CARE BANGLADESH

Sidr Response

Humanitarian Accountability and Quality Management: STATUS REPORT

Cyclone Sidr Response – Bagerhat, Bangladesh

February 2008

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We would like to thank CARE Bangladesh for support in this field visit, the partner NGOs and the many men and women in Bagerhat District who have so generously shared their time and views with us during the visit.

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List of acronyms and definition of key terms

Key acronyms

CRMs: Complaint and Response Mechanisms
FGD: Focus Group Discussion
HAP: Humanitarian Accountability Partnership
IAWG: Interagency Working Group
PQM: Programme Quality Management Unit
PMs: Programme Managers
PNGO: partner NGO
POs: Programme Officers
RIC: Resource Integration Center
SSI: Semi-Structured Interview

Definitions of key terms

Accountability: the means by which power is used responsibly. Humanitarian accountability involves taking account of, giving account to and being held to account by disaster survivors

Complaint and Response Mechanisms: mechanisms through which an organisation enables stakeholders to complain against its decisions and actions, and through which it ensures that these complaints are properly reviewed and acted upon. Enabling the community to complain or give feedback is an essential part of accountability and of protecting the right of those served by humanitarian organisations to have a say.

Humanitarian Accountability Framework: a set of definitions, procedures, and standards that specify how an agency will ensure accountability to its stakeholders. It includes a statement of commitments, a baseline analysis of compliance, and an implementation policy, strategy or plan. Commitments may include external standards, codes, principles, and guidelines, in addition to internal values, mandate, principles, charter and guidelines.

Humanitarian Quality Management System: a designated set of processes that enable continual improvement in an agency's performance in meeting the essential needs, and respecting the dignity, of disaster survivors.

*Monitoring***:** a continuous process that takes place throughout the timeframe of a project. A continuing function by which data about specified indicators is collected systematically and provided to management and to the main stakeholders of an ongoing development intervention. The data indicates the extent of progress, the achievement of objectives and how allocated funds are being used.

Participation: participation in humanitarian action is understood as the engagement of affected populations in one or more phases of the project cycle: assessment, design, implementation, monitoring and evaluation. This engagement can take a variety of forms. Far more than a set of tools, participation is first and foremost a state of mind that places members of affected populations at the heart of humanitarian action as social actors, with insights on their situation and with competencies, energy and ideas of their own.

Partners: The individuals and organisations that collaborate to achieve mutually agreed objectives.

Quality management: The coordinated activities used to direct and control an agency with regards to quality and quality assurance.

SUMMARY OF KEY RECOMMENDATIONS

1. Summarise key CARE background, values, principles and commitments for dissemination to all staff and partners and agree how the implementation of such commitments will be managed, with particular focus on who takes responsibility for each of them, monitoring and evaluation, and reporting.
2. Draft strategy for partner capacity building with respect of the Principles of Accountability and Principles of Humanitarian Action with particular focus on:
    a. Disseminating minimum level of information about the partnership to disaster-affected communities
    b. Tools and resources on how partners can enable beneficiaries and their representatives to participate in project design, implementation, monitoring and evaluation.
    c. Developing appropriate complaint handling mechanisms, including identifying ways through which complaints that cannot be addressed by partners can be safely referred to CARE so as to allow communities to access CARE directly should they need to do so.
3. Together with PNGOs, identify ways through which partners could raise more sensitive concerns they may have in relation to CARE, and jointly develop a written procedure.
4. Incorporate minimum competencies related to humanitarian accountability (skills, knowledge and attitudes) in the existing Disaster Skills Database. Identify ways in which these competencies will be included in, and assessed as part of, the existing staff evaluation performance.

In the Sidr response in particular,

5. Clarify reporting lines between different teams and senior managers within different teams, with particular attention to M&E, Programmes and Partner Liaison teams
6. Reinstate the weekly response team meeting, to
    a. review progress to date, including recommendations from the M&E team,
    b. identify areas for adjustments and assign responsibilities on who will take forward specific action points,
    c. agree on how implementation of action points will be tracked and progress reported
7. Clarify with partners what information they need to disseminate to disaster-affected communities.
8. Capture input from beneficiaries and demonstrate that it has impacted project design and implementation. This means a section in the reporting process should state meetings held, outcomes and decisions made.
9. Introduce quality checks to ensure CARE and PNGO staff as well as beneficiaries have an awareness of their right to complain safely and a right to receive a response.
10. In the current response, strengthen existing complaint boxes and agree plan for assessing the appropriateness of extending the complaint boxes to all programmes.
11. Through existing M&E activities, continue to review levels of beneficiary accountability and quality management to capture impact of recommendations made in this report. Develop a plan to continue the focus group discussions with disaster-affected communities.

SECTION I: BACKGROUND AND METHODOLOGY

I.1. Introduction

This report is part of a HAP initiative in Bangladesh to strengthen awareness, and improve practice, of humanitarian accountability and quality management in response to Sidr Cyclone and beyond.[1] The following organisations have provided support to this initiative: CARE Bangladesh, Christian Aid, Concern Worldwide Bangladesh, DanChurchAid, Muslim Aid UK, Oxfam GB Bangladesh Program, Save the Children UK in Bangladesh, Tearfund UK, and World Vision Bangladesh. In particular we would like to acknowledge the support from Concern Worldwide in hosting the HAP Field Team in Dhaka.

As part of the initiative, a designated member of staff from HAP member agencies work alongside the HAP Field team to conduct an accountability review of the agency's cyclone response at one field location. The review provides a snapshot of the agency's level of humanitarian accountability and quality at that particular site, and identifies good practices, gaps, and areas for improvement that require immediate or longer-term action. At the end of this process, the agency staff working with the HAP team will have the knowledge, capacity and confidence to undertake further reviews of the agency's accountability to disaster survivors (by integrating this into existing monitoring and evaluation or through the use of new tools and processes). The agency will be in a better position to respond to evidence-based recommendations and continuously improve its humanitarian accountability and quality management system.

I.2. CARE and the Humanitarian Accountability Partnership (HAP)

CARE Bangladesh's mission is to amplify the voices of the poor and the marginalized in ways that influence public opinion, development practice, and policy at all levels. CARE Bangladesh's work is guided by five core values: respect, integrity, commitment to service, excellence and diversity.

As one of the 21 HAP members, CARE is also committed to taking account of the views, needs and capacities of disaster survivors to improve the quality and effectiveness of its humanitarian work. As per its membership obligations, CARE will seek to comply with, and promote, the HAP Principles of Accountability, including in relation to local partners.

To assess compliance with the Principles, HAP members have developed and, in January 2007, adopted the 2007 HAP Standard in Humanitarian Accountability and Quality Management. The requirements and means of verification in the Standard provided the framework for this review.

