identifying partner** that will continue implementation can be DHO, national partner or community itself 4. **Handover process;** AAP committee, leaders, GHO, DHO mothers/caregivers should be involved in this process to ensure continuity of the project. Partner taking over should be introduced to the all key stakeholders, relevant documents handed over, registration books, list of mother support groups, list of CHVs, nutrition supplies and equipment. Preferably handover in every Health facility supported

Tool 2. Incorporating Gender and Age Marker into cluster coordination activities

Sets	Gender Equality Measure	Goal
Needs Analysis *What do we know?*	**Gender Analysis** *Different people are understood*	There is an analysis of the gender roles, relationship, barriers and needs experience by girls, boys, women and men in different age groups that inform how the project is implemented.
	Collect & Analyse SADD *Different people are counted*	The rates of access to resources (service, goods or jobs) by girls, boys, women and men in different age groups are collected, analysed and reported.
	Good Targeting *Right people get right resources*	The girls, boys, women and men in different age groups who get resources match the profile of people targeted for assistance based on the analysis of needs, vulnerabilities, capacities and cluster/agency priorities.
Adapted Assistance *What do we do about it?*	**Tailored Activities** *People get the right resources*	There are different activities and ways to access resources linked to the identified needs of girls, boys, women and men in different age groups and the gender analysis.
	Protection from GBV *People are safer from GBV risks*	At least one of the project activities or provided items aims to reduce the likelihood of gender-based violence (GBV) for girls, boys, women and men in different age groups. GBV action is mainstreamed into the project.
	Coordination with Sector *Agencies coordinate with other actors*	Agencies share their gender analyses, SADD participation rates and identified gaps with the cluster.
Adequate Participation *How do we work together?*	**Participation in Project Management** *People influence decisions about projects*	Girls, boys, women and men in different age groups all participate in the design **and** delivery **and** review of activities.
	Feedback & Response Mechanisms *People can complain and receive responses*	There is a safe and responsive feedback/complaints process for girls, boys, women and men in difference age groups.
	Transparency *Different people get the information*	The cluster informs girls, boys, women and men in different age groups about the assistance that is available, how they can access this assistance and whom to contact to provide feedback – in ways that respect how different people get and use information.
Review *What do we do well & what do we need to change?*	**User Satisfaction** *Different people are satisfied*	The "users" of the assistance (girls, boys, women and men in different age groups) are satisfied with the response.
	User Benefits *Different people get different benefits*	There are specific and distinct benefits for girls, boys, women if different age groups in proportions that the response aims to assist (including mainstreamed activities and targeted actions).
	Project Problems *Problems are identified and plans are made to improve*	The response is analysed for any barriers to access or negative effects on girls, boys, women and men in different age groups, and these barriers or negative effects are reduced.

(Adapted from Comparing Old and New IASC Gender and Age Markers)

Tool 3. How to involve disaster-affected communities in the needs assessment process

Approach	Detail
Build an assessment team with the right composition and skills.	Ensure the team has gender, age and ethnic balance. Train members in community engagement and participatory skills.
Ensure community awareness of assessment.	If possible, notify the local community and local authorities before the assessment. When you arrive, introduce your organization and team and explain the objectives, methodology and timeframe of the assessment.
Design the assessment and analysis plan to reflect the priorities of the affected populations, not just the experts.	Ask communities to rank their priorities. Ensure the assessment considers issues like gender, violence, discrimination, and protection.
Encourage stakeholder support from the earliest opportunity.	Where possible, involve government officials, community leaders and other members of the community in planning and implementing the assessment.
Gather a wide range of views from the community through the people you choose as key informants and focus group participants.	Do not just talk to experts, government officials and community leaders – talk to ordinary members of the population. Interview girls, boys, women and men of different ages and backgrounds, particularly from vulnerable groups.
Avoid creating assessment fatigue in disaster-affected communities.	Share you plans and findings with other organizations and local authorities. Coordinate your assessment to avoid duplicating field visits. Consider joint assessments when appropriate.
Manage expectations.	If assistance is urgently needed and you can provide it, do so during the assessment. However, do not make promises about future assistance that you cannot keep.
Do not put communities at unnecessary risk.	Include security and privacy of disaster-affected populations in your planning. Plan the assessment to include risk analysis for your team and the community.
Follow through on assessment findings and recommendations.	Explain any decisions made based on the assessment finding to the community using appropriate language.

Tool 4. Menu of AAP related questions for needs assessments in Yemen

This is a 'menu' of potential questions for organisations to choose from and adapt to the context, situation and phase of response they are operating within. They can be used with different types of data collection methods including household and com- munity level interviews and focus group discussions.

How should they be asked?

Where possible, open questions should be asked, allowing community members the chance to articulate their own views, without prompting.

However, in certain situations, where it is appropriate and/or relevant to probe for specific information, some suggested probes have been included in the sheet 'suggested probes' to enable data collectors to capture specific topics. These have only been presented for relevant orange and green questions which may require more detailed responses.

