# Integrating AAP into Cluster Coordination Processes

# Suggestions and recommendations for Country Cluster Coordinators

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## Introduction

UNICEF led and co-led Global Clusters and Areas of Responsibility (AoRs) have made several formal commitments to Accountability to Affected Populations (AAP) and to putting the people at the centre of humanitarian actions. This includes commitments such as the IASC Commitments to Accountability to Affected People (CAAP), the Core Humanitarian Standard for quality and accountability (CHS), and relevant World Humanitarian Summit and Grand Bargain commitments around participation and localisation. (Insert hyperlinks)

Much progress has been made in integrating AAP into humanitarian mechanisms and clusters. Yet, while there is wide support and understanding of the importance of AAP, many cluster coordinators and partners have requested more guidance and recommendations on *how* to practically integrate AAP in the work of clusters.

This guide builds on and synthesizes existing cluster and inter-cluster AAP guidance in order to facilitate a better understanding of AAP and makes suggestions on how to integrate it into country cluster coordination processes.

The guide is divided into three sections.

* **Section One** provides an explanation of key concepts and policy commitments around AAP related to clusters and humanitarian coordination.
* **Section Two** outlines **recommended minimum AAP actions** for clusters to integrate AAP into the Humanitarian Programme Cycle (HPC).
* **Section Three** provides a list of additional tools and resources to support AAP in responses.

## Section One

## What is Accountability to Affected People?

Accountability to Affected People (AAP) is the mutual responsibility aid providers and others stakeholders (donors, governments, etc.) to use their power and resources ethically and responsibly to "***put people at the centre"*** of humanitarian actions. In essence, this simply means being accountable for making sure assistance generates the best possible outcomes for all different groups affected by a crisis. This is achieved through consistently applying technical and quality standards, coordinating actions to maximise coverage and minimise risks, gaps and duplication, and listening and engaging with affected people and acting on their feedback.

In practical terms, AAP has three inter-related components:

1. **Rights**: Aid providers individually and collectively have a responsibility to ***promote and respect the rights of vulnerable and affected people***, and support them to exercise those rights. This means the:
   1. Right to protection and safe and equal access to assistance, with particular emphasis on protection from sexual abuse and exploitation (PSEA) and gender-based violence (GBV).
   2. Right to be informed and participate in decisions that affect their lives.
   3. Right to hold aid providers accountable for using their power and resources ethically and responsibly and for taking corrective actions when aid providers have failed to meet their commitments to affected people.
2. **Results**: Aid providers individually and collectively have a responsibility to ensure humanitarian actions lead to ***meaningful, relevant and sustainable results for vulnerable and affected people.*** This means providing assistance that is:
   1. Designed to meet the specific needs, priorities and concerns of different vulnerable groups in the affected population.
   2. Delivered in a coordinated, efficient and effective manner, in partnership with communities and local actors.
   3. Adapted to meeting changing contexts and needs, and to address feedback from affected people on the quality and effectiveness of responses.
3. **Relationships**: Aid providers individually and collectively have a responsibility to promote two-way communications with affected people and build equitable relationships with them based on transparency, trust and respect. This means:
4. Affected people are regularly consulted about their needs and priorities and their opinions and taken into consideration by aid providers.
5. Affected people have safe, appropriate means to engage with, participate in and provide feedback to aid providers on decisions that affect them.
6. The resources, knowledge and capacities of affected people and local actors are respected, strengthened and prioritised in responses.

### Why is AAP important for clusters?

Effective humanitarian coordination is critical for ensuring responses are effective and accountable. The cluster system was designed to provide a common platform to support a more coherent, coordinated response, minimise gaps in coverage and improve quality and consistency. However, clusters often work in isolation from one another, and too frequently accountability has been directed toward the Humanitarian Coordinator and donors, rather than to affected people.

Today, putting people at the centre of humanitarian coordination is widely accepted as essential to an effective response. AAP helps ensure humanitarian coordination mechanisms and clusters are accountable for maximising the results and protecting the rights of affected people. As an example, AAP is now incorporated in trainings for cluster coordinator, information management officers, and partner. The terms of reference for HCs, HCTs, cluster coordinators and RRTs now include responsibilities to support AAP in the response. Other reference documents like Minimum Commitments for Cluster Participation and the Principles of Partnership also reinforce the shared responsibility for cluster members to support AAP. These efforts underline the importance of AAP in humanitarian coordination.

 

Moving from a "mechanical" concept of coordination to a people-centred approach, where clusters work together to provide a coherent, coordinated and comprehensive approach to meeting the different needs, priorities and concerns of all vulnerable and affected women, men, girls and boys affected by a crisis.

### Cluster Core Functions (6+1) and AAP

The Cluster Reference Manual (CRM) outlines the six core functions that clusters are required to fulfil:

1. Support service delivery
2. Inform strategic decision-making
3. Planning and strategy development
4. Monitor and evaluate performance
5. Build national capacity
6. Advocacy

AAP was added later as a central core function (the +1 function) to reinforce the idea that all other cluster functions, processes and outputs revolve around improving the quality, consistency and coverage for affected people.

The table below shows how each of these core functions can be described in ways that reflect people-centred responses. This can be useful to remind clusters and partners that these functions have the aim ensuring people's rights are respected and that responses are timely, relevant, appropriate and effective at meeting their needs.

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| *Cluster* Core Functions from an AAP perspective | Why is this important? |
| 1. Supporting ***effective and accountable*** service delivery | Effective and accountable responses are: coordinated and coherent; timely, appropriate and relevant; maximise coverage and minimise gaps; and effectively address the needs, priorities, concerns and preferences of affected people. |
| 2. Informing strategic decisions of the Humanitarian Coordinator (HC) and Humanitarian Country Team (HCT) ***based on the feedback and opinions of affected people and local actors.*** | Strategic decisions need to be grounded in a good situational analysis, the operational reality for aid providers, and the experiences, views and priorities of affected people. If not, the overall response is unlikely to be effective and sustainable. |
| 3. Planning and implementing Cluster strategies to ***address affected people's needs and priorities effectively and efficiently.*** | Clusters' need to balance both technical considerations as well as affected people's needs and priorities to find the most relevant and appropriate response strategies. Concentrating on meeting only technical objectives without considering people’s own views about needs, and implementing activities without coordinating between partners, others clusters and local actors will reduce the effectiveness of the response. |
| 4. Monitoring and evaluating ***quality, accountability and*** performance. | Regular, on-going monitoring of the context, the technical quality and consistency of interventions, along with feedback and other data from affected people helps clusters to adapt responses to changing situations and needs, and ensure effectiveness and sustainability of outcomes. |
| 5. Building local national capacity in preparedness, ***response, coordination and*** contingency planning. | Strategies for building the capacity of communities and local actors need to go beyond preparedness and contingency planning to include strengthening their capacity to manage responses and participate in decision-making processes. This will help improve the effectiveness of the response and minimise the need for international assistance in future crises. |
| 6. Supporting robust advocacy ***on behalf of affected people*** | Advocacy that is not grounded in the experiences and realities of affected people is unlikely to lead to the changes that will help improve the response or their situation. |
| 7. Accountability to affected populations and ***other stakeholders (including cluster partners)*** | Accountability to affected people is a collective and shared responsibility of all aid providers. It requires taking measures to regularly communicate and consult with them and act on their views and feedback, allow them to participate in managing responses and participating in decision-making processes. Accountability also involves the mutual accountability of cluster members to work collaboratively with local actors and other stakeholders, share knowledge and mobilise their resources to maximise the outcomes for affected people. |

### Clusters and the CHS

The **Core Humanitarian Standard on quality and accountability** outlines a series of nine commitments, quality criteria and related actions for aid organisationsto benchmark good AAP practices at the individual and collective level. The underlying message of the CHS is that **quality and accountability is based on the relationships** and **engagement** between aid providers and the communities that they seek to assist. The CHS defines engagement as:

"The processes by which organisations **communicate, consult** and/orprovide for the **participation** of interested and/or affected stakeholders, ensuring that their **concerns, desires, expectations, needs, rights** **and opportunities are considered** in the establishment, implementation and review of the programmes assisting them."

The table below provides some examples of how Clusters can support meeting the CHS commitments and quality criteria through effective community engagement.