Partners of HAP members are autonomous entities and not themselves made a commitment to the HAP Principles. Two key elements of a HAP member's agency will be measured with regards to their partners:

1. That the agency has **informed and made their partners aware of the agency's own Humanitarian Accountability Commitments**. In other words – the partner should be aware of what standards, codes, and guidelines the agency has signed up to and whether any of these have direct or indirect impact on the partner. This would normally be captured in the contract between the agency and their partner, but should also be found on the agency's Humanitarian Accountability Framework.
2. The agency should be able to demonstrate that, with its partners, it has jointly discussed and established means to improve the quality of their partnership by strengthening partner ability to apply the Principles of Accountability and the Principles for Humanitarian Action.

I.3. The Context

CARE first started working in Bangladesh in 1949 and today works in 64 districts serving 12 million people. In response to Cyclone Sidr, CARE Bangladesh has been working through local partners in Bagerhat and Barguna districts. The response initially focused on providing food and non-food items to 69,000 households, with distributions continuing until March 2008. In the next phase, CARE is focusing on WASH, livelihoods and shelter activities for 50,000 households in Sharankhola and Morelgonj Upazilas, Bagerhat

[1] The strategy for this joint initiative is: to support staff to better understand principles of accountability to disaster survivors and their agencies' compliance with these principles; to promote and support immediate action and longer-term collaborative approaches that strengthen the accountability and quality of humanitarian work; to facilitate the development and implementation of accountability self-assessment plans; and to promote sharing of lessons learnt and peer support amongst HAP members, their local partners and other interested agencies.

district. These activities will continue until September 2008, implemented through local PNGOs: Prodipan, Resource Integration Center (RIC), Shaplaful and Uttaran.

The M&E team of CARE Bangladesh had been actively reviewing humanitarian accountability and quality of the Sidr response programme through three specific rounds of monitoring conducted in December, January and February (currently on-going). Focus group discussions (FGDs) with communities are used to gauge levels of accountability and quality and findings compiled in a report shared with Programme Managers. At the time of this field visit, the December report had been circulated and the January report was being drafted, though findings and recommendations had already been communicated to Programme Managers.

I.4. Objectives and next steps

From 25th to 28th February 2008, a team composed of CARE Bangladesh staff (from the Sidr-response team: Shawkat Ara M&E Coordinator, Aminul Islam M&E Manager, Jahangir Hossain M&E Officer, Jannatunnesa Livelihood Team Member; from CARE Bangladesh Impact & Evaluation Program Quality Unit: Eliza Islam and Francis Lwanda) and HAP Field Team (Monica Blagescu Field Representative, Emily Rogers Field Support Officer) worked together with the following objectives, jointly agreed:

- To undertake a joint assessment in relation to HAP Standard[2] in particular benchmarks 2: information, 3: participation and 5: complaints and response mechanisms
- To identify immediate action for CARE Bangladesh and its partner NGOs to improve humanitarian accountability and quality in the Sidr response
- To make initial recommendations to senior management of CARE Bangladesh on how to improve their humanitarian accountability and quality management system in particular in relation to assisting partners in developing their own capacity to comply with the Principles of Accountability
- To address other areas of immediate support for the M&E team, including staff coaching to undertake future self-assessments and identification of other tools and resources that can be used to monitor humanitarian accountability and quality management during the recovery and rehabilitation phase

For a complete baseline analysis of CARE Bangladesh against the HAP Standard, a more extensive study is needed to include a full documentation review of the quality management system and practice at the Country Office level. This relates in particular to Benchmarks 1, 4 and 6. **Certain policies and procedures may already be in place and the lack of evidence of their implementation in Bagerhat is either symptomatic of how the implementation of such policies and procedures is being managed (communication from Dhaka to the CARE Bagerhat office to the PNGOs, etc) OR highlights issues of non-compliance.**

An overview of the findings was discussed with the Bagerhat SMT on February 28. Some issues that required immediate attention have already been communicated and acted upon by the respective Programme Managers. A debriefing with the SMT, including Assistant Country Directors, took place in Dhaka on March 16. The HAP team will provide support in developing a work plan (including discussion on resources) to implement priority recommendations. Findings will be shared with other HAP members as part of a lessons-learnt and joint action planning workshop on 25 March 2008. To follow up on how priority recommendations and relevant workplans are implemented, an after action review is tentatively planned for September 2008.

I.5 The Process

The joint team – HAP, M&E, PQM – met on February 25 to discuss and plan the process to be followed in the next 4 days. A briefing of SMT and other staff in the Bagerhat office took place after that, to set the context, share objectives and seek input into the process. A combination of observation, focus group discussions (FGD) and semi-structured interviews (SSI) with CARE Bangladesh and PNGO staff, beneficiaries, non-beneficiaries and some local authorities took place, together with some limited documentation review. During the discussions, a similar set of questions was asked to gain an

[2] This was not designed as a full baseline analysis against the HAP Standard but to provide an initial indication of where CARE stands in relation to the Benchmarks in the Sidr Response and as preparation for the CARE-B Team for potential future self-assessments against the Standard.

understanding of how CARE and their PNGOs had been working with the community with particular reference to information sharing, participation and complaints handling.[3]. Wherever informants did not mention the different programmes known to be operating in a location, the team did ask about them explicitly e.g. food relief, WASH. Discussions were also held separately with partner staff to understand more about their relationship with the community and their relationship with CARE. Interviews and informal discussions with CARE staff helped gain a better understanding of how CARE works with PNGOs, and of quality management systems within CARE.

The review built on the existing work undertaken by the M&E team to assess accountability and quality in the response to Sidr in December and January. For the field visits, the team agreed to focus on the primary activities in the emergency relief to date (food distribution and NFIs) and cover activities implemented through more than one PNGO.[4] Five locations in the Bagerhat District were selected, where RIC and Shaplaful operate, covering food distribution and WASH. The team did not have time to study in detail the livelihoods programme: discussion on this was limited to CARE Bangladesh and PNGO staff. In-depth and more extensive discussions with field-based staff of all four PNGOs, Prodipan in particular, as well as with beneficiaries of livelihoods programme are yet to be completed.

Table 1: Summary of FGDs and semi-structured interviews

Partners	**Location, Project**	**Community members**	**Staff**
Resource Integration Center	North Southkali Union WFP Food WASH	1 FGD – 28 men (beneficiaries)	3 staff
	Kuantakata ECHO distribution	8 SSI – men (beneficiaries) 1 SSI – man (non-beneficiary) 2 SSI – women (beneficiaries) 5 SSI – women (non-beneficiaries) 1 SSI – Chairman 1 SSI – Chairman's secretary	
	Uttarkadomtola village, Rayanda Union WFP Food	FDG – 8 women (beneficiaries) FDG – 9 women and 2 men (beneficiaries)	
Shaplaful	Saidpur Village, Shahapara, Rakalgachi Union WFP Food	FGD – 11 women (beneficiaries). FGD – 11 women, 5 men (non-beneficiaries), plus 1 beneficiary	1 staff
Uttaran	Bagerhat CARE office	-	6 staff
	Rayanda, Rayanda Union	3 SSI – men (non-beneficiaries)	

The team also had semi-structured interviews with 10 CARE Bangladesh staff, including Programme Managers, Officers and Monitors.