Questions list

■ **DIRECT FEEDBACK from affected people: Questions highlighted in yellow can be used to inform a section in the Humanitarian Needs Overview (HNO) on people's views and perceptions about the response**

■ **DESIGN OF AAP SYSTEMS: Questions highlighted in orange can be used for communications strategies, inter-agency feedback mechanisms and participation strategies**

■ **ADAPTATION of AAP SYSTEMS: Questions highlighted in green can be used to inform adaptation of AAP systems**

PROPOSED TIMING	TO UNDERSTAND		QUESTIONS
Before a response	Men's, women's, girls' and boys' challenges, capacities and coping mechanisms	1	(a) What are the most significant challenges* you are facing at the moment? (b) How do you deal with these issues or challenges? (c) What support* would you like to see to help you manage these issues/challenges?
	Men's, women's, girls' and boys' information needs and preferences	2	(a) What type of information* would you like to receive from aid (b) providers? Please specify your top 3 priorities. (c) Who/where would you prefer to receive information from? (d) What is your preferred means of receiving the information?

		3	(a) Are you aware of any people who may be unable to access available information because of specific needs? (b) Why were they unable to access available information?
	Men's, women's, girls' and boys' feedback preferences	4	How would you prefer to provide feedback to aid providers about the quality, quantity and appropriateness of the aid* you will receive?
		5	How would you prefer to provide feedback to aid providers about the behaviour of aid providers*?
	Men's, women's, girls' and boys' preferences for partici-pating in decision making	6	Who makes decisions in your community about issues that affect the community as a whole?
		7	Do you feel like you have a say in decisions that affect your com- munity? If not, why not?
		8	How important is it to you that you are involved in decisions about your community?
		9	How would you like aid workers to involve you in decisions about the aid you will receive?
During a response	Men's, women's, girls' and boys' views and perceptions about the ongoing response	10	(a) Have you received aid in the past x days/months? What kind of aid did you receive? (b) If you have received aid in the last x days/months, are you satisfied with the aid you received? (c) If you have received aid in the last x days/months and were not satisfied why were you not satisfied with the aid received?
		11	(a) What is going well with the aid you have received in the past x days/months? (b) What is not going well with the aid you have received in the past x days/months?
		12	How have your needs* changed since you first received aid in the last x days/months?
		13	Do you feel the aid delivered to your community in the last x days/ months reached the most vulnerable* and at risk* members of the community? If not, why not?
		14	What type of aid would you prefer to receive in the next x days/ months?
	Men's, women's, girls' and boys' views and perceptions about the aid providers	15	Are you satisfied with the way aid workers have behaved* in the last x days/months in your location? If not, why not?

Men's, women's, girls' and boys' views about the information they are receiving	16	(a)	What type of information have you received from aid providers in the last x days/months?
		(b)	Where did you receive the information from?
		(c)	Was the information you received clear? If not, why not?
		(d)	If you have received no information, what is stopping you from getting it?
Men's, women's, girls' and boys' views and perceptions about existing feedback mechanisms and impact	17	(a)	Are you aware of and know how to use the complaints mechanisms in your community? Which ones are you aware of and know how to use?
		(b)	If you have used one in the last x days/months, have you used it to make complaints about any bad behaviour* or misconduct by aid workers?
		(c)	If you have used the complaints mechanism in the last x days/ months (as above) have you had a satisfactory response from x? If not, what was unsatisfactory about the response?
	18	How would you prefer to give feedback to aid agencies about the aid you are receiving?	
	19	How would you prefer to give feedback to aid agencies about any bad behaviour/misconduct* of aid workers?	
	20	(a)	Are you aware of any people who have been unable to give feedback in the last x days/months on the aid and/or conduct of aid workers because of specific needs?
		(b)	Why were they unable to give feedback?
Men's, women's, girls' and boys' views and perceptions about their level of participation in decision making	21	(a)	In the last x days/months have you been asked about what aid you would like to receive?
		(b)	If yes, did you receive what you asked for?
		(c)	If not, how did the aid differ from what you asked for?

Suggested probes

Where possible, open questions should be asked. In certain situations, where it is appropriate and relevant to probe, these can be used
by data collectors as guidance for obtaining more specific information.

2	(a) What type of information would you like to receive from aid providers? Please specify your top 3 priorities.
	News on what is happening here

News on what is happening at home
Finding missing people
The security situation here
How to register for aid
How to get water
How to get food
How to get shelter/accommodation/shelter materials
Information about nutrition
Food prices
Local crop/livestock prices
How to get cooking fuel/firewood
How to get healthcare/medical attention
How to get help after attack or harassment
How to stay safe to prevent attack/harassment
How to replace personal documentation (e.g. birth certificate, ID)
How to get access to education
How to find work
How to get transport
How to get more money/financial support
Info about possible return to place of origin
Info about relocation
Info about the aid agencies they are receiving aid from
How to complain about the aid you are receiving
How to complain about bad behaviour of aid workers
What behaviour you should expect from aid workers
(b) Who/where would you prefer to receive information from?
Community leader
Places of worship
Government Officials
Friends/family inside x country
Friends/family outside x country (diaspora)
Aid workers from the United Nations
Aid workers from local NGOs
Aid workers from International NGOs
(c) What is your preferred means of receiving the information?
Phone call
SMS
Twitter
Facebook
WhatsApp (or other mobile phone based platform)
Other internet platforms
Television
Newspapers
Magazine
Billboards
Posters