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| CHS Commitments and Quality Criteria | How can clusters support this? |
| 1. **Communities and people affected by crisis receive assistance appropriate and relevant to their needs.**   Quality Criteria:   * Humanitarian response is appropriate and relevant. | * Define a common approach to needs assessments including consultation and engagement with affected communities to define and prioritise response activities. * Regularly consult with communities to monitor if response plans and activities are appropriate and relevant. |
| 1. **Communities and people affected by crisis have access to the humanitarian assistance they need at the right time.**   Quality criteria:   * Humanitarian response is effective and timely. | * Define benchmarks and targets for timely delivery of assistance, based on the priorities and preferences of affected people. * Regularly consult with affected people to monitor their satisfaction with the quality, timeliness and effectiveness of responses. |
| 1. **Communities and people affected by crisis are not negatively affected and are more prepared, resilient and less at-risk as a result of humanitarian action.**   Quality criteria:  Humanitarian response strengthens local capacities and avoids negative effects. | * Define common strategies to strengthen local capacities, including means to support participation of local actors and communities in managing response activities. * Regularly consult with affected people to monitor any risks or negative effects in the response. |
| 1. **Communities and people affected by crisis know their rights and entitlements have access to information and participate in decisions that affect them.**   Quality criteria:  Humanitarian response is based on communication, participation and feedback. | * Define common messages and two-way communications channels based on communities’ information needs and communications preferences. * Define common strategies for engagement and participation of communities in management and decision-making processes. * Regularly consult with affected people to get feedback on the quality of the response and their relationship with aid providers. |
| 1. **Communities and people affected by crisis have access to safe and responsive mechanisms to handle complaints.**   Quality criteria:  Complaints are welcomed and addressed. | * Define the most appropriate channels and approaches for complaints mechanisms, and consider the use common platforms. * Define clear protocols and responsibilities of all cluster partners and stakeholder when dealing with complaints on sensitive issues such as PSEA, GBV, or other protection risks. * Regularly consult with affected people to get feedback on the accessibility and appropriateness of complaints mechanisms. |
| 1. **Communities and people affected by crisis receive coordinated, complementary assistance.**   Quality criteria:  Humanitarian response is coordinated and complementary. | * Ensure clusters are accessible and inclusive for local actors, and focused on addressing communities’ needs holistically. * Regularly share information with other clusters and at the inter-cluster level to find joint solutions to addressing gaps in needs. * Regularly consult with affected people to determine if assistance is coordinated and complementary. |
| 1. **Communities and people affected by crisis can expect delivery of improved assistance as organisations learn from experience and reflection.**   Quality criteria:  Humanitarian actors continuously learn and improve. | * Define a common approach to monitoring quality and effectiveness of responses. * Encourage joint monitoring and regular learning and knowledge sharing amongst cluster partners. * Regularly consult with affected people and provide feedback on how aid providers have addressed feedback, complaints or other issues. |
| 1. **Communities and people affected by crisis receive the assistance they require from competent and well-managed staff and volunteers.**   Quality criteria:  Staff are supported to do their job effectively, and are treated fairly and equitably. | * Identify any gaps in cluster partner's capacities and develop a common capacity-building strategy if required. * Advocate for adequate support, human resources and funding to support cluster coordination and local partners’ capacity to deliver quality assistance. * Regularly consult with affected people to get feedback on the relationship between aid providers and communities. |
| 1. **Communities and people affected by crisis can expect that the organisations assisting them are managing resources effectively, efficiently and ethically.**   Quality criteria:  Resources are managed and used responsibly for their intended purpose. | * Define common technical and quality criteria for cluster projects and funding allocations, including criteria for community engagement and participation. * Set out clear procedures for monitoring and reporting on resource use, including issues around corruption or nepotism. * Regularly consult with affected people to get feedback on how efficiently aid resources are used. |

### Clusters and the IASC "Commitments to Accountability to Affected People" (CAAP)

In 2017, the IASC Principals endorsed a revised version of the Commitments on Accountability to Affected People (CAAP) and Protection from Sexual Exploitation and Abuse (PSEA). The revision reflects recent developments in the humanitarian sector, such as the Core Humanitarian Standard for quality and accountability (CHS) and the World Humanitarian Summit and Grand Bargain outcomes.

The revised CAAP places a strong emphasis on collective accountabilities to take actions to enhance and integrate AAP into responses. As such, the role of clusters is key in meeting these commitments. The table below shows the four commitments, with actions relevant to clusters highlighted in ***bold*** and an explanation of what this means for clusters.

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| **IASC CAAP and PSEA commitments** | |
| **The IASC Principals commit to:** | **What does this mean for clusters?** |
| **1. Leadership**  Demonstrate their commitment to Accountability to Affected Populations (AAP) and Protection from Sexual Exploitation and Abuse (PSEA) ***by enforcing, institutionalising and integrating AAP approaches in the Humanitarian Program Cycle*** and strategic planning processes, at country level and by ***establishing appropriate management systems to solicit, hear and act upon the voices and priorities of affected people in a coordinated manner***, including for SEA, before, during and after an emergency. | Clusters will need to demonstrate how AAP is included in all the HPC phases, processes and outputs. Clusters will also need to find ways to integrate affected people's voices in cluster decision-making processes.  This requires leadership on the part of the cluster coordinators and support from Cluster Lead Agency (for example, training on AAP and resources to support AAP in the cluster) as a key member of the cluster. |
| **2. PARTICIPATION**  Adopt agency mechanisms that feed into and ***support collective/coordinated people-centred approaches*** that enable women, girls, boys, men, including the most marginalised and at-risk people among affected communities, to ***participate in and play an active role in decisions that will impact their lives***, well-being, dignity and protection. Adopt and sustain ***equitable partnerships with local actors*** to build upon their long-term relationships and trust with communities. | Clusters will need to define and implement coordinated the most appropriate and relevant means for affected people to participate in cluster and project decision-making processes.  Cluster coordinators, with support from the Cluster Lead Agency will need to encourage and support other cluster partners to implement people-centred and participatory approaches in their work.  They will also need to support strengthening and prioritising local capacities and promote equitable, respectful relations and with local actors, in line with CHS and Principles of Partnership. |
| **3. INFORMATION, FEEDBACK AND ACTION**  Adopt agency mechanisms that feed into and ***support collective and participatory approaches that inform and listen to communities, address feedback and lead to corrective action***. Establish and support the implementation of appropriate mechanisms for reporting and handling of SEA-related complaints. Plan, design and manage protection and assistance programmes that are responsive to the diversity and expressed views of affected communities. | Clusters will need to define and implement the most appropriate and relevant approaches to disseminate information to affected people, collect and analyse feedback, and incorporate that feedback into decision-making processes. Clusters will also need to report back to affected people on what corrective actions have been taken.  Cluster coordinators, with support from the Cluster Lead Agency, will need to ensure cluster partners are aware of and supported to implement their PSEA responsibilities and define clear protocols on how to deal with and report on sensitive feedback and complaints. |
| ***4. RESULTS***  ***Measure AAP and PSEA related results at the agency and collective level***, including through standards such as the Core Humanitarian Standard and the Minimum Operating Standards on PSEA; the Best Practice Guide to establish Inter-Agency Community-Based Complaint Mechanisms (CBCM) and its accompanying Standard Operating Procedures. | Clusters will need to define indicators to measure their collective outputs and outcomes for affected people, including measures of satisfication with results. Clusters should also define indicators to measure the effectiveness of cluster coordinator processes.  Cluster coordinators, with support from the Cluster Lead Agency, will need to ensure cluster partners have the capacity and support to apply and measure the relevant technical, quality, protection and accountabillity standards. |

The role of clusters in promoting common approach to communications, consultation, engagement and participation with affected communities as part of the Humanitarian Programme Cycle (HPC) is explored in the following sections.

NOTE: It might be a good idea to include the relevant UNICEF OMP objectives and indicators for AAP here, as well as any relevant objectives and indicators from the WASH, Nutrition, Education Clusters and Child Protection AoR. This might help cluster coordinators see that there is an institutional commitment to AAP in UNICEF and as CLA...

## Section Two:

## Putting AAP into Practice - the HUMANITARIAN PROGRAMME CYCLE

So how can clusters integrate AAP into the response? One of the most effective ways is to use the Humanitarian Programme Cycle (HPC) as a way to coordinate and harmonise AAP actions amongst different clusters and partners, and reflect this in key processes and outputs from the HPC process.

The HPC was introduced as part of the Transformative Agenda as a tool to improve accountability to affected people. By providing a common framework for the design and implementation of a response at the collective level, the HPC promotes greater coordination and consistency amongst aid cluster partners and projects and across clusters and sectors.

Most cluster coordinators and partners will already be familiar with the HPC, as it closely resembles programme management processes commonly used by most aid organisations. What is different is that it moves from a focus on individual projects to look at the collective level, bringing together multiple partners and projects in a coherent framework to maximise the quality, coverage and results for affected people.

As FIGURE 1 shows, affected people at the centre of the Humanitarian Programme Cycle. However, in practice, the HPC can become an overly bureaucratic tool, focused on processes and outputs, rather than a tool for finding the most appropriate effective means to collectively address affected people's needs and priorities.

Learning how to integrate key aspects of AAP into each phase will help ensure the HPC process generates the right kind of analysis and evidence of affected people's needs and priorities, which in turn helps improve the design, implementation and monitoring of the overall response. The following sections provide minimum recommended AAP actions for cluster coordinators in each phase of the HPC, along with other tools, suggestions and recommendations.