[3] The areas covered with each of the questions are elaborated under each of the individual Findings sections.
[4] Implementation of WASH through PNGOs started in the 3rd week of December 07, and livelihoods started in the second week of February 08.

SECTION II: FINDINGS AND RECOMMENDATIONS

II.1. Humanitarian quality management system

BENCHMARK 1: *The agency shall establish a humanitarian quality management system.*

The expectation here is for CARE Bangladesh to have in place a documented humanitarian accountability framework and ensure that their management system enables the implementation of this framework throughout the organization, including in the Sidr response. In relation to partners, the expectation is that CARE Bangladesh has in place a strategy for assisting partners to develop their capacity to comply with the Principles of Accountability.

Table 2: Summary findings against Benchmark 1 Requirements

Benchmark 1 Requirements	**Current status**
1.1 The agency shall document its humanitarian accountability framework (referring to all relevant internal and external accountability and quality standards, codes, guidelines, and principles committed to by the agency)	CARE is currently consolidating the IAWG Accountability Framework. This has not been adopted by the SMT yet. While the final document has not been reviewed in detail by the team during this exercise, staff in the M&E team who were aware of the ongoing process could not clearly identify how the different internal and external accountability and quality commitments are linked into it.
1.2 The agency shall demonstrate that its humanitarian quality management system enables implementation of its humanitarian accountability framework	Here we looked in particular at how the existing quality management system functions and assessed its potential to enable the implementation of the Accountability Framework. Most elements of an effective quality management system are in place, though some discontinuity between different processes was obvious, which interfere with the effectiveness of the overall system. There are broken internal communication lines which possibly suffer due to a lack of clarity on how different roles and responsibilities are shared (notably between M&E team, Programme teams and Partner Liaison team), the absence of a regular staff meeting (for planning and review purposes), risk is not managed through a coherent approach and it is not clear how lessons learnt and recommendations are tracked, acted upon, and integrated into future planning for improvement. [For example, food monitors have been reporting for a while that when they are not directly observing the distribution, smaller food quantities are distributed. However, the issue has not been addressed yet and it was apparent in this joint field visit.] <u>In relation to partners in particular,</u> As per the Partnership Agreement, CARE and PNGOs "jointly determine the type of intervention and specific locations". Partner selection criteria were not known by partners themselves though these are in place in Dhaka. No strategy for assisting partners to develop their capacity to comply with the Principles of Accountability is in place yet, though orientation and training is provided for partner staff and regular meetings take place between PNGOs and different CARE teams. The information on partners is not communicated within CARE in an integrated manner, which hinders the monitoring and evaluation of partner performance and partnership relations. For example, some partner work is monitored through the M&E team, recommendations are passed onto PMs but no regular formal feedback is provided back to the M&E team to enable them to capture improvements/how recommendations are being implemented. There is no assessment or review of partners against the Accountability Principles. The "zero tolerance policy" in the Partnership Agreement refers primarily to financial controls.

Benchmark-specific conclusions and recommendations

The Common Accountability Framework developed by IAWG is not yet known at field level, except by some staff in the M&E team.

- Once consolidated at the HQ, the Framework needs to be approved by the SMT together with an Implementation Plan.
- The Plan needs to clearly indicate objectives, how progress will be monitored, and make reference to respective action plans for details.
- As partners are a key part of CARE work, the implementation plan should contain how partners are being monitored and progress tracked.

At present there is a disconnection between organizational commitments and the CARE management system. It is expected that this will be addressed once the Accountability Framework is in place and linked to a quality management system. In terms of how other commitments are currently managed, several aspects are missing:

- Job responsibilities: i.e. which levels of management are responsible for implementation and quality assurance of different organisational commitments
- Processes used (i.e. strategies, guidelines, training)
- Learning and improvement: some of the commitments and the implementation plans are checked as part of the M&E work, though it is unclear how those who receive relevant reports will act upon them and track progress against relevant recommendations.

It was unclear what accountability commitments applied for partners, what expectations CARE had from each partner with respect to how they made their commitments known and how they built partner capacity regarding Principles of Accountability and Principles of Humanitarian Aid. Once the Accountability Framework is rolled out, partners need to be informed of and made aware of it. The decisions made by CARE as to which commitment impacts which partner needs to be clearly defined. This could be built into contracts, induction and briefing of partners, strategies for partner development etc.

Immediate recommendations

Until the IAWG Accountability Framework is rolled out from the HO through a coherent strategy, and to support that upcoming process, the following are recommendations for CARE Bangladesh and in the Sidr Response in particular:

- Develop a brief list of key organizational commitments – internal and external, including Principles of Accountability – and communicate this to both field staff *and* local partners
- Agree how the implementation of such commitments will be managed, with particular focus on who takes responsibility for each of them, M&E and reporting.
- Communicate to partners how their compliance with the above commitments (but also how compliance as per the MOU, Partnership Agreement and current project documents) is to be assessed
- Clarify ***reporting*** lines between different teams and senior managers within different teams, with particular attention to M&E, Programmes and Partner Liaison teams
- Reinstate the weekly response team meeting, to
    - review progress to date, including recommendations from the M&E team,
    - identify areas for adjustments and assign responsibilities on who will take forward specific action points,
    - agree on how implementation of action points will be tracked and progress reported

II.2. Information dissemination

BENCHMARK 2: *The agency shall make the following information publicly available to intended beneficiaries, disaster-affected communities, agency staff and other specified stakeholders: (a) organisational background, (b) humanitarian accountability framework, (c) humanitarian plan, (d) progress reports, and (e) complaints handling procedures.*

Through observation and discussions we tried to identify

- How, when and what type of information is shared with the disaster-affected communities; in particular, we were looking for information about the organization (CARE and PNGO); commitments that CARE and the PNGO had made; the plan and progress; how to raise concerns
- Whether the information is presented in languages, formats, and media that are accessible and comprehensible for beneficiaries
- Whether disaster-affected communities know about beneficiary selection criteria and deliverables *as agreed* with their representatives
- Whether beneficiaries know how to identify and contact relevant PNGO and/or CARE staff

In relation to partners, the expectation is for a mechanism to be in place by which CARE Bangladesh ensures its partners convey information to beneficiaries, in particular that they are CARE partners, what the deliverables and beneficiary selection criteria are, how beneficiaries can raise concerns directly to CARE.