	Leaflets	
	Loud speakers	
	Music	
	Film	
	Theatre	
	In person face-to-face (please specify from who)	
3	(a) Are you aware of any people who may be unable to access available information because of specific needs?	
	Unaccompanied and separated children	
	People with serious health conditions	
	Persons with special legal or physical protection needs	
	Single women	
	Women-headed households	
	Persons with disabilities	
	People with mental health problems	
	Older persons	
	People who cannot read	
4	How would you prefer to provide feedback to aid providers about the quality, quantity and appropriateness of the aid you will receive?	
	Face to face (at home) with aid worker	
	Face to face (in office/other venue) with aid worker	
	Face to face with member of the community	
	Phone call (toll free/ focal points' phone numbers)	
	SMS	
	E-mail	
	Letter	
	Tweet	
	Social media (specify site)	
	Complaints/suggestions box	
5	How would you prefer to provide feedback to aid providers about the behaviour of aid providers?	
	Face to face (at home) with aid worker	
	Face to face (in office/other venue) with aid worker	
	Face to face with member of the community	
	Phone call	
	SMS	
	E-mail	
	Letter	
	Tweet	
	Social media (specify site)	
	Complaints/suggestions box	
6	Who makes decisions in your community that affect your community as a whole?	
	Community committees	
	Community leaders	
	The Mayor/local government	
9	How would you like aid workers to involve you in decisions about the aid you will receive?	
	Through face to face discussions	

	Through community groups/committees or leaders
16	(a) What type of information have you received from aid providers in the last x days/months?
	News on what is happening here
	News on what is happening at home
	Finding missing people
	The security situation here
	How to register for aid
	How to get water
	How to get food
	How to get shelter/accommodation/shelter materials
	Information about nutrition
	Food prices
	Local crop/livestock prices
	How to get cooking fuel/firewood
	The weather
	How to get healthcare/medical attention
	How to get help after attack or harassment
	How to stay safe to prevent attack/harassment
	How to replace personal documentation (e.g. birth certificate, ID)
	How to get access to education
	How to find work
	How to get transport
	How to get more money/financial support
	Info about possible return to place of origin
	Info about relocation
	Info about the aid agencies they are receiving aid from
	How to complain about the aid you are receiving
	How to complain about bad behaviour of aid workers
	What behaviour you should expect from aid workers
	(b) Where did you receive the information from?
	Community leader
	Places of worship
	Government officials
	Friends/family inside x country
	Friends/family outside x country (diaspora)
	Aid workers from the United Nations
	Aid workers from local NGOs
	Aid workers from international NGOs
	(c) Was the information you received clear? If not, why not?
	The information is in the wrong language
	The information is written but I can't read
	I don't trust where the information is coming from
	The information is complicated
	(d) If you have received no information, what is stopping you getting it?
	Unsure where to find it
	No electricity

	My device is damaged/lost (TV, radio, computer, mobile phone)
	Mobile networks are down
	TV/radio station is down (specify what happened)
	I can't buy credit for my device
18	**How would you prefer to give feedback to aid agencies about the aid you are receiving?**
	Face to face (at home) with aid worker
	Face to face (in office/other venue) with aid worker
	Face to face with member of the community
	Phone call
	SMS
	E-mail
	Letter
	Tweet
	Social media (specify site)
	Complaints/suggestions box
19	**How would you prefer to give feedback to aid agencies about any bad behaviour/misconduct of aid workers?**
	Face to face (at home) with aid worker
	Face to face (in office/other venue) with aid worker
	Face to face with member of the community
	Phone call
	SMS
	E-mail
	Letter
	Tweet
	Social media (specify site)
	Complaints/suggestions box
20	**(a) Are you aware of any people who are unable to give feedback on the aid and/or conduct of aid workers because of specific needs?**
	Unaccompanied and separated children
	People with serious health conditions
	Persons with special legal or physical protection needs
	Single women
	Women-headed households
	Persons with disabilities
	People with mental health problems
	Older persons
	People who cannot read
	People who do not speak or write in the language feedback can be given in
21	**(a) In the last x days/months have you been asked about what aid you would like to receive?**
	I was asked through surveys
	I was asked by community leaders
	I was asked in an interview
	I attended a focus group discussion

Definitions and guidance for data collectors

TERM	DEFINITION
Q. 1 (a): Challenges	Any challenge related to humanitarian needs (food, water, health, shelter etc, security, loss of livelihoods or protection issues)
Q. 1 (b): How do you deal with these issues or challenges?	Try and ascertain any form of capital human, social, financial, physical or natural including their own capacities -that can be drawn on to meet their needs
Q. 1 (c): Support	Any humanitarian assistance and/or protection that can be provided by the UN-led response to address the challenges faced
Q. 2 (a): Information	As defined in suggested probes for question 2 (a).
Q. 3 (a): Specific needs	As defined in the list in suggested probes for question 5 (a). Should be adapted to local situation
Q. 4: Aid	Any humanitarian assistance and/or protection provided by the UN-led response and related to the sectors/clusters
Q. 5: Aid Providers	Any aid worker (UN, INGO, local NGO) involved in the provision of humanitarian assistance and/ or protection under the UN umbrella
Q. 12: Needs	Any need related to humanitarian aid (food, water, shelter etc) and/or protection
Q. 13: At risk and vulnerable	To be defined in-country
Qs. 15, 16 (b) 18, 19, 20: Bad behaviour/misconduct	For example: if the affected person was sexually exploited and/or abused by an aid worker; if they were asked to provide sexual favours in return for food; if they noticed fraud/corruption or other misconduct by aid workers. **Note: Due to the sensitivity of these questions, the data collectors should receive appropriate guidance/training, be briefed on available referral and/or support systems and debrief on a regular basis.**

Tool 5. Core AAP indicators

The tool describes each of the three core AAP indicators in more details to guide their use in the projects.