**Remember**:

* The purpose of the HPC is to make sure all affected people's needs are fully considered and integrated into the response plans of clusters and at the inter-cluster and HPC level. Getting the views and perspectives of affected people is essential to making the HPC works as intended.
* The HPC should not be a static process - the outputs from each phase of the HPC needs to be regularly reviewed and adjusted to reflect changes in the crisis situation and operational context and adapted to affected people's changing needs and priorities. This means clusters need to develop a systematic and common approach to engaging with communities to get their inputs on every phase and output of the HPC.

### Preparedness

**Minimum Recommended AAP Actions**

* Identify UNICEF CO and partners' AAP resources, learning and capacities (*before* cluster activation if possible).
* Review and integrate UNICEF Country Office and IASC Emergency Preparedness Actions plans to integrate into the cluster's situational analysis.
* Identify in advance possible training, tools and resources to strengthen your own and cluster partner's knowledge and capacities for AAP.

The preparedness phase of the HPC normally relies on the work of UNICEF Country Offices, Global Clusters and other stakeholders *before* a cluster is activated. Nevertheless, as cluster coordinator, there is a lot you can do before deployment to ensure AAP is systematically integrated into your cluster’s functions, such as:

* Familiarise yourself with the Core Humanitarian Standard (CHS) and the updated Sphere standards and other quality and accountability standards, tools and resources
* Participate in cluster coordinator and partner trainings, which now have a stronger emphasis on AAP
* Review reports and evaluations from previous crises for insights on good practices in AAP and community engagement, operational challenges, and the most effective and appropriate intervention strategies.
* Consult with UNICEF Country and Regional Offices, cluster partners and agencies like OCHA, IOM, UNHCR, ICRC and the IFRC for getting overviews on previous or existing country level AAP related interventions.

**In particular, you should review any existing UNICEF Country Office and IASC Emergency Preparedness Actions plans.** These documents will provide a good overview of existing risks and vulnerabilities and coordination mechanisms. These plans will contain valuable insights regarding:

* Risk profile and risk mapping in the country
* Possible crisis scenarios and contingency plans
* Potential humanitarian response modalities (for example, the feasibility of cash distribution)
* Existing coordination and information sharing mechanisms
* Potential government and civil society stakeholder and cluster partners
* Existing human resources, surge capacity, supplies and logistics arrangements (mainly for UNICEF emergency programming, but also potentially as Cluster Lead Agency)

**TIP:**

Find some time before your deployment or just after arriving to consult with different stakeholders familiar with the crisis context for their ideas on how AAP can be integrated into the response. Here are some questions that you could ask:

* Have there been any formal attempts to integrate AAP in previous humanitarian responses generally and in cluster coordination? What about development programmes?
* Have any assessments included an AAP focus? What about gender, age and disability analysis?
* Which regions and specific groups of the population are particularly vulnerable?
* What are vulnerable communities preferred channels and ways to receive information and provide feedback? (Examples: meetings, SMS, radio, etc.)
* What is the most effective way of ensuring participation of communities (and particularly children) in the design, implementation of projects? (Examples: local committees, representatives and spokespersons, etc.)
* Are there any innovative tools or approaches with an AAP or community engagement focus that have been used and validated in the past?
* What AAP approaches don't work well and what are some potential risks and challenges to avoid in the emergency response?

**Setting the foundation for AAP in the cluster**

As cluster coordinator, you will be responsible for ensuring AAP is integrated into the cluster's work and decision-making processes. Spend some time advance to think about possible incentives and barriers to AAP. This will help you anticipate and find the most appropriate approach for the cluster.

Here are some ideas that have worked well in other crises:

* Make AAP a standing item on cluster meeting agendas
* Include AAP into the terms of reference of any Strategic Advisory Group (SAGs)
* Establish a specific Technical Working Group (TWiG) focused on AAP and community engagement
* Organise trainings or knowledge sharing workshop with partners and other clusters to share good AAP practices and strengthen AAP capacities
* Consider ways for affected communities and local actors to participate in cluster meetings (for example, inviting community representatives to share their views on the quality and accountability of responses).
* Plan regular joint field visits to communities to monitor the situation, share good practices and lessons learned, and find solutions to operational and AAP issues

### Needs Assessment and Analysis

**Minimum Recommended AAP Actions**

* Define a common approach and methodology for community engagement in needs assessments.
* Systematically include at least 5 qualitative questions into ALL assessment tools (see list below).
* Ensure sex, age and disability data (SADD) is systematically collected and included in needs assessments.
* Include an analysis of gender and protection risks in any needs analysis.
* Highlight the views, priorities and preferences of affected people in any needs analysis.

The needs assessment and analysis phase is one of most critical step in the HPC. It provides the initial evidence to guide decisions around the prioritisation of needs, the design of the response, and implementation strategies at the cluster and inter-cluster level. **This is why consulting with and engaging affected communities in the needs assessment and analysis process is so important.**

Systematically consulting and engaging with affected people helps clusters and partners to consider people's needs holistically, not just from a narrow technical perspective. Consultation will allow clusters to:

* Understand affected people's needs, concerns, priorities and the challenges they face
* Identify issues around gender inequity, age, disabilities, access and protection.
* Link affected people's need and priorities with other technical and quantitative data about needs (such as number of children with severe acute malnutrition or people with no access to water and sanitation)

While consultation is important clusters, will need to balance the time and resources needed to generate a comprehensive needs assessment while considering the burden on affected people and the need to carry out life-saving activities. **However, even in the most difficult and challenging environments, it is still possible to generate a "good enough" analysis of needs that includes the views and perspectives of affected people themselves.**

Here are some examples of how clusters can integrate AAP into different needs assessment processes and products.

(THIS DIAGRAM NEEDS TO BE REDONE)





**Secondary data review:**

Most clusters will conduct a secondary data review (SDR) to gather information on pre-existing needs in areas such nutrition, education or WASH prior to a crisis. This is helpful to establish a baseline and later calculate the number of people in need. But secondary data reviews also provide an opportunity to look for AAP related information that can help identify pre-existing needs and vulnerabilities of different groups within the affected populations as well as their preferences related to response delivery. As cluster coordinator, you can promote using the SDD to uncover other relevant information such as:

* Gender, age, disability or other vulnerable groups in the population?
* Needs, priorities and concerns of vulnerable groups in communities?
* Preferences around how communities want to be engaged and participate in programmes?
* Trusted and preferred communications channels?
* Good practices or lessons learned about effective community engagement, participation, and two-way communications from previous projects?
* Existing experiences, knowledge, resources and capacities of communities and local actors?
* Examples of new or innovative approaches to programming, such as cash distribution, use of technology tools, etc. used in previous projects?

The SDD process is a good opportunity to look for examples of good programming and AAP practices from previous responses. This can be very useful for designing interventions that are relevant and appropriate to the context and consider the specific needs, preferences, and concerns of all groups in the population.

All this additional information may not be reflected in the needs analysis, but can be very useful when the cluster is ready to develop its response strategy and plan activities for implementation.

**Needs assessments**

Not every situation will require clusters to conduct an initial needs assessment at the outset of a crisis, as there may be enough existing data and information from secondary data reviews or other sources. If specific information gaps have been identified, such as the views and perspectives of affected people themselves, you should promote the use joint needs assessments to ensure assessment activities are coordinated between partners and with other clusters. This helps to reduce the burden on communities and use resources efficiently, and will generate more consistent, reliable and comparable information to facilitate data analysis.

Most clusters will use existing standardised tools for needs assessments (for example, the MIRA or PDNA, SMART surveys, JENA, etc.), but many of these mainly focus on collecting technical and quantitative data. This can mean that other important data from affected communities themselves on their perceived needs and priorities can be overlooked or missing in the assessment. That is why clusters should consider introducing more qualitative elements into their assessment tools and processes that can help improve the quality of assessments. **As cluster coordinator, you will need to advocate that qualitative data about affected people's needs, priorities and concerns are collected as part of the assessment process.**

### Consulting and engaging with communities in assessments

A full level of consultation with affected people is often not feasible in the earlier stages of an emergency, so clusters should agree in advance on the target number of people to reach through needs assessment processes and the methodology to use. It may not be possible to directly consult with all groups of the affected population, or to have a reliable or representative sample size. In these cases, key informants, such as teachers, health care workers, local authorities and community leaders may be a good proxy to give enough information on an initial assessment of needs.

