



# **OPERATIONAL GUIDANCE**

# **ACCOUNTABILITY**

# **TO AFFECTED**

# **POPULATIONS**

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## Objective of the guidance

This practical guidance is designed to assist Health Cluster Coordinators and partners implement robust coordinated accountability systems, through which affected populations can influence the type, delivery and quality of assistance they receive.

The guidance is organised according to the phases of the Humanitarian Programme Cycle (HPC). Relevant survey questions for each phase are suggested for each phase (which can also be adapted for qualitative data collection); these are intended to support continuous learning and refinement through community engagement throughout the HPC.

## Needs assessment and analysis

1. Identify local and national health actors and Community Based Organizations and ensure they inform and participate in the needs assessment and analysis
2. Ensure health data is disaggregated by sex and age as a minimum. As appropriate, each indicator should be further disaggregated by pregnant and lactating women, people living with HIV, disability, diversity, geographic areas
3. Include qualitative data in surveys and assessments, allowing for communities' perspectives to understand needs, priorities and potential solutions, and barriers and enablers
4. Gather quantitative and qualitative evidence on communities preferred communication and feedback channels, trusted organizations and people, and perceptions of needs and challenges
  - a. Either as part of health assessments or separately, conduct a communication, community engagement and accountability (CCEA) assessment and analysis; this may be undertaken by the CCEA or AAP Working Group, another cluster or sector; the health cluster should feed into this with health-specific questions and use this data to inform programming
5. Consult separately and sensitively with girls, boys, men and women including older people, those with disabilities and other specific groups at risk of discrimination or who are particularly vulnerable to ensure that they are represented in the needs assessment. Ensure that the assessment process accommodates the special requirements of these groups, e.g., language, literacy, mobility, confidentiality and questions are specific to the group (for example, questions for children than for adults)
6. Share results of assessments back to communities, for example, through community meetings/consultations, and discuss next steps with them

**Example AAP questions for needs assessments**

To understand	Questions
Peoples' priority health needs	What are the most significant health issues facing you and your family at the moment?
	What are the most significant health issues facing your community at the moment?
	What health issues would you like to have more information about?
Peoples' priority health challenges	What are the main challenges you experience with health services?
	How do you deal with these issues?
	What would make health services better in this area?
Types of assistance needed	What assistance do you need to keep you and your family safe?
Information preferences	How would you like to receive information from health providers?
	Who would you prefer to receive information from?
	Who do you trust to provide you with accurate information?
	Which language(s) would you like to receive information in?
	Are you aware of anyone who may have difficulty accessing information because of specific needs?
	What is the most convenient way for you to talk to health providers or request help from them?
Trust in organizations	Which organizations do you trust to provide good health support to you and your family?
	If something went wrong, would you feel able to share your concerns about your treatment?
	Who would you prefer to report a concern to?

Source: adapted from IASC tool to assist in implementing the IASC AAP Commitments

**Further information and associated tools:**

Menu of AAP related questions for multi-sector needs assessments (IASC / REACH) [reach iasc aap psea task team menu of aap questions for needs assessments june 2018.pdf \(interagencystandingcommittee.org\)](#)

CEA in assessments tool (IFRC): <https://www.ifrc.org/sites/default/files/2022-04/TOOL-13.-CEA-in-Assessment-tool.docx>

Information and communications needs assessment tool (UNHCR) [Information and Communication Needs Assessment Tool - UNHCR Innovation](#)

## Strategic planning

1. Map existing and planned AAP activities and feedback mechanisms across partners to reduce duplication and ensure coordination
2. Support partners to ensure that AAP is incorporated into health partner project plans
3. Identify roles and responsibilities for AAP Minimum Standards with Health Cluster partners
4. Consult communities, local and national partners, and community organizations to feed into development of the Health Cluster plan, either through consultations or community committees, and share finalized plan with communities

### **Example questions for community survey to feed into Health Cluster plans**

To understand	Questions
Awareness of health providers	Are you aware of which organizations currently provide health services to your community?
	Do you know who to contact if you need information about health issues?
	Do you know which health services are available to you?
Service provision	What services are missing at the moment?
	What changes would you like to see in the current services provided by health providers?
Perceptions of quality	What's going well with health services at the moment?
	What could be better?
	Do health providers and health workers talk to you respectfully?
	Would you feel comfortable telling health providers about issues with their services?
	If you don't feel comfortable talking to health providers, who would you talk to about concerns with health services?
	Would you trust health providers to take your feedback into account and act upon it?