Indicator: Number of feedback received (including complaints) which have been acted upon

Feedback mechanisms provide a means for all those affected to comment on and thus indirectly influence programme planning and. They include focus group discussions, surveys, interviews and meetings on 'lessons learnt' with a representative sample of all the affected population. The findings and the agency's actions in response to feedback should be systematically shared with the affected population. (Sphere Core Standard 1, Guidance Note 2)

Possible examples:

- proportion of women/girls and proportion of men/boys satisfied with the quality and appropriateness of response at the end of the project
- number and/or proportion of text messages received daily and acted upon according to the agreed/established procedures

General guidance:
Feedback mechanisms can take many forms. Whatever the most appropriate channels are should be used; radio talk back programmes, online surveys, sms and twitter inputs, regularised focus group discussions with selected members of the population, suggestions and complaints boxes, designation of sector or camp committees to feedback on specific topics, prioritisation assessments, through dedicated community engagement staff among many other possibilities. Sex, age, ability or other relevant diversity disaggregation of the feedback received is important in order to understand who is most at risk and to take responsible actions. It is important to remember that feedback needs to be collected, digested and acted upon, and then the results of those actions relayed to the population, then another round of feedback can begin on the changed situation. This is the 'feedback loop' - an ongoing dialogue between the humanitarian community and the affected population. Remember that much of this is already happening - through food monitors, community outreach programmes, ongoing assessments - the important thing is to keep the feedback loop continuing.

Comments:
• Clusters and partners have a formal, appropriate feedback mechanism in place that is discussed and agreed with key stakeholders and publicly communicated.
• The feedback mechanism employed is appropriate and robust enough to deal with (communicate, receive, process, respond to and learn from) complaints.
• Clusters and Lead Agencies/Advisory Groups (SAG) have oversight of feedback (incl. complaints) mechanism and learn from and react to information received.

Indicator: Number of information products distributed to the affected population through a variety of mechanisms on humanitarian program planning, functioning and progress

People have a right to accurate and updated information about actions taken on their behalf. Information can reduce anxiety and is an essential foundation of community responsibility and ownership. At a minimum, clusters and agencies should provide a description of the cluster's role and responsibilities, agency's mandate and project(s), the population's entitlements and rights, and when and where to access assistance. (Sphere Core Standard 1, Guidance Note 4)

Possible examples:

- number of 'Frequently Asked Questions' documents about the work of the cluster/project disseminated
- number of talkback radio programmes joined to explain response planning and selection criteria of cluster to affected population

General guidance:
Common ways of sharing information include noticeboards, public meetings, schools, newspapers, SMS 'blasts', FAQ flyers or radio and TV broadcasts. The information should demonstrate considered understanding of people's situations and be conveyed in local language(s), using a variety of adapted media so that it is accessible to all those concerned. For example, use spoken communications or pictures for children and adults who cannot read, use uncomplicated language (i.e. understandable to local 12-year-old) and employ a large typeface when printing information for people with visual impairments. Manage meetings so that older people or those with hearing difficulties can hear. Sex, age, ability or other relevant diversity must be considered when preparing information products as is important in order to understand who is able to access information.

Comments:
• Information about an organisation's or cluster's mission, values, legal status and contact details.
• Information about projects, plans and activities (in particular beneficiary selection criteria and relevant financial information).
• Regular reports of actual performance in relation to previously agreed goals.
• Specific details for making comments, suggestions or complaints about the cluster or agency's activities (preferably a named member of staff)

Indicator: Number of persons consulted (disaggregated by sex/age) before designing a program/project [alternatively/as well: while implementing the program/project]

Participation in design of assessments, programmes, evaluations etc, means that a selected segment(s) of the affected population have a direct influence on decision making. Measures should be taken to ensure the participation of members of all groups of affected people – young and old, men and women. Special efforts should be made to include people who are not well represented, are marginalised (e.g. by ethnicity or religion) or otherwise 'invisible' (e.g. housebound or in an institution). The participation of youth and children should be promoted so far as it is in their own best interest and measures taken to ensure that they are not exposed to abuse or harm. (Sphere Core Standard 1, Guidance Note 3)

Possible examples:

- number of focus group discussions organized with affected girls, women, boys and men that have been used to influence decisions made on design of assessments, programmes, standards, selection criteria, etc.
- proportion of female and proportion of male parents actively participating in the conception and implementation of M&E of education in emergencies services.