Deliberate efforts should be made to ensure, women, men, girls and boys from the affected population are consulted to ask about their needs, views and perspectives about the crisis and the most appropriate response. This could be through face-to-face interviews, small focus group sessions, surveys or other consultation tools and techniques**. Even if the number or sample of affected people consulted is small, it still provides useful information that can inform the needs assessment - some information from affected people is better than none at all!**

Regardless of the assessment tools used, clusters should agree on a simple set of common initial questions in the early stages of an emergency to identify what people want and expect from aid providers, identify their needs, and any gaps or other issues that may require coordination with other clusters. **These questions will help establish an initial baseline, and incorporating them into cluster and partners' monitoring tools will allow clusters to track changes over time, and adapt programming accordingly.**

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| Minimum recommended AAP assessment questions | | |
| **Questions** | **Why this information is useful** | **Comments** |
| * What are the priority concerns for your community? | This helps establish a baseline about communities' different priorities and concerns, and link this to the needs assessment.  Priorities will likely change over time, and it is important for clusters to regularly consult with communities to update and adapt their assessments and adjust programmes. | There may be differences between the community’s perceived needs and priorities and your clusters more technical data and prioritisation of needs.  Finding a way to reconcile these differences the assessment and later design of responses is important. This may require further consultation with communities to understand the reasons why certain issues are priorities for them. Having communities rank their priorities can be useful as well.  This question is also a means to identify other issues that may need to be addressed by other clusters or at the inter-cluster and HCT level. |
| * Do you feel safe in your community? | This is useful to identify safety, access and protection issues, and incorporate them into the analysis. It will also help ensure responses are well designed to address these issues. | Be sure to uses sex, age and disability disaggregated data (SADD) and use specific techniques (like separate focus groups for women, girls, men and boys) to identify different needs and perceptions of different groups in the community. |
| * Are you satisfied with the assistance received to date? | While it may still be very early in the response, communities will likely have opinions about how satisfied they are with the assistance provided, and the relationship with aid providers.  Communities may have received assistance in the past, and their satisfaction (or not) in previous responses can help orient the design of current responses to avoid problems. | Satisfaction is subjective and can change over time. Regularly tracking satisfaction as part of assessment and monitoring is a good opportunity for clusters to review, adjust and adapt their response strategies.  Remember: A low level of satisfaction may be due to factors beyond the cluster and partners' control. Clusters still need to analyse the reasons behind dissatisfaction, and show communities that their opinions are respected and valued, and that corrective measures have been taken whenever possible. This will help build a relationship of trust with communities. |
| * Do you feel aid is provided fairly to all groups in the community? | This information can help uncover perceptions of bias, fairness, and equity in the response, and existing power dynamics and social issues in the community.  It can also identify specific vulnerable groups that may not have been identified or prioritised in initial assessments and responses. | As noted above, previous responses may influence perceptions of fairness and equity of communities. There may also be social, gender, age and other factors that influence perceptions. A good situational and gender analysis will help understand these dynamics in the community.  Cluster can try to address this by sharing and feeding back the criteria used to prioritise different interventions and target populations. |
| * Do you feel you can influence decisions about assistance? | This helps understand the dynamics of the relationship between communities (and specific groups in the community) and aid providers. | People-centred approaches require aid providers to providing meaningful opportunities for participation, engagement and localisation.  It can also help clusters to adjust their community engagement and communications strategies to better |
| **Note:** Adapted from Ground Truth's Satisfaction Surveys and the IASC AAP-PSEA Task Team Guidance on AAP questions (see Additional Resources for links) | | |

At the same time, take advantage of needs assessment to try to determine:

* Affected people’s preferences for assistance delivery (locations, times, etc.)
* Affected people’s preferred channels of communication (face-to-face, radio, SMS, etc.)
* Other contextual factors (gender, access, protection, cultural, economic, etc.) that could influence intervention strategies

**Needs Analysis**

As with any data analysis exercise, crosschecking and validation of data is key to ensuring clusters have solid evidence of needs to inform and develop their strategies and response plans. Information gathered from affected people will help clusters determine if there are any gaps between their perceived needs and priorities and the needs identified through technical or quantitative data collected. This may require further consultation and engagement to analyse and understand the reasons behind these differences, and take corrective measures in the design of response interventions. It is also an opportunity to identify needs outside of the cluster's responsibility, and to engage and advocate with other clusters or the HCT on how to address others needs.

You should also include an assessment existing local capacities and resources, **including the capacity of communities and local actors to lead and manage response activities and resources themselves**. This will help clusters determine:

* The most appropriate strategies for community engagement and participation
* Identify capacity-building needs and possible solutions
* Support integrated approaches to the humanitarian-development nexus
* Prepare for cluster transition plans when clusters are de-activated.

**Gender and Protection**

Two very important elements to include in the needs analysis are consideration of how gender, age and disability affect vulnerabilities and needs of different groups in the population, and an analysis of protection needs, particularly around PSEA and GBV. **As an absolute minimum, sex and age disaggregated data (SADD) must be collected about the affected population.** However, this information by itself is not enough to fully understand how a crisis affects the different needs women, men, girls and boys.

Clusters will need to take time to develop a joint analysis of the factors that may place women, men, girls and boys in situations of greater risks and vulnerability and possible actions to reduce or mitigate these risks. The same is true of protection risks.

The expanded gender and age marker is one useful way to help cluster partners include gender and age in their needs assessment and analysis, and the design and implementation of projects. Similarly, there are tools from the Protection Cluster and the Child Protection Area of Responsibility that can help clusters identify and minimise protection issues in their analysis and intervention strategies. (INSERT LINK)

**Putting it all together**

The data collected and analysed by the cluster is consolidated into a Cluster Needs Analysis, which is then combined with the data from other clusters as part of the overall Humanitarian Needs Overview (HNO). The cluster is responsible for providing evidence of affected people's needs from both the technical perspective as well as from the perspective of communities, and ensure those specific needs are included in HNO. As cluster coordinator, you should include a specific section on affected people’s perspectives in your cluster's Needs Analysis, and advocate for a dedicated section in the HNO that outlines the views of affected people's needs.



The views and opinions of affected people themselves about what their needs and priorities can be a powerful argument to the HCT and donors about what interventions should be prioritised.

Preparing the Cluster Needs Analysis and HNO is not the end of the needs assessment and analysis process. Clusters will also need to plan how to regularly review the crisis context and carry out additional needs assessments and situational analysis to provide either more detailed analysis, or to update or change the assessment to reflect changing needs. Deciding in advance how to continue to engage with and consult affected people about changing needs and priorities will help ensure this is included when clusters and partners' update their work plans.

**Validation with affected communities:**

Clusters should plan in advance how and when they will communicate with communities about their analysis of needs, and the criteria used to prioritise interventions. Experience shows that communities appreciate the opportunity to provide feedback and validate the needs assessment made by clusters and partners, as well as knowing how their specific needs relate to overall needs in the crisis. It is also a good way to test and validate that data and underlying assumptions that have led to the cluster's analysis. This will help avoid misunderstandings and misinformation and orient strategic and operational planning.

**TIPS:**

* Don't worry too much about representative samples in early needs assessments - a "good enough" approach is fine, so long as more in depth consultation with affected people happens at a later stage.
* Make sure sex, age and disability data (SADD) is regularly collected by cluster partners, and analysed to determine specific needs of different groups in the population.
* Include a rationale for how you determined priority needs - and any information gaps and assumptions the cluster has made in its needs analysis.
* Be realistic and transparent about the limitations of your analysis. This will help build trust and confidence of affected communities and other stakeholders like donors.
* Keep good records about how the needs analysis was generated. This will help the cluster adjust plans when new information is available or when the context changes or if there is a high turnover of staff.

### Strategic Planning

**Minimum Recommended AAP Actions**

* Include at least one AAP related strategic objective in the Cluster Strategy or Response Plan.
* Define common technical and quality standards and benchmarks for all cluster partners.
* Define common cluster performance indicators related to response quality, consistency and accountability.
* Include at least one indicator around affected people's satisfaction with responses.
* Use AAP criteria to assess and review partner project proposals.

The strategic planning part of the HPC is where the cluster's needs assessment and analysis are translated into objectives, plans and activities. These are normally reflected in a cluster strategy (sometimes called a Cluster Response Plan or Response Framework). This is then consolidated at the inter-cluster and HCT level to draft an overall Humanitarian Response Plan (HRP) for the crisis. ***The inputs from communities and other key stakeholder in the needs assessment phase are essential to determine the most effective and appropriate intervention strategy and activities for the crisis.***

**AAP in the HRP**

More and more HRPs now include specific Strategic Objectives related to AAP, as seen in these examples:

* Strategic Objective 4: Provide rapid, effective and accountable humanitarian action in accordance with humanitarian principles and standards. (2018-19 Democratic Republic of the Congo HRP)
* Strategic Objective 4: Deliver a principled, integrated, coordinated and inclusive humanitarian response that is accountable to and advocates effectively for the most vulnerable people in Yemen with enhanced engagement of national partners (2018 Yemen HRP)

As cluster coordinator, you should advocate to include a Strategic Objective on AAP in the HRP. This will help reinforce the collective and shared responsibility of all aid actors to quality and accountability, and facilitate a more coherent and consistent approach to putting people at the centre of the response.