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Staff other than the M&E team had limited awareness of the IAWG Accountability Framework and answers on what are some of the key CARE internal and external commitments differed amongst staff from various teams. The CO level SMT seems to be familiar to the accountability framework. But for FOI level SMT – though many of them attended an orientation facilitated by M&E – the M&E team indicated that non practice and lack of sharing with PNGO is more about a change in attitude and mind-set. This demands careful attention from the CO. Partners did not know key CARE commitments, including the Principles of Accountability, or how these apply to them. Financial controls and gender policy were an exception.

Table 3: Summary of information availability

Information known to communities	**Information not known / wanted on**
• Who the beneficiaries are • That PNGO credit-scheme members were selected as beneficiaries • What beneficiaries would receive (items and quantity at each distribution) and how many times they would receive it • That there are different types of distribution cards • The distribution date, the day before it takes place • Who the donors are and that PNGO and CARE are implementing partners • Who PNGO staff were • That some distribution centers had complaint boxes	• The time range between distributions and the duration of the project • The criteria based on which beneficiaries had been selected • Entitlements of *different* card holders • Why some items were missing from the package and the reason for delays in activities • The procedure for the beneficiary list rectification process • Who to ask for more info (other than UP members) • What type of complaints they could raise through the complaint boxes and what will happen with information they submit • Who to approach with suggestions or concerns

<u>How information is communicated to beneficiaries</u>

The primary means of providing information to beneficiaries is during meetings. This is done by the UP member or Chairman (based on their conversations with the PNGO), or directly by the PNGO field-based staff. Either PNGO staff or local authorities inform beneficiaries that they have been selected. However,

beneficiaries and non-beneficiaries mentioned that most information comes through the local authorities and that they would like more information directly from the PNGO. One PNGO also mentioned they share details about the distribution (items, date etc) with teachers, elite and village police and ask these people to further disseminate this information. The effectiveness of these communication methods is not being monitored.

Information is also disseminated in writing (via the chit cards and on posters at the distribution centers) and via megaphones (although beneficiaries interviewed mentioned that it is never known who is was speaking). The first distribution in particular served as a good source of information.

When wanting to find out more information, beneficiaries said that they would ask the Chairman. But many of them do not have easy access to the Chairman. Overall, they mentioned that "[PNGO] has never given us opportunity to ask directly" and they did not feel in a position to approach staff and ask questions. In Uttarkadomtola alone, some beneficiaries mentioned that they would go to the nearby PNGO (RIC) office to ask questions.

There was also evidence of distortion of information. For instance interviewing beneficiaries in one distribution point revealed that they were asked by the distributors (it is usually UP members and Chairman) to share one food package among two beneficiaries. Beneficiaries did not know whether this was a decision made by CARE/PNGO or UP Chairman. It was also not clear whether this sharing has doubled the number of beneficiary coverage or the same number of beneficiaries is receiving half of what they are entitled to.

In certain instances, lack of knowledge of beneficiary selection criteria, entitlements and changes in deliverables has led to increasing frustration on the part of Sidr-affected communities. Some specific instances are highlighted below:

Information on beneficiary selection process: There was a general understanding that beneficiary lists had been primarily drafted according to PNGOs' credit-scheme membership. There was some confusion amongst existing PNGO credit-scheme members themselves: more recent members had been left out of the lists and they felt excluded since the cut off time had not been communicated by the PNGO.

Different entitlements: Communities were aware of the different types of cards (ECHO, WFP, VGF and VGD) though CARE/PNGO beneficiaries did not know the entitlements of different card holders or why different people were receiving different cards. Many felt cheated that they had returned previous cards in return for cards distributed by the PNGO: it was not clear whether the initial government-distributed VGF card would have entitled beneficiaries to higher or lower quantity of food than the cards distributed by the PNGO.

Changes in the program: Beneficiaries at the ECHO distribution in Kuantakata mentioned that they have to share the package with another household as requested by the chairman. Also, a large number of non-beneficiaries had arrived to the distribution center to receive food as promised by the Chairman.

Timing of information about deliverables: In North Southkali, 150 latrines had been promised yet so far nobody had informed beneficiaries why only 50 had been provided to date, how the households to receive these 50 had been identified and when the others would be provided.

The date of the food distribution is communicated the day before it takes place and beneficiaries did not know the duration from one round of distribution to the other. Not knowing the time between distributions affects beneficiaries' ability to plan available resources and all interviewed mentioned that this information would be valuable.

Partners

Partners have received some information about CARE and are well aware of the immediate plan since the project proposals have been jointly developed. Partners mentioned that they know some background information on CARE Bangladesh, though some of this was not accurate according to CARE staff. Meetings and discussions are held between CARE and PNGO staff with a view of communicating activity progress and adjusting plans accordingly. Concerns can be raised during such meetings, though partners did not

know how they could raise more sensitive complaints related to the partnership or staff behaviour, for example, should they wish to do so.

Partners did not know the CARE country strategy for Bangladesh or the longer-term plans in the Sidr response, and mentioned that they had not received any information related to CARE staff code of conduct or other standards and how these would apply to them.

Table 4: Summary findings against Benchmark 2 Requirements

Benchmark 2 Requirements	Current Status
2.1 The agency shall ensure that information is presented in languages, formats, and media that are accessible and comprehensible for beneficiaries and specified stakeholders	• What information and how it is being disseminated by CARE and PNGOs to disaster-affected communities has been discussed extensively above. • There is insufficient evidence to demonstrate that CARE assesses information needs, communication languages and appropriate formats. Stakeholder groups are not disaggregated on a regular basis so as to ensure information coverage. Recent work started by the M&E team provides a strong starting point to identify the effectiveness of different communication formats and media.
2.2 The agency shall inform disaster-affected communities about beneficiary selection criteria and deliverables as agreed with their representatives	• Disaster-affected communities we spoke to did not know about the beneficiary selection criteria; deliverables were clear though there was confusion on the beneficiary identification process (see Table 3 above). • Neither CARE Bangladesh nor the PNGOs have in place a consistent procedure or guidance to ensure that disaster-affected communities are informed about beneficiary selection criteria and deliverables in a timely and effective manner. [Including monitoring and evaluation of this information dissemination as part of the M&E team work has already been discussed with the team in Bagerhat.]
2.3 The agency shall include its name and contact details in all publicly available information	• The names of CARE and the respective PNGOs are shared in all publicly available information. Beneficiaries and non-beneficiaries we spoke to were aware of CARE and respective PNGOs responding in their community.
2.4 The agency shall make available information about the relevant parts of its structure, including staff roles and responsibilities	• Disaster-affected communities interviewed by the team did not feel in a position to approach either CARE of PNGO staff. • No information is being communicated to communities on whom to approach amongst PNGO or CARE staff. • Not all PNGO staff were certain whom to contact at CARE in relation to different issues they may have to raise.