General guidance:
Understanding and addressing the barriers to participation faced by different people is critical to balanced participation. How a cluster or organisation enables key stakeholders to play an active role in the decision-making processes that affect them. It is unrealistic to expect an organisation to engage with all stakeholders over all decisions all of the time. Therefore the organisation must have clear guidelines (and practices) enabling it to prioritize stakeholders appropriately and to be responsive to the differences in power between them. Mechanisms need to be in place to ensure that the most marginalized and affected are represented and have influence. Participation here also encompasses the processes through which an organisation or cluster monitors and reviews its progress and results against goals and objectives; feeds learning back into the organisation on an on-going basis; and reports on the results of the process. To increase accountability to stakeholders, goals and objectives must be also designed in consultation with those stakeholders. A well known example of participation in developing indicators is the WASH indicator developed by a community which was - "# of hours girls spend in school" - highlighting the importance of education to the community, and also that improved water access had improved education possibilities. So the indicator has a measurement of impact built into it, the improved water access as an outcome can be assumed.

Comments:
• Organisations document how it speaks with a balanced cross-section of representatives from the affected communities.

• Agency has a verifiable record of how communities (or their representatives) are demonstrably involved and influential in decision-making, implementation and judgement of impact throughout the lifetime of a project.
• Agency has mechanisms in place to monitor and evaluate outcomes and impact and these are reported against (incl. to affected communities).
• Cluster has a verifiable record of how it identified interest groups in the affected communities, and the power relationships that exist.

Tool 6. AAP Committee sample Terms of Reference

Roles and responsibilities of a community monitoring committee

- Monitor how activities are being carried out for example BSFP distribution, randomly visit some households and check if targeted children or PLW received the nutrition supplies and weather utilizing appropriately.
- Keep track of programme implementation against targets, using the information shared by the implementing partners based on project targets.
- Regular meetings with implementing partner staff to discuss progress and highlight any challenges and verifying on goods procured for the program, such as checking the quality of items provided.
- Receiving and communicating complains from mothers/caregivers, and sharing this with program staff, if it is relevant for the feedback to be channel through the same structure then the committee member can deliver back the response.
- Propose ideas for the next project cycle, the pressing needs, major gaps and how response can be designed to appropriately and effectively deliver to the mothers/caregivers in the community.

AAP committee members consists of 8-10 members

- Community Health Volunteer (CHV) preferably female.
- Catchment health facility in-charge representing MoPHP. i.e. supervisor of CHVs
- Member form Village Development Committee/ Sub-district Development Committee if available
- Village leader
- Mother Support Group Lead women
- Influential women group leader in the community
- Rural development chairperson/ social well fare chairperson

Note: adjust according to community structures, such as Youth community champion groups can be added if available.

Guidance on committee selection

- High women's participation is crucial, women's leadership should be ensured in the committee.
- If possible involve the community in selecting additional members by either nomination or voting, discuss the process that is more culturally acceptable, that might encourage more women participation.
- Develop a simple TOR for the committee (or use the roles and responsibilities above as the ToR) so that they, and the wider community, are clear about their roles and responsibilities.
- Provide an orientation, covering their role, the key aspects of the project, role of the program staff, how dealing with conflict, managing a committee, presenting in public and that members as well are held accountable.
- Agree on channels of communication, within the committee, how concerns are presented, and how feedback messages are channelled.

Tool 7. Guide to program staff on information sharing

Our principles
We are committed to providing timely, relevant and clear information about our organisation and the work we do with affected communities, and partner organisations.

We need to make sure we share this information in languages, formats and media that can be easily understood by the affected communities we work with.

Here's a checklist of the information you need to share with partners and affected communities. **Go through the checklist and tick** to see if you are sharing this information, and any gaps you need to address!

Remember! In order to be able to share this information with partners and communities, our staff will need to know the below, therefore we first need to make sure that they have access to this information and can comfortably communicate about it to the affected population.

1. Information about the organization	
• What is our vision and mission?	☐
• Why are we here?	☐
• Where do we get our money?	☐
• Staff code of conduct- Behaviours you can expect from our staff	☐
• How to complain or raise concerns about our activities	☐
○ Why we set up a complaints mechanism	☐
○ What can people complain about?	☐
○ Who can complain?	☐
○ How and where?	☐
○ Timeframe of response	☐
○ Policy of non-retaliation and confidentiality	☐

2. Information about the proposed project	
• Project name	☐
• Target locations and how they were selected	☐
• Timeframe (start and end dates)	☐
• Names of partner organisations	☐
• Project goals and activities	☐
• Finances:	☐
○ Who funds this project?	☐
○ How much will the project contribute to your community?	☐
○ What will the community agree to contribute? (in cash or in kind)	☐
• Who will benefit from this project and how we propose to select them	☐
• How many people can the project help?	☐
• What will people receive and when (the deliverables)?	☐

- Information on significant changes to the original project ☐
- Progress reports – what is the progress this month, what is the plan for next? ☐
- Summaries of evaluations ☐

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3. Information on how people can be involved in the project

- Dates and locations of key activities, including meetings ☐
- Current agreement with the community on their involvement ☐
- How we propose to monitor and evaluate what we achieve together ☐
- Contact details for general queries ☐

Things you need to think about:

- How can you make sure that information is available and accessible to all members of the community?
- How will you give information? Verbally, in meetings, and/or in written form?
- How will you display information? Using maps, pictures, pie charts (for project finances) and photos is a good way of presenting information to people who may not be able to read.
- How will you update the information, and how regularly?
- How will you make information friendly?
- How can you encourage affected communities and PLW to ask questions about the information we give, or to give us feedback?