At the cluster level, the cluster will need to define its own Cluster Objectives, and show how these contribute to achieving at least one or more of the HRP's Strategic Objectives. As in the HRP, clusters should include:

* Specific objectives around AAP
* An explanation of how affected people have been consulted as part of the needs assessment and analysis process
* The rationale for targeting and prioritising specific vulnerable groups in the population or geographic regions
* Proposed interventions and how these have been informed by the views and perspectives of affected people
* Proposed approach to consult and engage with communities and how feedback will be collected, analysed and acted

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| Nine Recommended AAP-related indicators for clusters | |
| **Sample Indicators** | **Comments** |
| # and % of cluster partners using common approaches to community consultation and engagement | This indicator will help show that community engagement approaches are coordinated and use a common methodology, adapted to the context and the community's needs and preferences. |
| # and % of partners using joint needs assessments | Joint assessments are important to ensure partners collect coherent, comparable data, including data based on feedback from communities. |
| # and % of cluster partners consulting with and engaging communities in the design of project activities | Clusters should set out criteria for consultation, participation and validation project designs to ensure activities are relevant and appropriate to their needs and the context. |
| # and % of cluster partners with appropriate and functioning feedback and response mechanisms | Clusters should determine in advance, and in consultation with communities on the most appropriate means for collecting feedback and complaints, including consideration of access, safety and confidentiality of affected people. |
| # and % of cluster and partner plans adapted based on on-going situational monitoring and feedback from affected people | The design of any project will likely need adjustments and changes based on changing contexts and feedback from affected communities. Tracking this is a good indicator that clusters respect and value feedback from communities and are accountable for continuous improvement in implementation. |
| # and % of cluster partners applying agreed technical and quality standards and benchmarks | Consistently applying technical and quality standards - or adjusting standards based on the context - is an important component of AAP. Clusters should define in advance the most relevant standards and benchmarks around quality, timeliness, coverage and satisfaction. |
| # and % of affected people consulted satisfied with the quality of the response | The degree of satisfaction with a response can be very useful to track and monitor how well implementation of activities is meeting targets and objectives, and whether or not plans need to be adjusted. It can also be a good proxy for effectiveness when combined with more technical indicators. |
| # and % of cluster partners satisfied with the quality of cluster coordination | Tracking if cluster partners are satisfied with cluster coordination is a good means to identify and improve any issues around cluster management, organisation or process. It can be particularly useful to gauge the views of local partners in terms of their view around accessibility, participation and added value of the cluster. |
| # and % of external partners and stakeholders satisfied with the quality of cluster coordination | Like partner satisfaction, the perceptions of other stakeholders not directly involved with the cluster can show how well the cluster has integrated its work at the inter-cluster level, with national actors, and even with communities, which may have relations with other clusters and partners. |

When defining cluster objectives, you should also spend time setting out the indicators will be used to track and measure progress against these objectives. Indicators that go beyond measuring inputs and outputs and include qualitative measures like the satisfaction of affected people can be an extremely powerful tool to signal the importance of AAP in the cluster - and will help push all partners to commit to integrating AAP more systematically into their own plans. It also sets a good foundation for monitoring the effectiveness of the response when plans are implemented.

For example, probing the degree of affected people's satisfaction with access, timeliness or type and quality of assistance can help cluster determine where their intervention strategy may need adjusting, and identify factors that might be affecting access and use of assistance or services provided. Some clusters have already developed some potential objectives and outcome and output indicators for AAP in the response, so make use of these. Also check the Indicator Registry and other examples from UNICEF and partners' programmes.

The planning process is also an opportunity to promote and reinforce the use of technical and quality standards used in the humanitarian sector, such as the Core Humanitarian Standard (CHS) or Sphere standards, or to adopt standards set by national authorities. Tracking and measuring how partners are applying standards are an important component of AAP, as it helps ensure consistency and quality of the interventions, and through this, the overall outcomes and results for affected people.

An alternative approach could be to use the CHS quality criteria and suggested indicators as orientation for cluster objectives and indicators. This may be useful when the CHS or accountability standards are included as Strategic Objectives in the HRP, or where many cluster partners are already using the CHS to measure their own organisational performance or project implementation.

When developing a Response Plan, clusters should also discuss how they measure and assess their own effectiveness working as a cluster to achieve greater quality, coverage, consistency and coherence in the response. This is discussed in more detail in the section on Implementation and Monitoring and Evaluation.

**Peer review and harmonisation of partner projects**

Once the cluster Response Framework and HRP are drafted, clusters will then need to start the process of planning, reviewing and harmonising partners' project plans. By this stage, if the cluster has regularly engaged with communities, there should be a clear consensus on the priority needs and the most appropriate intervention strategies. Nevertheless, partner projects should go through a peer review process (sometimes done by the cluster Strategic Advisory Group) before finalising and submitting for funding.

Reviewing project proposals from an AAP perspective will help the cluster to avoid gaps and duplications, ensure quality, consistency and coherence of activities, and that projects will contribute to addressing affected people's needs and concerns holistically. The table below provides suggested assessment criteria that clusters could use in the peer review process. These assessment criteria could also be used for funding and resource allocation decisions.

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| Ten suggested AAP criteria for project peer reviews | |
| Criteria | **Comments** |
| * Does the project reflect the expressed needs, concerns and priorities of the affected population? | Clusters should encourage partners to provide evidence that their proposed activities address the priorities expressed by communities. |
| * Has the project been designed and validated with inputs from the affected population? | An explanation of how communities have been consulted and participated in the design of the project should be required for partner proposals. |
| * Are gender, age, disability and protection risks and other crosscutting issues fully considered and addressed in the project? | Any project that does not have as a minimum sex, age and disability data, and an analysis of how the project will address or mitigate gender or protection issues should be disqualified. Without this analysis, the project may not address unanticipated risks and limit the outcomes for particularly vulnerable groups. |
| * Does the project align with the HRP and cluster Response Framework priorities and objectives? | This is important to demonstrate coherence and consistency. Projects that are not aligned to the HRP face the risk of gaps, duplication of efforts, and may not be inappropriate or meet agreed technical and quality standards. |
| * Are the gaps and/or duplication in coverage addressed? | A proposal without an analysis of gaps and an explanation of how these will be addressed may risk misuse of resources and poor results. |
| * Does the project make a link to potential joint activities or integrated approaches with other partners or clusters, particularly around AAP? | Clearly explaining how the project connects to wider response efforts, and how the needs of people will be addressed holistically is important to ensuring better quality, coverage and outcomes in the response. |
| * Does the project apply agreed cluster technical and quality standards? | Applying agreed technical and quality standards is key to a consistent and coherent response, and closely related to the accountability to ensure affected people can access timely, relevant and appropriate assistance. |
| * Does the project have a clear strategy for promoting community engagement, participation and feedback | All projects should include a clear explanation of how communities will be engaged, how transparent information sharing and two-way communications will be encouraged, and the degree of participation of communities in the management and implementation of activities. |
| * Does the project have clear strategy for field monitoring and reporting including to Clusters and HCT, as well as feeding back to communities? | Reporting is a key component to accountability, as it allows the aid organisation itself, as well as communities, local actors and other stakeholders to determine if projects are meeting their objectives, and working in ways that are accountable. |
| * Does the project have a clear transition strategy that includes reinforcing and strengthening local capacity and resilience? | Building and strengthening local capacities is a key part of cluster core functions, and part of the Grand Bargain Localisation commitments. Projects should include an explanation of how activities will contribute to local capacities, and resilience, and how the partner will support the humanitarian-development nexus. |

**Validation with affected communities:**

One critical component of AAP is the right of affected people to have access to relevant, transparent information about issues that affect them. Clusters should determine in advance the most appropriate means to communicate with affected people about the overall response priorities and planned project activities of cluster partners. Harmonising approaches and defining common key messages can reduce the risk of rumours and misinformation and build trust with communities.

At a minimum, communities should be informed about:

* Overall response goals and priorities
* Specific program/project goals and objectives
* Planned activities and deliverables, including start and end dates
* Project budgets (with consideration of sensitive data)
* Criteria used for selecting communities and participants
* Organisational details about who are involved in project implementation and specific geographic locations of operations
* Contact details, including how people can identify aid providers and provide feedback
* Community members’ right to provide feedback and make complaints

## Resource Mobilization

**Minimum Recommended AAP Actions**

* Use AAP criteria to review and assess funding proposals.
* Ensure all partner projects include a budget for community engagement, participation and feedback mechanisms.
* Include an overview of how cluster partners' projects address the expressed needs and priorities of affected people in all funding proposals and requests.
* Promote the use and funding of joint or common platforms for clusters to engage with affected people, such as common feedback and response mechanisms.

