**Information provision to affected communities (draft)**

A cornerstone of our accountability is ensuring that communities and local stakeholders have adequate basic information about CARE and CARE’s programmes. Only with key information can communities and local stakeholders make informed decisions about our programmes, and make their own plans about how to respond to their emergency and how to recover.

We can often assume that the public and communities know who CARE is and what CARE does and yet this assumption is often incorrect. Reflecting on past experiences, we can often share stories of when disappointment, confusion or tension in communities is caused by people’s lack of information about CARE. People are more understanding if the risks and complications have been fully explained to them. If staff themselves do not fully understand the reasons behind CARE’s decision making or why CARE behaves in the way it does, they will not be able to consistently communicate this to others.

Providing key information to affected communities in an accurate and timely way is therefore a fundamental ingredient of building trust, whether through the provision of public information on a radio programme, or through information sharing by CARE staff. Trust is in turn a fundamental ingredient of participation. People will only engage meaningfully with individuals or institutions that they believe they can trust.

**Some examples of how information about CARE can benefit communities**

It enables disaster affected people and beneficiaries to:

* Contact CARE for assistance
* Make informed decisions about whether and how to participate in our programmes as beneficiaries and non beneficiaries
* Better monitor and ensure the quality of the project’s implementation
* Participate more effectively in decision-making or feedback opportunities
* Make complaints when CARE’s programmes do not have the positive impacts in their community that they expect; when our programmes don’t meet our standards; or if anyone associated with CARE’s programmes (staff, partners, vendors, contractors, community members etc) behaves inappropriately
* Hold CARE to account

**What key information do we need to share?**

CARE’s Humanitarian Accountability Benchmark 6 on Transparency and Information Sharing describes the types of information that CARE is obliged to share with disaster affected communities. This benchmark is intentionally consistent with internationally recognised accountability standards which are underpinned by human rights, including the *right to information* of disaster affected people (link to CARE HAF Chapter 6).

In the main, there are three key categories of information that to make publicly available: information about CARE, information about CARE’s projects, and information about CARE’s accountability commitments and systems (such as standards and behaviours that people can expect and opportunities for participation, feedback and channels for complaint).

There will be other information that different community members want to know, and there will be other information that CARE needs to convey, for example communicating hygiene messages as part of a water and sanitation project. But in general, to meet standards of transparency and information sharing, the requirements of CARE’s HAF to convey basic information should be fulfilled.

*Information on beneficiary selection and entitlements*

Previous experience has shown that public information sharing on beneficiary selection and entitlements is a crucial aspect of information sharing. It is not enough to rely on community committees or intermediaries to convey this information to all members of a community.

*Sharing financial information*

Consider sharing financial information with beneficiaries. Empowering beneficiaries to question how funds have been spent may reduce inefficiencies and the chance of fraud.

(Link Annex – “The **Who Counts?”** campaign encourages NGO staff to **provide financial reports to their beneficiaries** <http://www.mango.org.uk/guide/resources/whocounts.aspx>)

**Key strategies for putting transparency and information sharing into practice**

* **Prepare simple materials** for sharing information with communities from the first days of an emergency. Examples of simple information sharing strategies include
  + Disseminating a general overview fact sheet on CARE and partners in local languages with first distributions
  + Providing an information sheet, or need to know checklist for staff about CARE and CARE’s projects *to help staff communicate key information to communities in a clear and consistent manner* (adapt Tool 1 of the Good Enough Guide*: How to present your agency, a need to know checklist).* Talk staff through the checklist to make sure everything is clear. Revise the checklist periodically to ensure it is up-to-date. Add to the checklist any “talking points” that may help staff to communicate the reasons for key decisions made by CARE (link to Annex 6.x GEG)
  + Project managers can adapt this for their project teams by adding more specific project information and identify opportunities with their project team for sharing this information during ongoing project implementation and monitoring.
  + Providing project staff with an example format for displaying key information (about community management committees, about beneficiary selection, about distribution plans)
  + Providing project staff with PRA cards and guidance, for discussing with communities how they can make complaints (link to PRA tool in CM section)
  + Disseminating an emergency orientation pack to all staff
* Laminated need to know checklist on how to make a complaint
* A set of PRA cards for communicating the complaints mechanism with communities for each field based staff member – and guidance on how to use them
* An example format for displaying in communities information about the community management committees that CARE is working with (e.g. FMC)
* An example format for displaying key information about beneficiary selection and distribution plans (including selection criteria, beneficiary lists and entitlements, distribution date, location and process)
* **Identify different possible means of sharing information.** This may be through meetings, information board, leaflets, local radio or any other means that are appropriate to the community (see Box below of different options for sharing information with communities)**.** Here are examples from CARE and other agencies (link to annex 21.x). CARE Peru found that their complaints mechanism, which included a free telephone line, resented an important moment to have conversations and to offer information to those that used the service. Some specifically rang asking for information, for others it was a case of sharing more information about the complaints mechanisms itself, or sharing information relevant to the complaint (to explain for example why CARE is working in one particular geographical area, or to explain eligibility criteria).
* **Carry out a simple information needs-assessment with community members**. This can help staff understand what information is important to different vulnerable groups within communities, as well as how they would like to receive information about CARE. It is important to build on the existing ways that people receive information (Link to example information needs assessment). Before undertaking the assessment, identify different potentially vulnerable groups you would like to speak with within the affected communities, as well as the likely power dynamics and issues of marginalisation that may affect or determine people’s access to information. There are many different stakeholders, for example community leaders, committees, various beneficiary groups and non beneficiary groups. It is equally important that we communicate key information to non beneficiaries in the communities where we work. All these different groups may need different information at different times, and may need to receive information in different ways.
* **Carry out a simple self assessment** of CARE’s own current capacities to manage and share information, and identify gaps and needs in knowledge, skills and attitudes (link to Annex 21.x self assessment tool draft)
* **Consider the risks** and sensitivities associated with information provision, especially in conflict contexts. Providing information must not undermine the safety or dignity of vulnerable groups or beneficiaries, or compromise the safety of our staff. Bear in mind however that experience continues to show that improved (and thoughtful) information provision *reduces* protection risks, and there are greater risks associated with ***not*** sharing information. (example, to be completed)
* **Support project managers and field based staff to incorporate transparency and information provision into their daily work.** Examples include providing guidance and supporting project staff to:
  + Agree what information needs to be shared, and ways to provide this information
  + Identify key opportunities for sharing this information during ongoing project implementation (e.g. during meetings, workshops, activities). For example in CARE Peru, the health officers for the water and sanitation project dedicated ten minutes for sharing key information on CARE, the project, and the complaints mechanism, at the beginning of each health and hygiene workshop.
  + Use guidance materials and adapt tools that can aid information provision (e.g. information sheets, formats that can be adapted for displaying project calendars or work plans, easy to understand progress reports, financial information, GEG tool – how to say goodbye)
  + Discuss with communities the importance of information in the emergency response, and agreeing roles and responsibilities for disseminating the various types of information e.g. the roles and responsibilities of community representatives, and the roles and responsibilities of CARE
  + Identify trusted community individuals, who have a role in the community for sharing information
  + Carry out a simple needs assessment to help understand the best ways to communicate key information within the communities where staff are based, building on indigenous communication flows
  + Monitor the provision of information (is the right information reaching the most vulnerable?)
* **Include communities as a key stakeholder or target audience** as part of the communication strategy for the emergency (link to communication strategy development section to be developed – including matrix of who, what, when, responsible; link to responsibilities sections in chapter 21, link to guidance on resource allocation in Chapter 6, consider the below checklist)