EXAMPLE INFORMATION SHARING TEMPLATE

Complete this Information Sheet Template and you can use it to guide your information sharing in community meetings, leave copies of it with community members, or put it up on an information board. Remember to keep it precise and clear. Translate the headings into the local language and present the information in the local languages.

For largely illiterate communities, you can leave copies of this sheet with literate members of the community. In such contexts, you will need to think about sharing the below information in non-written ways.

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1. INFORMATION ABOUT THE OGANIZATION

What is our vision and mission?
Why are we here?

Where do we get our money?
Staff code of conduct:

How to complain or raise concerns about our activities:
 	
    (1)   Why we set up a complaints mechanism:
 	
    (2)   What can people complain about?
 	
    (3)   Who can complain?
 	
    (4)   How and where:
 	
    (5)   Timeframe of response:
 	
    (6)   Policy of non-retaliation and confidentiality:

2. INFORMATION ABOUT THE PROJECT

Project name:
Target locations:
Timeframe (start and end dates):
Names of partner organisations:
Project goals and activities:

Finances:
    (1)   How much will the project contribute to your community?
    (2)   What will the community agree to contribute? (in cash or in kind):

How we propose to choose target groups:
What will people receive and when (the deliverables)?:
Information on significant changes to the original project:
Progress report – what is the progress this month, what is the plan for next?:
Summaries of evaluations:

3. INFORMATION ON HOW PEOPLE CAN BE INVOLVED IN THE PROJECT

Dates and locations of key activities, including meetings:
Current agreement with the community on their involvement:
How we propose to monitor and evaluate what we achieve together:
Contact details for general queries:

Remember! The communities we work with have a right to this information!

Tool 8. 10 steps to set up Complaints and Response Mechanism

We are committed to giving affected communities the chance to raise concerns or complaints, and to respond to them appropriately. Here are 10 steps to help you set up a complaints and response mechanism (CRM).

1- Secure organisational commitment and resources

Senior management and field staff must support the idea of a CRM. Staff responsible for handling complaints must dedicate time for the task, and may need training. In addition, some financial resources will need to be made available to set up the CRM.

2- Consult the affected population

Ask the affected people, and our partner organizations for their views about how we should get feedback and handle complaints. Find out about the traditional mechanisms for handling complaints that already exist and explore the possibility of using them in the project.

Make sure the communities know what they can complain about. We can deal with complaints about:
- The project (what we do and how we do it)
- The behavior of our staff and representatives (including partner staff, contractors/consultants, community committee members).

Here are some mechanisms:
Telephone hotline
Helpdesks
Suggestions box
Face-to face interviews
Regular "open house" meetings to receive feedback and complaints
Setting up a "community engagement committee" – comprised of respected community members who receive concerns or complaints on our behalf and share them with us.

Remember! The process you design must protect who may complain

3- Design the process for complaints handling and agree who will do what, when, and how.

Process: The project team need to agree how the CRM will work in practice. This will mean thinking about the scope of the mechanism (see Step 2), how to ensure the safety of the complainant, how to handle allegations of abuse, and the referral (cases outside of our mandate that we will need to refer to local authorities or other agencies) and appeals processes (what happens if the person making the complaint is not happy with the outcome). For the referral process, consult your local procedures for child safeguarding.

Would they face any repercussions if they were to voice concerns of a sensitive nature, for instance? Your CRM must include *principles of confidentiality and non-retaliation*. *Confidentiality* means the name of the complainant and the person they complain about will be

kept confidential by those involved in handling the complaint. The *principle of non-retaliation* means that the person will not lose access to our services as a result of complaining about our program or staff.

Roles: The team also needs to decide on roles: who will receive and register complaints, who will investigate and how, who will respond, and by when.

Remember! If you're using a complaints box, put the organization's logo on it (security permitting), the project name, and the scope of the mechanism (what people can complain about)

4-   Set up the complaints handling infrastructure in the community and train staff
Make access to the complaints processes as easy and safe as possible:
- Make it possible for affected people.
- Receive complaints both verbally and in writing.
- Make it possible to file a complaint on behalf of somebody else.
(whether owing to illiteracy, fears for personal safety,
inability to travel, etc).

Ensure that all staff know about and are trained to implement the CRM.
Ensure that staff are aware of the organization's staff code of conduct, the organization's regulations and local procedures for reporting concerns and allegations.

5-   Make sure people know how the CRM works
Affected need to know how to use the CRM. You could put up posters on community noticeboards, or hold a meeting to let people know how to complain. Clearly state *what* people can complain about.

Tell people how long each stage of the process should take. How often will the complaints box be checked? How many days before we will give an initial response to a complaint? And describe the appeals process.

6-   Record the complaint
Complaints should be recorded on a complaints form, in a logbook, or on a database.
After recording the complaint, a member of staff should complete the relevant forms as appropriate.