Clusters play an important role in mobilising resources in order to achieve the Strategic Objectives of the HRP and cluster-specific objectives in their Response Framework/Plan. It will be the your job to advocate to the HCT, donors and other funding sources to cover the expected funding needs and gaps identified in cluster plans. Strong evidence about the extent of needs and funding gaps, supported by evidence of how cluster plans and priorities match those of affected people, will strengthen arguments to support and fund the cluster's plans.

Resource mobilisation is much more than securing funding to support cluster partners' projects. It also includes mobilising and coordinating other resources that partners and local communities can bring to the response. This includes people (staff and volunteers), supplies, and most importantly, the capacities, knowledge and understanding that local partners and communities can provide about the crisis context to improve the quality and effectiveness of the response. **As such, clusters should promote and prioritise the use of local capacities and resources in their resource mobilisation strategies, in line with the Grand Bargain commitments around localisation.**

In terms of funding, successfully integrating AAP into programming requires resources. Rather than see AAP as stand-alone or optional activities, you should advocate that partners and donors include sufficient budget and funding for AAP activities as a fundamental part of effective project management.

Some essential costs to consider for AAP interventions could include costs for:

* Conducting surveys and participatory needs assessments
* Establishing joint or common feedback and response mechanisms
* Production and dissemination of information and communication messages and materials
* Monitoring of application of technical and quality standards
* Peer reviews and joint learning exercises
* Training of local and international partners on AAP standards and good practices
* Support to local partners, staffing for coordination functions and reporting.

A harmonised approach, such as partners using the same language in the needs analysis, or common objectives and indicators in funding proposals, or common feedback mechanisms can help partners save time and efforts when preparing project proposals. It also reinforces the message that the cluster is promoting collective approaches to increase quality, coverage and efficiency.

**Donor commitments to AAP**

More and more donors and funding mechanisms such as Country Pooled Funds are specifically including AAP elements into their funding decision-making criteria. In some cases, donors are asking for specific evidence of how affected people have been consulted and engaged in the design of programmes, how they will participate in implementation, and how their satisfaction with the services and assistance provided with be monitored and evaluated.

Other donors are interested in knowing how clusters and partners will work together to gather, analyse and act on feedback from affected people. In particular, joint or collective approaches to AAP, such as common platforms for collecting and analysing feedback from communities are increasingly seen as cost-effective ways to support greater quality and accountability in responses. The increased interest of donors in AAP is an opportunity for clusters to include and advocate for funding for AAP-related activities in project budgets.

As mentioned above, the cluster may be tasked with reviewing and validating funding requests to mechanisms such as Pooled Funds. The suggested AAP criteria for project reviews can be easily adapted as funding approval criteria for projects, and will provide a degree of quality and transparency in the funding process.

**Validation with affected communities:**

Transparency is key component of AAP, and helps build a relationship of trust and confidence with communities. Yet many organisations develop project budgets and funding without any consultation with or validation from affected communities. This is a missed opportunity to get feedback and inputs on potential cost-saving measures, such as using local resources, mobilising community volunteers to carry out activities, or alternative approaches that could be more effective at meeting their needs. Clusters should also consider if there are options for direct or shared management of aid resources by communities themselves.

Cluster partners should decide in advance how to communicate with communities and other stakeholders around:

* Project budget and financial information
* How to deal with sensitive information (such as staff salaries)
* How budgets will be monitored (ideally with participation of the community)
* How feedback and complaints around misuse of aid resources, corruption or nepotism will be investigated and dealt with.

### Implementation and Monitoring

**Minimum Recommended AAP Actions**

* Define a common approach on how clusters partners will engage with communities in implementation
* Define relevant technical, quality and accountability indicators will be monitored
* Determine the most appropriate approaches to feedback and complaints mechanisms and ensure all cluster partners have a functional system in place
* Regularly monitor affected people's satisfaction with the quality and effectiveness of responses
* Regularly review cluster performance to identify and resolve issues affecting coordination

**Community engagement in implementation**

In line with the CHS and the Grand Bargain participation and localisation commitments, clusters will need to define the most appropriate approach to community engagement, participation and feedback in the implementation phase. Whenever possible, communities should have a voice in decisions that affect them. This includes providing inputs on the criteria used to select beneficiaries and interventions, defining how and when assistance is delivered, and how feedback and complaints will be addressed. The information gathered from communities during the needs assessment and planning process can provide a good orientation on the most effective engagement and participation strategies.

Here are some examples of some ways clusters can engage with communities in response implementation:

* Train community volunteers to directly implement activities
* Use community members to directly monitor quality of activities
* Conduct regular satisfaction surveys on project quality and effectiveness
* Use common approaches platforms for collecting and analysing feedback
* Establish community management committees to define, manage and implement projects
* Include representation of affected communities in cluster meetings

Each cluster partner will likely have a unique approach to how they engage with communities based on their own experience, capacities and resources. The cluster will need to respect the different approaches used, but at the same time, look for potential areas for harmonisation and identify any practices that may create risks for affected people themselves or undermine the credibility of the cluster. For example, in a conflict situation, participatory approaches may expose community members to threats and reprisals. In other situations, different approaches to implementation by partners can create tensions within and between communities. **As cluster coordinator, you will need to mobilise the collective knowledge and resources of partners to share good practices identify and find solutions to problems or challenges in implementation.**

**Monitoring and reporting**

While cluster partners have direct accountability for implementation of projects, as cluster coordinator you should exercise a role in monitoring, quality assurance and risk management of implementation. Within the cluster, you will need to work to achieving consensus on:

* Defining the most appropriate technical standards and good practices adapted to the crisis context,
* Monitoring and promoting consistent use of agreed quality and technical standards,
* Collecting, analysing and responding to monitoring data, including feedback from communities
* Making course corrections and adjustments to intervention strategies and plans
* Reporting back to communities and other stakeholder

Clusters and partners will need to monitor and report against the objectives and indicators set out in their own projects, the cluster Response Plan and the HRP. In addition, clusters will need to regularly monitor the crisis context to identify new trends and changing needs, as well as assessing the effectiveness of coordination within the cluster and at the inter-cluster/sector level. The cluster provides a good forum for partners to share learning and look for joint or collective solutions to common problems affecting the response. **Including AAP as a standing agenda item in cluster coordination meetings and reports is a great way to keep partners informed and focussed on how of AAP interventions can improve results.**

The 3/4/5 W matrix (Who is doing What, Where, When and for Who?) is a commonly used tool that clusters can use to track partners' activities to minimise gaps and duplication in the response. Keeping it up to date is a shared responsibility of all cluster members. Based on the 3/4/5 W data, clusters should regularly discuss any issues or gaps affecting the response and how to address them. But monitoring should not be limited to discussing when and where planned activities have been carried out or not. Clusters should also regularly spend time to monitor and discuss operational issues and challenges that affect the quality and effectiveness of the response.

Regular monitoring data, including feedback from affected people, will help the cluster to analyse these issues, and make more informed decisions on how to best adjust programming. Information from communities themselves, along with field monitoring visits, direct observations and data generated from community-level or common feedback and complaints mechanisms will help inform clusters. Clusters may want to consider using an AAP-adapted 5W matrix to collect information from communities.

|  |  |
| --- | --- |
| Suggested 5W AAP Monitoring Matrix | |
| Key Questions | **Comments** |
| * Who did we consult with? | It is important to identify which people have been consulted and how representative they are of the overall population. Sex, age and disability data should be collected and used in the analysis. |
| * Where and when? | This information helps to determine if the issue is isolated to a particular community or geographic area, or linked to a particular moment of the response. |
| * What did they say? | Report feedback as accurately as possible, and avoid inserting your own potential biases or opinions. |
| * Why did they say this? | Use probing or follow-up questions on people's reasons behind their feedback whenever. If not possible, include several alternative explanations in your analysis that can be followed up and validated with communities. |
| * What are we going to do about it? | There is no point in collecting feedback if it is not used to shape and influence decision-making. Be sure to flag and share issues that require coordinating responses with other clusters or that inter-cluster level. |
| * How will we feedback to communities on any corrective actions we have taken? | Any decisions and corrective actions need to be communicated back to communities, with regular follow-up to monitor if the issue or problem has been resolved. |

As a general rule, you should encourage cluster partners to use a variety of monitoring tools and techniques in order to crosscheck and validate information before taking any decisions around adapting or changing intervention strategies and activities. Collecting and analysing feedback from affected people and other key stakeholders (such as frontline workers), on a regular basis should be a fundamental part of any monitoring systems used by clusters and partners. When done jointly or collectively, this can be a powerful tool to promote continuous learning and improvement in the cluster, in particular, to share ideas between partners.