Benchmark-specific recommendations

- An information strategy should be part of the process driven from the HQ. This should outline how to use the disaggregated beneficiary information to analyse information and communication format needs. It should also contain a range of ideas of tools to use (e.g. information boards, general community meetings, committee members, etc).
- Summarise key CARE background, values, principles and commitments for dissemination to all partners.
- Clarify with partners what information they need to disseminate to disaster-affected communities in relation to the partnership and partnership plans; emphasise the need to avoid over-reliance on one means of dissemination alone.
- For emergency response, a stand-by information pack could be made ready to use covering the minimum commitments in this benchmark.
- Provide staff (and partners) with instructions on the reason why CARE should make information available about its structure, staff roles and responsibilities, as well as guidance on how to do this.
- M&E guidelines should contain a section that verifies if information provided (by CARE and PNGOs) has been understood and received by all relevant stakeholders.

II.3. Beneficiary participation

BENCHMARK 3: *The agency shall enable beneficiaries and their representatives to participate in programme decisions and seek their informed consent.*
Through observation and discussions, we tried to identify whether and how beneficiaries or their representatives are enabled to participate in project decisions, in particular:

- Whether different group vulnerabilities are acknowledged and respected
- Whether beneficiaries participate in the project design, implementation, monitoring and evaluation and how CARE-B is assisting its partners in enabling beneficiaries to do so.

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Participation in planning

Senior management from one of the PNGOs mentioned that while the participation language is used, "nobody really does participation". Sidr-affected communities mentioned that no participatory vulnerabilities assessment and mapping of different needs had been done and felt they had no say in the initial planning process (beneficiary or activity-location identification process).

WASH beneficiaries said that households that would receive latrines had been selected by PNGO staff, the Chairman and two elites from village. They commented that the different needs of beneficiaries had not been given appropriate consideration: for example, one latrine was provided for every three households.[5] When one of the three households is relocating, as it is now the case, they take with them parts of the latrine (slabs, rings, etc) leaving the other two behind with no facilities. Should the community have been involved in the beneficiary selection process, they felt they could have provided suggestions on how to avoid such instances.

In Uttarkadomtola, beneficiaries said that existing RIC credit-scheme members had been identified as relief beneficiaries and given the chit card by RIC directly, while non-RIC members were identified and given the chit card by the Chairman.

In Saidpur, beneficiaries interviewed were credit-scheme members. The PNGO staff had visited their houses directly asking about livestock loss, field damage and whether they were receiving relief aid from anyone. Beneficiaries felt it would have been beneficial to appoint a representative and communicate their needs to the PNGO from the beginning. For example, they would have preferred to receive oil during the 1st distribution, and did not feel they had the opportunity to prioritize this then. Following this, they told the PNGO their preference and felt their views were listened to as oil was then included in the 2nd distribution.

Non-beneficiaries in the same community felt strongly that the beneficiary identification was based on existing PNGO members rather than actual need and vulnerability. They mentioned that only two non credit-scheme members received food aid and that the PNGO gives preferential treatment to existing members as incentive for loan repayment.

Use of representatives in decision-making

Overall, PNGOs have engaged with the Chairman or the UP member and communities felt that their needs and voices are not represented through this channel alone. In one of the locations visited, for example, beneficiaries pointed out that there has been an ongoing disagreement between the Chairman and UP member. The word "nepotism" has been mentioned several times, with direct reference that many in the community feel people from the Chairman's ward receive preferential treatment in terms of the relief aid they receive.

It was acknowledged that PNGOs cannot speak to every community member individually. Beneficiaries and non-beneficiaries alike mentioned that should the implementing partners call a meeting they would select a representative to go on their behalf: they gave an example that if the PNGO told a group of 10 households that aid was available only for five, they would mobilize themselves and put forward five households. On the

[5] In the meantime, this issue has been discussed with the CARE Programme Manager and identified as a failure in communicating information about deliverables and beneficiary entitlements. One latrine/household should have been clearly communicated, etc

other hand, PNGO staff running a livelihoods project mentioned that they had established a ten-person committee comprised of the poorest to be involved in decision-making, and that the committee is already providing useful input into activity decisions (on what vegetables to grow, etc).

"If you come here to give us something or not, at least you talk to some of us and ask us what we think" [beneficiary man in North Southkhali].

Beneficiaries with different needs / vulnerable groups

- Landless people felt treated differently because of their status; the ones interviewed during the field visit thought that priority was given to disaster-affected communities inside the embankment.
- People absent from the village when lists were made mentioned that their needs had not been at all considered in the process. They did not know if and what their entitlements were.
- Some beneficiaries waited for 12 hours at distribution centers and suggested that the distribution should happen by ward per day rather than by village per day. Beneficiaries interviewed confirmed the presence of a toilet at one distribution center, though this was locked and the key was with the school caretaker. Different queues for men and women were used. Elderly were pulled to front of queue by the Joint Staff Forces (army), which beneficiaries appreciated. Distribution centers were within accessible distance and shade was sometimes provided (the distribution visited in Kuantakata did not provide any shade).

Table 5: Summary findings against Benchmark 3 requirements

Benchmark 3 Requirements	**Current status**
3.1 The agency shall specify the processes it uses to identify intended beneficiaries and their representatives with specific reference to gender, age, disability and other identifiable vulnerabilities	The MOU with partners lists the criteria to be followed in beneficiary selection. Individual Project Documents leave room for confusion and interpretation on beneficiary identification processes. For example, documentation reviewed stated first that "Beneficiary will be primarily selected in consultation with local government through a community consultation process", second that "PNGO, local government and local administration representatives will jointly select beneficiaries". PNGO staff were not sure what processes to follow and whether community consultation processes were needed if the local authorities are involved in the selection. Project Documents were clear that, "PNGO group members or selected beneficiaries will not be the only target beneficiaries" though the evidence in the field showed signs of non-compliance with this stipulation. The Project Documents make specific mention of gender consideration, but no other vulnerabilities.
3.2 The agency shall enable intended beneficiaries and their representatives to participate in project design, implementation, monitoring and evaluation	There is insufficient evidence to demonstrate that CARE has met their commitment to enable participation in project planning, though participatory approaches were planned for implementation of new activities and M&E. Partners mentioned that the PM at CARE had informed them of the need to involve communities in the livelihoods project, though a plan for this was yet to be developed. Some evidence of beneficiary involvement was already apparent in the livelihoods work though not obvious in all other activities. Work that M&E team started through the FGDs, provide a good example of how beneficiaries could be involved in monitoring and evaluation. There is over-reliance on local authorities' participation in project decisions as representatives of disaster-affected communities. Partners mentioned the need for further support from CARE on how to engage with local communities, alongside authorities.