**Associated tools:**

Tool to assist in implementing the IASC AAP Commitments (IASC) [Microsoft Word - AAPTools with Banner March 2013.docx \(interagencystandingcommittee.org\)](#)

Community meetings tool and guidance (IFRC)  
<https://www.ifrc.org/sites/default/files/2022-04/Tool-17.-Community-meetings-tool.docx>



## Implementation and monitoring

1. Using evidence from assessments, share relevant Health Cluster information with affected communities through accessible and preferred communication channels, using easily understood and culturally appropriate language, taking additional steps to ensure inclusion of marginalized groups:
  - a. Code of conduct for Health Cluster partners
  - b. How to engage with Health Cluster partners and find health information
  - c. How to share a concern or raise a serious issue
  - d. Ensure that health information is relevant and accurate
  - e. Service delivery – what's available, what's been achieved, and what is planned, changes to services
2. Health Cluster partners operate safe and accessible Community Feedback Mechanisms (CFMs) that enable and encourage communities to share feedback and concerns
  - a. CFMs should include static and active methods of gathering feedback; static methods are 'always on' and available to communities at any time (such as telephone numbers and email addresses), while active methods require action by the partner to gather feedback (such as community meetings and participatory surveys)
3. Maintain an agenda item on Health Cluster meetings to discuss community feedback and issues identified through CFMs, community meetings and other engagement activities
4. The Health Cluster Coordinator ensures an action tracker lists the feedback trends and what actions have been taken accordingly. Health Cluster partners agree on how to close the loop with communities after action has been taken. Health Cluster partners report back to the cluster when and how actions have been taken (which is also documented in the action tracker).
5. Identify a Health Cluster partner as focal point for AAP in health, to liaise with other Clusters or Working Groups on AAP and to provide guidance to Health Cluster partners.
6. Monitor perceptions of health cluster partners and accountability through regular, structured community meetings

### Example questions to assess implementation

To understand	Questions
Awareness and appropriateness of CFM	Do you know how to share feedback or raise concerns about health services?
	Have you ever shared feedback or concerns to a health service provider? Did you hear back from the health service provider how your feedback was addressed? Were you satisfied with the outcome?
	Are the options to request information or give feedback appropriate, safe and easy to use?
	Should health providers provide different ways to give feedback or raise a concern? Which ways would be best?
Appropriateness and usefulness of information	Have you received the information you need to make informed decisions about your healthcare?
	Did the information you received help you and your family to take steps to keep yourself safe and healthy?
	Do health providers clearly explain who they are, what they do, and how they expect their staff to behave?
	What information do you need that health providers are currently not sharing?

### Associated tools:

Guidance note: Feedback and Complaints Mechanisms (CARE) [2019-06-CARE-FCM-Guidance.pdf \(careemergencytoolkit.org\)](#)

Joint feedback mechanism SOP template (UNHCR-WFP) <https://wfp-unhcr-hub.org/wp-content/uploads/2022/05/Joint-feedback-mechanism-SOP-template-2022-04-13.docx>

Feedback and reporting mechanism guidance (Save the Children) [Save the Children Feedback and Reporting Mechanism Guidance | Save the Children's Resource Centre](#)

Summary guidelines for integrating AAP into Country Office planning cycles (UNICEF) [UNICEF-ESA-Integrating-AAP-2020.pdf.pdf](#) pp. 38-40