Some monitoring options for the cluster to consider are:

* Joint monitoring, where 2 or more partners carry out monitoring activities in communities
* Peer reviews, where 2 or more partners visit each others project to identify good practices and areas for improvement
* Remote monitoring tools like SMS or other communication technologies for affected people to provide feedback on implementation
* Common databases to register, analyse and aggregate monitoring and feedback data for the cluster and at the inter-cluster level
* Third party monitoring, using independent organisations to monitor and benchmark programme quality and accountability of partners
* Perception and satisfaction surveys that regularly assess the views of affected people on implementation
* Collective or common feedback and response mechanisms

**Remember:** Affected people themselves often prefer to have regular, direct contact with aid providers to share their perspectives. Regular key informant interviews, focus groups and community meetings are good tools to build relationships based on trust between aid providers and communities. These should be complemented with other more confidential ways for people to register complaints and feedback, such as SMS tools, complaint boxes or hotlines. Direct observation of response activities is another key tool for cluster coordinators and partners to monitor quality and accountability.

Increasingly, HCT’s are encouraging clusters and partners to establish inter-cluster community engagement working groups (CEWG) to define AAP strategies and interventions, and collect and analyse feedback and complaints data at the overall crisis level. It is important for cluster coordinators to regularly participate in the meetings and activities of the CEWGs and share and AAP-related issues emerging from the cluster, especially related to coordination with other clusters, and to address rumours, perceptions, and protection or other risks.

Participation of cluster coordinators and representatives from other clusters in cluster meetings can also help ensure other higher-level strategic or operational issues can be shared at the inter-cluster and HCT level. In all cases, AAP reporting should be a regular agenda item in ICCM meetings (at least once a month) and in HCT (at least every quarter) depending on the frequency of the meetings. Finally, cluster coordinators should consider the feasibility of community representatives to regularly participate in cluster meetings - at least on topics around quality and accountability. In some crises, this has worked very well to keep discussions focused on finding solutions to affected people's issues and problems, and can be a good way to increase transparency, trust and confidence with aid providers.

**Assessing Cluster Performance**

As cluster coordinator, you have a high degree of responsibility for how well the cluster is able to fulfil its role in coordinating the work of partners to maximise quality and coverage, minimise gaps and duplication, and generate results for affected people. You should invest some time in the planning phase to discuss with partners how to measure cluster performance.

Part of the cluster's key performance measurements will be linked to meeting the cluster's own objectives as well overall HRP Strategic Objectives. In this case, the focus is on the "what" the cluster does - measuring the collective contribution of clusters to coverage, quality (for example, meeting agreed technical standards and indicators), and accountability measures (such as collecting and acting on feedback from affected people).

However, clusters should also define how to measure how effectively they are working collectively to support an effective and accountable response. In contrast to measuring the "what" the cluster has achieved, these performance measures are more focused on "how" the cluster functioned to achieve its objectives. Clusters should consider establishing some indicators to help track and measure this component of performance - even if this is only used internally and not shared outside the cluster - and the tools it will use to assess this. Table XXX in the section on Strategic planning provides several examples of this.

In terms of measurement and assessment tools and frameworks, there are several different options clusters can consider:

* Using the Cluster Core Performance Measurement CCPM) partner survey.
* Using a modified shorter version of the CCPM survey.
* Using a modified version of the CHS Self-Assessment Tool
* Peer reviews and joint learning exercises
* Independent monitoring and benchmarking

The advantages and disadvantages of each approach are summarised in the table below.

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| --- | --- | --- |
| Tool | Advantages | Disadvantages |
| CCPM Partner Survey | * Most commonly used by clusters * Covers all of the 6+1 core functions and related actions for clusters * Includes expanded focus on AAP * Provides a comprehensive baseline to track progress * External support available from some clusters to facilitate process | * Lengthy survey with over 40 questions * Not explicitly linked to cluster collective accountability, performance and outcomes for affected people * Not explicitly linked HPC processes and outputs * As a self-assessment, may have positive response bias * AAP is not fully integrated into the analysis in the other core functions, and is still seen as a stand-alone element. |
| CCPM "light" survey | * Very short survey (10 questions), easy to complete quickly * Easy to compile data | * Information generated is very limited and generic and not very useful as a baseline for analysis and discussion * Not explicitly linked to cluster accountability, performance and outcomes for affected people * Not explicitly linked HPC processes and outputs |
| CHS Self-Assessment | * Provides a comprehensive baseline to track clusters against key quality, accountability and performance criteria * Can be linked to HRP Strategic Objectives and/or cluster objectives related to AAP issues * Already used by many cluster partners as a performance and accountability framework * Can generate useful data and analysis related to programming and outcomes for affected people * External support available to facilitate process | * Lengthy survey with over 40 questions * Only partially adapted to assess coordination processes and collective actions * Not explicitly linked to cluster performance as related to outcomes for affected people * Not explicitly linked to HRP processes and outputs * Some clusters and partner unfamiliar with CHS * Limited use and validation of the approach at the collective level |
| Peer Reviews | * Can facilitate learning and sharing between partners * Helps identify trends, challenges, and areas for improvement * Can also be used to identify capacity-building support for partners (particularly local actors) | * Can be complicated to implement, particularly for smaller partners with limited staff resources * Can be time-consuming * Can reinforce power imbalances between larger and smaller organisations * Often subjective and difficult to maintain rigour and common assessment criteria |
| Independent third-party benchmarking | * Can provide a more robust analysis of overall collective cluster performance and accountability * Can also provide a more confidential assessment of individual partners and cluster coordinator's performance * Views of affected communities and other stakeholders can be included in the exercise * Very helpful to identify common trends, strengths and areas for improvement as a cluster * Is often more efficient and rapid and does not place a burden on cluster partners * Findings can be made compatible with HRP's, CHS or cluster core functions * External support and facilitation available | * Still not very common in the cluster system * Cluster partners may be reluctant to share information with an external party * May require additional resources to finance the benchmarking exercise |

An example of how the CCPM can be adapted to include more discussion around AAP issues is included in ANNEX XXX.

Regardless of the tools used, the cluster will benefit from dedicating regular time in cluster meetings for an open and honest discussion around the effectiveness of coordination, operational issues and challenges, and how clusters can work together to find solutions to these problems. This should be done in line with the Principles of Partnership, and particular care should be taken to ensure the views and opinions of local actors are considered and prioritised in the discussions.

**Validation with affected communities**

Measuring cluster performance does not need to be an internal exercise only. Other stakeholders, including affected communities themselves, may have valuable opinions and insights on how well aid actors are coordinating their activities in order to better address the needs and priorities of affected people. In particular, affected communities are often very perceptive around differences in approaches of cluster partners, and other clusters. While affected people may not be familiar with humanitarian coordination mechanisms, they will be concerned that aid resources are used efficiently and effectively, and in a coordinate manner. Clusters should consider how to consult with affected people, local actors and other stakeholders as part of the cluster performance review, and should share and validate any relevant findings and action plans coming out of the cluster performance review with communities.

### Evaluation

**Minimum Recommended AAP Actions**

* Ensure that cluster and partner planning, monitoring and community engagement activities are documented and available for evaluations.
* Advocate that evaluations include direct consultation with affected people on their views on response quality, accountability and performance whenever possible
* Ensure evaluation findings and learning are shared with communities, partners and other stakeholders

This is the final stage of the HPC, and one where the role of clusters can be assessed in terms of their contribution to overall outcomes for affected people. In many cases, evaluation exercises may take place after the cluster is already de-activated. In other cases, the HCT may commission a Cluster Architecture Review (normally when the cluster has been activated for a year), or in the case of a Level 3 crisis, there may be an Operational Peer Review (OPR). Individual cluster partners and donors may commission their own evaluations as well.

As cluster coordinator, you may have very little influence over who conducts an evaluation or the evaluation's focus and terms of reference. However, if the cluster has functioned well, and if AAP has been successfully integrated into the cluster functions and the HPC, you will have already made a significant contribution to helping evaluation teams assess the response. For example, a cluster that has consistent engagement with communities will have data on:

* Coverage (based on the 3/4W matrix)
* Relevance and appropriateness of interventions
* Application of relevant technical standards (based on cluster monitoring)
* Degree of community participation and engagement in activities (b
* Efforts to support and strengthening of local capacities
* Satisfaction of affected people

In addition, any information from cluster reports or cluster performance reviews, particularly around quality and accountability, will be an invaluable input for evaluations. If you do have an opportunity to provide inputs into the evaluation objectives and methodology, you should advocate strongly that evaluation methods emphasise consultation with affected people and local actors.

All this will help assess whether or not responses have helped protect affected people’s rights and generate meaningful results for them, and the cluster's role and contribution to those results. As such, it is an important tool for cluster accountability as well as opportunity for continuous learning and improvement.