Benchmark-specific recommendation

- Needs assessments and subsequent reports should contain a section on the affected communities disaggregated to a level of specific vulnerabilities.
- A participation strategy on how to ensure identified groups are enabled to take part in programme decisions should be stated, including expectations and actions for both CARE, PNGOs and the disaster-affected community.
    - Quality assurance on how this strategy is implemented and monitored should be built into CARE's M&E activities and reporting timeframes.
- Staff (especially those carrying out assessment surveys and project design) need to be able to capture input from beneficiaries and demonstrate that it has impacted project design and implementation. This means a section in the reporting process should state meetings held, outcomes and decisions made.
- Stronger guidance from head office to field staff may be needed to ensure quality participation is taking place. It was not clear how much authority the M&E team had to influence field staff and it was obvious that some work undertaken to date by the M&E team to monitor beneficiary participation had not been given due consideration in the wider team

II.4. Staff competencies, attitudes and development needs

BENCHMARK 4: *The agency shall determine the competencies, attitudes and development needs of staff required to implement its humanitarian quality management system.*

In relation to partners, the expectation is that CARE-Bangladesh implements a clearly stated procedure on how it selects partners, how it monitors partner performance and what training it provides to support partner capacity to apply the Principles of Accountability. While partner training and development needs are not managed through the HR function, they are discusses here where relevant.

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Table 6: Summary findings against Benchmark 4 Requirements

Benchmark 4 Requirements	Current status
4.1 The agency shall maintain a statement of the competencies (knowledge, skills and behaviours) and attitudes required from its staff.	A statement is in place, though it does not include competencies and attitudes required in relation to the implementation of its humanitarian accountability commitments (IAWG Accountability Framework). Partner selection criteria During the FGDs, partners were not aware of CARE requirements for selecting partner NGOs but believed some criteria had been used to identify partners during a Dhaka meeting.
4.2 The agency shall ensure that staff are aware of the humanitarian accountability framework and humanitarian quality management system, its relevance and importance, and understand their responsibilities in its implementation	No clarity on a strategy in which CARE ensures staff awareness of the humanitarian accountability commitments and management system that enables their implementation. There was no evidence that each role is linked to responsibility to meet the relevant commitments. Induction takes place, though the IAWG Accountability Framework is not integrated into this process yet. Field-based CARE and PNGO staff alike were not clear on what the organisational commitments are. PMs, other CARE staff could mention some of these commitments, though they were not aware of their responsibilities in relation to their implementation.
4.3 The agency shall implement a system to review staff performance and competencies, including their knowledge, skills, behaviours, and attitudes	A performance management system is in place for CARE staff, though a review of performance and competencies related to the implementation of humanitarian commitments is not included. Monitoring of partner performance: Partners were aware that CARE was planning some formal monitoring and evaluation of their performance, though it was not clear if and how this will go beyond monitoring of activity progress, which is already ongoing on an informal basis.

Benchmark 4 Requirements	Current status
	Longer-term DM partners submit annual reports on contingency plans though no monitoring of partners against other agreed policies and commitments was mentioned. Partners expressed an interest in engaging in joint M&E activities with CARE.
4.4 The agency shall enable continual staff development for more effective implementation of the humanitarian quality management system	Some training and briefings on accountability and related topics have been offered to staff, including through the facilitation of the HAP Field team visit. <u>Capacity building for partners to apply the Principles of Accountability</u> An orientation session for partners took place, though how principles of accountability could be applied in the response had not been communicated. For example, one of the senior staff of a PNGO mentioned that "we are only working to deliver outputs […] activities that we are doing right now are very top down"

<u>Benchmark-specific recommendations</u>

- Incorporate minimum competencies related to humanitarian accountability (skills, knowledge and attitudes) in the existing Disaster Skills Database
- Identify ways in which these competencies will be included in, and assessed as part of, the existing staff evaluation performance
- Based on the list of accountability commitments made by CARE, map out which commitments apply to which level of staff as the basis to inform job descriptions.
- Staff induction and training courses should reflect the needs identified per level of staff in order that they are aware of the management system used by CARE to implement humanitarian commitments.
- Clarify with partner staff (at all levels) how the PNGO has been selected and how their performance will be monitored.
- Integrate relevant recommendations from the other benchmarks into a strategy for providing orientation and assessing capacity needs of new partners and ongoing training needs of existing partners.

II.5. Complaint handling processes

BENCHMARK 5: *The agency shall establish and implement complaints-handling procedures that are effective, accessible and safe for intended beneficiaries, disaster-affected communities, agency staff, humanitarian partners and other specified bodies.*

Complaint and response processes are a crucial though last resort of ensuring accountability and rectifying irregularities within the program. In relation to this, the team focused on identifying how CARE and PNGOs enable disaster-affected communities to raise concerns or complaints in relation to the Sidr response program and its implementation. In particular, we were looking to understand:

- Whether beneficiaries are aware of their right to raise concerns and receive a response
- The quality and effectiveness of existing channels for beneficiaries to raise concerns: what and how effective they are, and whether procedures that guide them are consistently implemented

In relation to partners, the expectation is that CARE supports its partner to develop and run an effective, safe and accessible complaints system for beneficiaries and that it addresses the possibility that beneficiaries may want to complain to them directly. CARE is also expected to have in place a safe and effective system through which partners themselves can raise concerns with CARE.

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The M&E team set up complaint boxes at each of the 75 food distribution centers for the first round of distribution in December 2007, with the expectation that PNGOs will continue to manage the boxes after the first round of distribution. The boxes are meant to operate during food distribution periods[6] and be reinstated

[6] Food distribution at any one location can run up to 25 days/month.

when a new round of food distribution starts. For other relief interventions there are so far no formalized mechanisms through which affected communities can complain.

The available alternative and accessible way for to raise concerns is to directly approach the UP member, Chairman or PNGO staff. Channelling sensitive complaints through the UP representative or Chairman was not considered safe, confidential or effective by the disaster-affected communities interviewed during the field visit; while approaching the PNGO staff in general was not seen as an option they would be entitled to. Nobody mentioned or thought that CARE could be approached directly.

Beneficiaries and non-beneficiaries mentioned that if they had the opportunity to approach PNGO staff, their issues would be better addressed then when approaching local authorities. At two locations, food beneficiaries said that the complaint box was safer than approaching PNGO staff who sometimes shouts at them (this was observed during the distribution visit).

Most beneficiaries and non-beneficiaries expressed confidence to raise issues if they knew their rights and entitlements, though some worried about possible negative repercussions in case they might raise inappropriate concerns.