As you record the complaints, it is good practice to categories them in order to make it easy to analyze trends afterwards.

Keep complaint files confidential. Only those responsible for dealing with complaints should have access to these files. It is vital that complainants have complete trust in the process, and that their right to confidentiality is respected at all times.

7-   Acknowledge the complaint, verbally or in writing

Let the person who made the complaint know that you have received it. Your verbal or written acknowledgement should include the date the complaint was made, the person to whom the complaint was made, a brief outline of the nature of the complaint, the date by which the person can expect a response, and how to appeal against the outcome of the complaint.

Remember! Confidentiality does not only protect the complainant, but also our staff, who may have a complaint lodged against them

8-   Resolve the complaint

Resolve informally: Most complaints can be resolved quickly and informally with common sense and knowledge of the program. Staff must be encouraged and supported to do this wherever possible. Even if a complaint is resolved immediately, it is still good practice to record the complaint in the complaint database or logbook, and to note the outcome.

Resolve formally: Some complaints, especially where they allege staff misconduct and any breech against the organization's policy, cannot be resolved quickly or easily. Some complaints may need to be 'escalated', so that they are investigated at a more senior level or by those with specialist expertise.

9-   Respond to the person who complained

Try to respond to the person or people who made the complaint within 10 working days of it being received (or within your agreed timeframe, if this is different). If you are unable to do so, you must let them know why. You should update them on the status of the complaint, and let them know when they can expect to receive a response.

10-   Record the response into your database, monitor your CRM, and share learning

The organization should monitor the number and type of complaints that are being received. If you are not getting complaints, you should evaluate whether the community found the CRM accessible (easy to use), and whether your efforts to inform them about it worked well (and if not, why not).

Tracking the number and types of complaints you get will help you make changes in your current and future programs so that you do not keep getting similar complaints from the community. You should also share learning as appropriate with colleagues in-country, within your region, or more broadly across the organization.

Tool 9. Brief description of feedback and complaints mechanisms

The table below lists some of the most common techniques to consult with and engage with communities.

Key Informant Interviews
• Ideally, cluster partners should interview key informants from affected communities directly. • In some situations, it may not be immediately possible to speak directly to community members, so you may need to think of using alternatives sources of information, such as teachers, health care workers, local political representatives, etc. • Many of these people should be interviewed in any case, as they will have a specific knowledge and perspective about the community and its needs, but they may also have biases and are not necessarily representative of the community's beliefs. • Normally, interviewing 5-10 people per community (or region) should provide enough basic information about the community's priority needs and preferences around how assistance should be delivered. • Try to ensure that the key informants are representative cross-section of the community (women, men, age, etc.), and keep interview times to a maximum of 20 -30 minutes to avoid over-burdening people. • Interview teams should include women and men to facilitate conversations.

Focus Group Session:
• Focus groups are another good means to collect information about needs, priorities and concerns of the community. • A small number of focus groups (not more than 2 per community or 4 per region) will likely be more than enough to generate quality data on needs • Normally, focus group sessions should not have more than 6-10 participants, and depending on the situation, separate groups for women and men. • Cluster should decide on a common set of questions and focus group facilitation methodology in order to ensure compatibility and comparison of data. • In the early stages of the crisis, the objective should be on generating general information on needs, priorities and preferences, rather than on a specific technical issue. • Use special care when organising focus groups with children. Special techniques for creating child-friendly and safe spaces for child participation should be used.

Community meetings:
• Community meetings are different than focus groups, in that the size of the group is larger, and not necessarily a representative cross-section of the populations • But they are another good means to collect information about needs, priorities and concerns of the community.

- Community meetings also provide an opportunity to share information with affected people about what clusters and partners plan to do, or what criteria are used to prioritise assistance.
- It is very important for clusters to agree on a common approach to avoid misinformation and misunderstandings, and to manage expectations, as well as how to report and use the data from these meetings.

Household surveys:

- Many clusters use household surveys or other survey tools to collect information on needs and establish a baseline for response planning (such as the Nutrition cluster)
- These surveys can provide a comprehensive set of data on specific needs, and are useful for calculating the People In Need (PiN) sections of cluster response plans and the Humanitarian Needs Overview (HNO).
- However, cluster should consider integrating more qualitative questions into these surveys, based on the questions listed in the tool 4 (not more than 5 questions)
- These can include KAPs (Knowledge, Attitudes and Practices) surveys or Barriers Analysis, which can be very helpful to capture important information about the effectiveness of different interventions (particularly behaviour change) and understanding why or why not target groups are accessing and using assistance, or adopting behaviours that minimise risks.
- Due to time and resource constraints, it may not be possible or necessary to cover all households, so a sample (perhaps 5-10 % of the total number of households) should be enough to get a good sense of the perceived needs and priorities of different groups of the population.

Telephone/SMS surveys:

- More and more cluster partners are using mobile phones and other IT tools to collect and gather information from communities.
- Like household surveys this is an important way to collect information on needs and establish a baseline for response planning.
- However, like any other tool, the results should be considered with caution, as issues like access to phones may bias results.
- Using a common approach within the cluster and at the inter-cluster level to define questions, and a shared platform to collect and analyse results will help improve the effectiveness of these tools.