**Checklist -- what do we need to identify?**

1. Identify **why** information needs to be shared with communities (goal)
2. Identify **what** information needs to be communicated to **whom**
3. Identify **how** best to communicate this information (link to box on options…)
4. Identify **when** (and how often) to communicate this information
5. Identify **risks** related to communicating this information and how to address these risks
6. Identify **who** is responsible for communicating this information and training needs
7. Identify the **budget** required to communicate this information
8. Identify how to **monitor** whether the right information is being effectively communicated to the right people

* **Monitor whether the right information is being effectively communicated to the right people.** Monitoring is important in order to verify that the information being communicated by CARE and partners is accessible. People need to understand the information they receive, they need to find it useful and timely for their decision making, and we need to ensure that the information we provide is not undermining dignity, or putting community members or our staff at risk. Based on our monitoring and the feedback collected from staff, beneficiaries, communities and other key local stakeholders, we can make adjustments to improve our transparency and information sharing. Monitoring to assess aspects of accountability can be integrated into M&E plan – (link to compliance monitoring section of Chapter 6)

**BOX - Some different options for communicating with communities**

* **Information boards set up in communities by CARE, or CARE uses already existing information boards**
  + Staff need to be dedicated to update the information on the board
  + Boards must be in strategic locations: in places where they are accessed by men, women, and different ethnic and religious group
  + Information posted should be in the languages and formats most appropriate for various groups within the communities, so that it is useful for community members, and in a style that is easy to understand. It should look interesting to make it appealing to read (including images, photos, diagrams).
  + Although information boards are put up, CARE cannot assume that all people will access and read the information
  + Information boards are most effective when used alongside other means of communication
  + Use of information boards can contribute to better governance locally, if local leaders and community members are encouraged to also use the boards for sharing of important information and policies
* **Flyers, posters and brochures**
  + Effective when we want information to reach many
  + Proper analysis about what information is important
  + Strategic choices of how and where to distribute the information
* **Media advertising through newspapers, TV, radio** 
  + Used for issues of importance to many community members
  + Can be appropriate in displacement situations when we do not know how to contact all community members directly
  + Important to choose the most strategic media that is accessed by both men and women
* **Community meetings**
  + Effective when many people need to hear the information directly from CARE and not via community representatives
  + Effective when issues are important
  + If too often, people experience meeting fatigue
  + As well as large public meetings, ongoing workshops, meetings and focus group discussions present opportunities for sharing essential information
  + Role plays and short videos can be used to great effect
* **Community representatives**
  + CARE selects trusted members in the community to help communicate important issues (community leaders, health cadres etc)
  + Effective when the community representatives’ roles for information sharing and communication are clear
  + Effective when the community representatives have access to many different arenas in and segments of the community
* **Feedback, complaint, and response mechanisms (link to section on CM)** 
  + A formal mechanism for feedback, complaint and response allows people to seek information from CARE proactively.
  + There can be several channels for receiving and responding to complaints or requests for information e.g. visiting hours to field or main offices, free telephone numbers, suggestion boxes, focus group discussions, community visits to investigate complaints etc
  + These channels need to be clearly communicated to communities, and managed by appropriately designated staff. For example
  + Communicating designated visiting hours allows CARE staff to be ready to welcome the community during those hours.
  + This also applies for telephone numbers (free or non free). CARE staff need to service the telephone during designated hours (for example during office hours).
  + Suggestion boxes placed in strategic locations in the community are another channel. Encourage people to state their name and address for follow up.