Complaint boxes

PNGO staff worked along side CARE M&E staff to organize and manage the complaint boxes, with the expectation that that they would continue to use the mechanism from the second distribution onwards. Over 2,500 written concerns of enrolling ineligible beneficiaries and requests for further verification and food were submitted in the first round of WFP food distribution. Boxes were opened and submissions analysed by the M&E team at the end of the distribution round. This formed the basis for the beneficiary rectification process: The complaints were verified through actual household visit, community discussion and found nearly 80 percent complaints were valid. Based on these findings the M&E team developed a mechanism of community driven beneficiary rectification and along with the PNGOs replaced 1,082 ineligible beneficiaries with real vulnerable beneficiaries, of whom 70 percent were women (the complaints received had not been disaggregate by gender). CARE M&E staff believe that the number of rectifications to date would be more if the PNGOs continued the process.

In the absence of a specific procedure on how to handle complaint boxes, it is difficult to monitor or assess the overall effectiveness and integrity of the system. There have been instances when the PNGO did not organize a box at the distribution centers in the second round and disaster-affected communities mentioned that, in light of this, potential users' confidence on the procedure is waning.

Most beneficiaries and some non-beneficiaries were aware of complaint boxes, though some did not necessarily consider this as the most appropriate option to raise concerns since they did not know what to complain about, how this information would be used or by whom. Views were mixed on the type of issues that could be raised: some people thought the box was to make requests for more food, others to raise dissatisfaction with the quantity or quality of food, or to raise irregularities and make suggestions about the process.

Submitting written complaints might be difficult in a context where literacy rates stand around 30% of the overall population and other channels to complement the complaint boxes are needed.

Concerns collected during the field visits

- In two of the communities we visited chit holders are known to be selling cards. A few people who have money buy the cards, and collect the food which is then being sold in the village. Beneficiaries informed us that the UP members and Chairman know this situation but do not take any action for fear that if this fact becomes public, food distribution would be stopped. Disaster-affected communities did not consider this as a real risk and thought that immediate action must be taken to prevent such occurrences in the future.
- In the absence of CARE staff at the food distribution centers, instances have been identified when local PNGO staff reduce the quantity of food distributed. When several men complained to the PNGO staff that they received less than expected, they were told "you should be happy with what you get" [beneficiary men quoting PNGO staff]
- Chairman made people work in return for chit cards as payment.

Table 7: Summary findings against Benchmark 5 requirements

Benchmark 5 Requirements	Current Status
5.1. The agency shall ask intended beneficiaries and the host community about appropriate ways to handle complaints	Consultation about appropriate ways to handle complaints per context has not been undertaken, though complaint/suggestion boxes are currently piloted at the distribution centers.
5.2. The agency shall establish and document complaints-handling procedures which clearly state: • the right of beneficiaries and other specified stakeholders to file a complaint • the purpose, parameters and limitations of the procedure • the procedure for submitting complaints • the steps taken in processing complaints • confidentiality and non-retaliation policy for complainants • the process for safe referral of complaints that the agency is not equipped to handle • the right to receive a response	There is no procedure on how complaints received through the complaint/suggestion boxes (or through other channels) will be handled. The requirements listed are thus not captured. Within CARE, there was apparent confusion on who is responsible to manage the complaint boxes after the 2nd distribution round, how this will be done and how integrity and effectiveness of the process monitored. The M&E team trained PNGO staff during the 1st distribution round and asked PMs to ensure that PNGOs continue the process. PMs were asked to report to M&E team on complaint monitoring, though there has been no follow up to this effect. Staff from the Partner Liaison team were not aware that the PNGOs' responsibility to manage the complaint boxes <u>Procedure for partners to raise complaints</u> Partners mentioned that they communicate very closely with CARE PMs and POs though were uncertain how they could raise any more sensitive issues should they arise.
5.3. The agency shall ensure that intended beneficiaries, affected communities and its staff understand the complaints-handling procedures	Limited evidence on how CARE staff inform and train beneficiaries / partners on how they can *safely* complain. • Beneficiaries had primary access to the complaint boxes since these were placed at the distribution centers. Few knew what the purpose of the complaint boxes were and what would happen with the complaint. Non-beneficiaries did not know about the boxes unless they visited the distribution point. • The M&E team and PNGO staff have jointly managed the complaint boxes during the first round of food distribution, as hands-on training for the PNGOs who were expected to continue running the complaint boxes from the second distribution onwards. However, partners were uncertain about this responsibility. Those who knew about it, were not sure what procedure to follow.
5.4 The agency shall verify that all complaints received are handled according to the stated procedures	No evidence was available to verify whether complaints received are handled according to a procedure, though all complaints collected through the boxes during the 1st distribution are collected in the CARE Office. They are not recorded and it was difficult to assess how many were valid and how many received a response.
5.5 The agency shall establish and implement an effective and safe complaints handling mechanism for its staff, consistent with the requirements set out in 5.2	Not assessed

Benchmark-specific recommendations

- Quality checks need to be introduced to ensure CARE and PNGO staff as well as beneficiaries have an awareness of their right to complain safely and a right to receive a response. Consultation with stakeholders on how best to do this is needed.
- Develop guidelines for CARE and PNGO staff on how they can develop complaint handling mechanisms across all relief programmes.
    - Engage disaster-affected communities in a process of identifying other means through which they can raise concerns
    - As part of the system ensure that a procedure for dealing with sensitive complaints is established.
- Identify ways through which complaints that cannot be addressed by partners can be safely referred to CARE so as to allow communities to access CARE directly should they need to do so.
- Together with PNGOs, identify ways through which partners could raise more sensitive concerns they may have in relation to CARE, and jointly develop a written procedure.
- In the current response, strengthen existing complaint boxes and agree plan for assessing the appropriateness of extending the complaint boxes to all programmes (as disaster affected communities see CARE Bangladesh and the PNGOs as a partnership, irrespective of the type of activities. The risks of applying different complaint handling practices to different programmes should be carefully assessed.)
    - Identify within PNGO and CARE what constitutes a valid complaint
    - Develop a simple procedure for handling complaints raised through the complaint boxes
    - Keep and analyse records, as they will impact learning.
    - Clarify the role of CARE staff in relation to PNGO staff when handling complaints
    - Agree a monitoring framework to ensure integrity and effectiveness of the system
- Linked to recommendations under Benchmark 2, purpose of complain box has to be clearly and widely disseminated among the beneficiaries. NB: this will mitigate the risk of the complaint box becoming a means of exploitation; since there are instances that some people had to pay for writing their complain, there is a risk that someone can exploit an illiterate poor person by giving false expectation that “if you submit an application in this complain box you will receive relief package” and thus can claim money from her/his to writing the application.

II.6. Continual improvement of humanitarian accountability and quality

BENCHMARK 6: *The agency shall establish a process of continual improvement for its humanitarian accountability framework and humanitarian quality management system.*

In relation to partners, the expectation is that CARE Bangladesh can demonstrate its commitment to improve their partners within a realistic and viable way, including through partner assessment and subsequent plan of action to improve capacity.