Common feedback platforms

- An alternative approach is to use a common platform to regularly conduct opinion surveys, track rumours, or share information with affected people.
- This approach is becoming more common at the inter-cluster level, and can be a useful and cost-effective way to get a good overview of the affected population's perspectives and views about assistance.

Tool 10. Pros and cons of feedback and complaints mechanisms

The table below lists some of the pros and cons about some of the most common feedback and complaints mechanisms used in the humanitarian sector. Clusters should discuss and agree in advance what the most relevant and appropriate approach should be for gathering feedback and complaints, and how to maintain the safety and confidentiality of complainants. The cluster should also define how the information will be analysed and shared at the cluster, inter-cluster or HCT level depending on the nature of the feedback.

In line with PSEA requirements and the Core Humanitarian Standards, all clusters partners should be reminded of their responsibilities to carefully manage and address any sensitive issues around sexual abuse and exploitation, with special emphasis on ensuring complaints are handled with confidentiality and in accordance with agreed protocols.

Hotlines

Pros	Cons
Can collect anonymous and confidential feedback	Requires more set-up time, which may be too long for short projects
Is easy to use with access to a phone	Depends on a working phone system in the community
Is accessible to non-beneficiaries	Doesn't work well for community members who do not have access to a phone, especially the elderly and the poor
Is accessible to people with mobility concerns, such as those in remote locations or the elderly	Requires staff to be available to answer the phone (how many hours a day will it be monitored?)
Is useful in populations with low literacy	Could be costly for community members to make calls if a toll-free number is not set up

Help Desks

Pros	Cons
Is convenient for beneficiaries as it is established along with other program activities	Not collect anonymous feedback
Can be set up quickly	Requires a good degree of staff or community volunteer time
Lets you ask for follow-up or more detailed information during interactions	Is less accessible to non-beneficiaries if established as part of project activities
Provides good visibility depending on where and when they are established	

Can collect confidential feedback, although the person giving the feedback may be reluctant to share in such a visible way	
Is useful in populations with low literacy	

Suggestion Box

Pros	Cons
Can collect anonymous and confidential feedback	Is not accessible to community members who don't read and write
Is accessible to non-beneficiaries	Can be difficult for people with mobility concerns, such as those in remote locations or the elderly
Is useful in highly literate populations	

Face-to-Face Interviews

Pros	Cons
Can collect anonymous and confidential feedback	Is not accessible to community members who don't read and write
Is accessible to non-beneficiaries	Can be difficult for people with mobility concerns, such as those in remote locations or the elderly
Is useful in highly literate populations	
Can collect anonymous and confidential feedback	Is not accessible to community members who don't read and write
Is accessible to non-beneficiaries	Can be difficult for people with mobility concerns, such as those in remote locations or the elderly
Is useful in highly literate populations	
Can collect anonymous and confidential feedback	Is not accessible to community members who don't read and write

Monitoring Methods

Pros	Cons
Let you efficiently add a few questions into planned monitoring activities to solicit feedback and satisfaction	Cannot collect anonymous feedback
Can be adapted for the audience, such as adopting child-friendly approaches or culturally appropriate greetings for the elderly	Limit the number of people who can be selected, so important feedback or other serious complaints may be missed
Are good for people with mobility concerns, such as those in remote locations or the elderly	

Provide an opportunity to actively seek feedback and may generate more feedback than other approaches	
Are useful in populations with low literacy	
Let you efficiently add a few questions into planned monitoring activities to solicit feedback and satisfaction	Cannot collect anonymous feedback

Focus Group Discussion/Consultative Meeting

Pros	Cons
Can get feedback from more people in less time	Cannot collect anonymous nor confidential feedback
May engage non-beneficiaries	May have certain people dominating the group, diluting the value of their feedback
Can be adapted for the audience, such as adopting child-friendly approaches or culturally appropriate greetings for the elderly	May not be appropriate in some cultures in which public criticism is not acceptable
Is useful in populations with low literacy	Limits the number of people who can be selected, so important feedback or other serious complaints may be missed

Tool 11. AAP assessment tool for information sharing at the program closure stage

Information sharing / program exit	1= Not at all	2= Some, but quite weak	3= Yes, but room for improvements	4= Fully in place
Does the organization keep children/communities/key stakeholders informed about how the capacity of local partners, children and community members will be developed throughout the program so that they are able to take over responsibility when the organization withdraws?				
Does the organization keep children/communities/key stakeholders informed about the program closure activities, including communicating with stakeholders about when, why and how you will be closing your program, and who they should contact once the organization has left in ways that are accessible and appropriate to the context?				
Does the organization keep early communication with children/communities/key stakeholders about the organization's exit strategy? How much early?				
Does the organization keep children/communities/key stakeholders informed about details on handover for another organization whether governmental or other NGO (e.g. MoPHP) before closure of the program.				
Does the organization keep children/communities/key stakeholders informed about handing over assets?				
The organization keep children/communities/key stakeholders informed about relevant program's learned lessons for improvement in an accessible manner (documentation of learned lessons).				
Does the organization has well-defined indicators to capture short and long term effects?				

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