## Resource mobilisation

1. Advocate with donors for resources to support Health Cluster partners to appropriately and effectively incorporate AAP, gender, protection and diversity issues
2. Ensure that adequate resources for implementing AAP, gender, protection and diversity related actions are incorporated into Health Cluster partner project budgets

## Evaluation and learning

1. Include CBOs, communities and community representatives in evaluations of health cluster response
  - a. Community representatives should not limited to leaders or those in positions of power; multiple individuals who are able to represent marginalized age, gender, and ethnic groups should be identified to ensure representation across the breadth of the community
2. Include AAP indicators in evaluations and assessments, based on Minimum Standards
3. Ensure that Minimum Standards for AAP in health emergencies are included in Health Cluster plan and properly monitored; use data from first 6 months as baseline for ongoing activities

### **Example questions to evaluate effectiveness and appropriateness of health cluster response**

To understand	Questions
Inclusion and participation	Were you consulted on health providers' plans?
	Were you asked what health services you and your community needed?
	Do you feel that health service providers listened to you and your community and adapted their services to your needs?
Appropriateness	Do the health services available to you and your community meet your needs?
Accessibility	Are you able to access health services safely, easily, and in a dignified manner?
	What challenges do you experience in accessing health services?
	Were your specific access needs considered by health providers? For example, physical access to health facilities, non-written materials, confidential consultations

Awareness of entitlements	Are you aware of what your rights and entitlements to health services are?
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Source: Adapted from OCHA CERF Standard Indicators for AAP

### **Associated tools:**

Minimum standards for AAP in health emergencies (Global Health Cluster)

CERF Standard Indicators (OCHA) [CERF Standard indicators 2022 EN 1.pdf \(un.org\)](#) p.9

Summary guidelines for integrating AAP into Country Office Programme Cycles  
Sample - AAP indicators [UNICEF-ESA-Intergrating-AAP-2020.pdf.pdf](#) p.39

HAP Standards [The 2010 HAP Standard in Accountability and Quality Management \[EN/AR\] - World | ReliefWeb](#)

## Supporting activities

### Coordination

1. Collaborate with other clusters and working groups to establish common multi-cluster accountability initiatives where appropriate, for example, collective Community Feedback Mechanisms
2. AAP minimum standards are included within Health Cluster Terms of Reference and partners agree roles and responsibilities at cluster level
3. Ensure consistency of communications with communities on health sector services and health information and consistent CFMs.
4. Define common AAP indicators that all Health Cluster partners report on
5. Organise Health Cluster meetings in consideration of issues which impact national and local NGO and CBO engagement – location, interpretation needs, translation of materials, etc.
6. Where possible, appoint an AAP focal point/technical officer to support cluster AAP activities
7. Appoint Health Cluster focal point to attend multi-sector AAP or CCEA Working Groups. The focal point will represent the Health Cluster rather than their agency and report back to the Health Cluster

## Considerations for gathering feedback from children and facilitating children's participation in decision-making.

*This guidance was developed by Save the Children International. Please ensure you carefully review, contextualize and pilot the tools before use.*

If your agency is new to gathering feedback from children and facilitating children's participation in decision-making, please ensure the following:

1. Work closely with a partner who does have this experience and who can train your team on how to meaningfully and safely engage with children.
2. Use the [Nine Basic Requirements for Meaningful and Ethical Child Participation](#) to plan and implement your child participatory activities.
3. Ensure your safeguarding focal point is involved in the planning and implementation of the child participatory activities.
4. Conduct a risk assessment prior to the child participatory activities and implement mitigation measures to ensure "do no harm".
5. The team conducting the child participatory activities knows how to spot signs of abuse and identify urgent support needs and can subsequently refer children to get the support they need.
6. Develop an informed consent and assent process so that both children and their parents and/or caregivers can make an informed decision about their participation.
7. Staff conducting the child participatory activities must receive training on safeguarding, the 9 basic requirements, and on how to engage with children of different age groups.
8. Ensure staff do a pilot so they can practice and learn, as well as further improve the process.