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Benchmark Requirements	Current Status
6.1 The agency must state what systems it uses to improve its accountability commitment and management system.	Detailed M&E process is in place though this is not fully linked in with humanitarian commitments (the IAWG Accountability Framework). Currently, it is not clear how lessons learnt influence current processes, nor how evaluation recommendations are acted upon and learning is incorporated into programming. The M&E team started piloting review of beneficiary accountability [a full plan on how to continue this is currently being developed following this review.]
6.2 The agency must state clearly how together with its partner it monitors and evaluates their agreed means to improve the quality of their partnership	Currently there is no apparent strategy that seeks to establish agreed means to improve the quality of partnership with respect of the Principles of Accountability and Principles of Humanitarian Action. No feedback is provided to partners in a systematic way and no records of partner assessments or M&E reports were available.

Benchmark-specific recommendations

- Integrate M&E activities with the Accountability Framework. Until a strategy for implementing the IAWG Accountability Framework becomes available, monitor implementation of other humanitarian commitments as part of the ongoing M&E work.
- There is a great opportunity for recommendations from the quality and accountability FGDs to be promptly shared with Programme staff and PNGOs for immediate action. Feedback should be provided to the M&E team on how these recommendations are implemented so as to enable CARE to measure progress and improvement. This implies that adequate tracking mechanisms are in place.
- Review all CARE commitments in light of what expectations / implications each has with regards to partners.
- Define expectations with regards to accountability of partners to beneficiaries. This would then include how this will be measured in the assessments currently used.
- Draft strategy for partner capacity building with respect of the Principles of Accountability and Principles of Humanitarian Action.

III. SUMMARY OF CONCLUSIONS

The image and relationship CARE Bangladesh has with local communities is overall good. People appreciate CARE-PNGO support and are willing to participate more in CARE-PNGO partnership but find current mechanisms for doing so limited. Some evidence of good practice is apparent, alongside inconsistencies in the quality management system. The danger is that this image may decline in locations where program information (particularly about rights and entitlements) is not communicated accurately or in a timely manner, where beneficiary selection processes are unclear and create frustrations with the community, where communities feel that their needs and views are not given due consideration in decision-making processes due to over-reliance on local authorities to represent them in the program, and where communities do not feel enabled to approach field-based staff (raise concerns, ask questions, etc).

Certain events and inconsistencies have led communities to lose trust in the PNGO and CARE at some locations. The end of the relief and move towards rehabilitation is an opportunity for CARE Bangladesh to identify how it can better manage its partners and jointly identify the support necessary to address existing gaps.

III.1. Humanitarian quality management system, continual improvement and staff competencies

The Accountability Framework and its development process are not yet known at field level, except by some staff in the M&E team. Overall internal and external commitments are not consistently known by CARE and PNGO staff.

At present, there is a disconnection between organizational commitments and the CARE management system. It is expected that this will be addressed once the IAWG Accountability Framework is fully rolled-out and linked to a quality management system. In terms of how other commitments are currently managed, several aspects are missing: clarity on the levels of management responsible for implementation and quality assurance of different organisational commitments; processes used (i.e. strategies, guidelines, training); and learning and improvement (i.e. some of the commitments and the implementation plans are checked as part of the M&E work, though it is unclear how those who receive relevant reports will act upon them and track progress against relevant recommendations.)

- Lessons captured by the M&E team are not integrated to other parts of the organisation in a coherent approach. This hinders immediate action, integration of recommendations into future planning, and longer-term organisational learning.
- Some aspects relevant to humanitarian accountability and quality are well-articulated in the project proposals, yet their implementation is not monitored or reported. Findings (challenges and gaps) in this review have been identified in the past through work undertaken by the M&E team, yet it is unclear if and how the recommendations put forward by the M&E have been acted upon, with some

evidence that this never happened. This highlights an apparent disconnection between the M&E team, Programme Managers and the Partnership Liaison team.

It was unclear what accountability commitments applied for partners, what expectations CARE had from each partner, how they built partner capacity regarding Principles of Accountability and Principles of Humanitarian Aid and how progress on this will be monitored.

III.2. Information: Information flows from CARE to the PNGO, but CARE is not in a position to assess how effectively such information is passed onto the ultimate target audience, the Sidr-affected communities, once it left CARE. More recent work undertaken by the M&E team collects information on the effectiveness of information dissemination.

PNGO staff confirmed that they are not clear what information from CARE they are expected to pass onto communities. PNGO field-based staff seldom communicate directly with the local communities and existing opportunities (food distribution centers, hygiene education sessions, etc) are not optimised. Over-reliance on local authorities as the main channel for passing information from the PNGO onto the communities leaves extensive space for conflicting and inaccurate information to reach communities.

Food beneficiaries have access to some information on how to the PNGO to account for promises made. However, the only channel to do so is through complaint boxes at food distribution centers and there are no channels to hold CARE to account directly. There are instances where inaccurate information and the delay in ensuring that the right information reaches relevant people is creating frustrations and contributes to a feeling of disempowerment in the community.

III. 3. Participation: Instances of participatory approaches are apparent, though ad-hoc. PNGO staff regard participatory processes (beneficiary selection in particular) as “impossible” and they perceive this view to be shared by CARE staff.

Disaster-affected communities do not feel that their voice and needs are sought and adequately represented in decisions that affect them. PNGO credit-members are satisfied with their level of participation with the PNGO though the rest of the community do not consider them to be the neediest or representative of the overall community. This creates conflict of interests and poses a high risk for CARE.

III. 4. Complaint handling mechanisms: There are various mechanisms at local level by which people could channel complaints including complaint boxes, project implementation committees, local authorities, PNGO and CARE staff; however, not all these options have been explored in detail. The introduction of complaint boxes at distribution centers provides a good foundation on which to build an effective CRM system. The major gaps that need to be addressed so that the system is effective are:

- Complaint boxes are currently only targeting distribution centers and the right of other beneficiaries and non-beneficiaries to raise concerns and receive a response is not communicated to them explicitly.
- The parameters of what can or cannot be submitted via a complaint box and the procedure for managing the boxes/handling the complaints are not well defined.
- The composition committees that can handle the complaints vary.
- There are no mechanisms for dealing with sensitive and confidential complaints.
- PNGO staff have different capacity and understanding of how to manage complaints and respond.
- The role of CARE staff had not been clarified.
- No monitoring and tracking of the integrity of the system takes place.

Possible procedures for a relief programme wide CRM system have not been developed although CARE and PNGO staff indicated that learning to date should be captured and opportunities explored. Areas yet to be defined in the system are the type of complaints to be addressed, speed of a response, the goal owners at each level of the system and processes for ensuring that beneficiaries can communicate their complaints through different channels.