**Validation with affected communities:**

Whenever possible, affected communities and local actors should be consulted when designing and implementing an evaluation. Evaluation criteria defined exclusively by aid providers or donors may miss out on issues that are important to communities. For example, communities may prioritise livelihoods and recovery over other response interventions. Communities' views on what an appropriate, relevant and effective response can differ from aid actors - even if they have been fully consulted and engaged throughout the HPC process. Considering how to integrate their perspectives into the evaluation design can improve the evaluation outcomes.

Another important consideration is how the evaluation findings will be shared with key stakeholders. Most evaluations rarely go back to communities to share and validate findings, and explain how aid providers and coordination mechanisms like clusters will address mistakes and areas for improvements for future responses.

At the same time, the high turnover of staff in clusters and partners often makes it a challenge to share and validate lessons learned with the people most deeply engaged in the response. Finding ways to share findings with them, and incorporate them into global clusters' institutional knowledge management, coordination processes, training and capacity building efforts can make a huge difference to the success of clusters in other crises.

## Annexes

### Annex 1:

### Overview of Common Community Engagement, Feedback and Complaints Mechanisms

The table below lists some of the pros and cons about some of the most common feedback and complaints mechanisms used in the humanitarian sector. Clusters should discuss and agree in advance what the most relevant and appropriate approach should be for gathering feedback and complaints, and how to maintain the safety and confidentiality of complainants. A mix of different tools and approaches will help crosscheck and validate the data, and allow for a more comprehensive analysis to orient the design and implementation of responses.

**The cluster should also define how the information will be analysed and shared at the cluster, inter-cluster or HCT level depending on the nature of the feedback, and how it will be used to inform decision-making.** In line with PSEA requirements and the CHS, all clusters partners should be reminded of their responsibilities to carefully manage and address any sensitive issues around sexual abuse and exploitation, with special emphasis on ensuring complaints are handled with confidentiality and in accordance with agreed protocols. Another key decision is how the cluster and partners will feedback to communities on how their feedback has been addressed, and what follow-up actions have or will be taken.

The table below lists some of the most common community engagement, feedback and complaints mechanisms, along with the advantages and disadvantages of each. Clusters should discuss and agree in advance what the most relevant and appropriate approach should be for gathering feedback and complaints, and how to maintain the safety and confidentiality of complainants. Ideally, a mix of different tools and methods is used to triangulate and validate information.

**Remember**:

* Affected people often appreciate direct contact and proximity to aid providers to provide feedback or complaints.
* Clusters should map existing and trusted communications channels before determining which approaches to adopt - using mixed methods is usually more effective.
* Active feedback methods (where aid providers solicit feedback) are often better than passive methods (where affected people need to take initiative to provide feedback).
* A combination of methods can help triangulate data,
* Carefully consider the appropriateness of the feedback method, and the time, costs and resources required to implement feedback methods. More sophisticated methods do not always mean better quality data.
* Direct observation through field visits and informal conversations with community members is still one of the most effective means for clusters to see first-hand how well responses are being implemented.

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| **Tool** | **Description** | **Pros** | **Cons** | **Tips** |
| **Key informant interviews (KIIs)** | * Ideally, cluster partners should interview key informants from affected communities directly. * In some situations, it may not be possible to speak directly to community members, so you may need to find alternatives sources of information, such as teachers, health care workers, community representatives, etc. * Many of these people should be interviewed in any case, as they will have a specific knowledge and perspectives about the community and its needs. * Normally, 5-10 key informants per community or region will provide enough basic information about the community's priority needs and preferences for initial assessments and planning. | * Quick way to get advice and feedback from experts and people who know the community and the specific issues of vulnerable or marginalised groups- * Can help test and validate assumptions about needs and proposed intervention strategies. * Can also provide tips on the most appropriate engagement strategies with communities. * Easy to compile and analyse data. | * Key informants may have biases and their opinions may not reflect the views or experiences of the community. * Information provided by key informants can be contradictory and difficult to validate. | * Try to ensure that the key informants are a representative cross-section of the community (women, men, different ages, etc.) * Whenever possible, interview people from the most vulnerable or often excluded groups * Keep interview times to a maximum of 20 -30 minutes to avoid over-burdening people. * Interview teams should include women and men to facilitate conversations. |
| Focus Group Discussions | * Focus groups are a good means to collect information about needs, priorities and concerns of the community. * Focus groups can also be used later in a response to test and validate intervention strategies and monitor the quality and effectiveness of activities. * Normally, focus group sessions should not have more than 6-10 participants, and depending on the situation, separate groups for women and men. * A small number of focus groups (not more than 2 - 6 per community or region) will likely be enough to generate quality data on needs. | * A good way to complement other information sources on needs in the communities. * Allows aid providers to better understand the perspectives of the community and identify factors that might facilitate or impede an effective response * Can also help understand the power dynamics and relationship within a community * Can be adapted to focus on specific topics or interventions (nutrition, WASH, etc.) or groups in the community * Is useful in populations with low literacy | * Information collected is not confidential, and some participants may be reluctant to openly share sensitive information. * Limits the number of people who can be selected, so other feedback or serious complaints may not be collected. * Requires clear guidelines and trained facilitators to function well. * May not be appropriate in some cultures in which public criticism is not acceptable, or where there are security and protection risks. * May have certain people dominating the group, diluting the value of their feedback | * In the early stages of the crisis, the objective should be on generating general information on needs, priorities and preferences, rather than on a specific technical issue. * The cluster should define in advance the questions and facilitation methods to ensure consistency. * Also define how data will be recorded, shared and analysed. * Use special care when organising focus groups with children. Special techniques for creating child-friendly and safe spaces for child participation should be used. |
| Community meetings | * Community meetings are different than focus groups in that the size of the group is larger and not necessarily a representative cross-section of the populations. * They can be another good means to collect information about needs, priorities and concerns of the community. * Community meetings also provide an opportunity to share information with affected people about what clusters and partners plan to do, or what criteria are used to prioritise assistance. | * Useful for sharing information more widely in the community * Provides an opportunity to explain and clarify response objectives and activities, selection criteria or address rumours. * Also a good way to feedback to communities on how aid providers have adapted responses to address the community's issues and concerns. * Can also be used to mobilise communities and promote their engagement and participation in response activities. | * Risk that some people may dominate the group and limit the participation of other group members. * Can become a source of conflict if there are disagreements on project selection criteria or dissatisfaction with quality of assistance. * May raise issues beyond the scope of the ability of the cluster or the overall response to address, or unrealistic expectations. | * Important for clusters to agree on a common approach and key messages to avoid misinformation and misunderstanding * Also important to track and report back on issues raised by communities, and to manage expectations or rumours, etc. * Cluster should also define to report and use the data from these meetings. |
| Community Management Committees or similar approaches to participation | * Community committees can be an excellent way to ensure affected people have a voice and can participate in decision-making processes. * Community committees can provide valuable inputs on the design of response activities, monitor the quality of responses, and in many cases, take direct responsibility for management of resources, in line with the Grand Bargain participation and localisation commitments. * Committees can also be a good means to support a transition to early recovery and development as well as strengthen and support local capacities. | * Gives communities a greater sense of ownership and empowerment in the response. * Is a good way to ensure activities are relevant and appropriate for the community and the context? * Supports more equitable relationships and trust between communities and aid providers. * Can be used in all phases of the response and for most types of interventions. | * There is a risk that composition of a committee can reinforce or challenge existing social and power dynamics in a community. * Aid providers may be reluctant to cede power, resources and decision-making to communities. * Committee structures and decision-making responsibilities may not be familiar or appropriate in some cultures and contexts. | * Clusters should define the most appropriate level and types of participation are best suited to the response and context. * Having clear objectives and roles and responsibilities linked to project objectives will help committee’s function more effectively. * Be careful to avoid creating committees without any meaningful voice in decision-making - this undermines trust and local capacities. * Participatory management of aid resources may be unfamiliar to both communities and aid providers - take time to build familiarity and capacities to make it work, and allow for mistakes. |
| Household surveys | * Many clusters use household surveys for needs assessments to collect information on needs and establish a baseline for response planning. * These surveys can provide a comprehensive set of data on specific needs from a technical perspective (for example, people in need in WASH). * Provides an opportunity to incorporate AAP-related questions | * Larger sample sizes can provide more statistically reliable data from the affected population * Data can be processed relatively quickly and efficiently * Can be easily adapted to include more qualitative questions to complement technical questions | * Household surveys can be very costly and time and labour intensive * Surveys are often very long and can over-burden communities * Poor survey design and data collection can bias results and reduce confidence and reliability. * Surveys often neglects open-ended questions to understand the reasons behind responses or identify other issues | * Cluster should consider including a set of 4-6 core qualitative questions to be included in all surveys to assess people’s perceived needs and priorities. * Carefully assess the time and resources needed for full-scale surveys compared to the value of the data collected. There may be more cost-effective ways to get equally reliable data. * Test and validate survey designs with communities in advance to avoid errors or potential biases. |
| **Knowledge, Attitudes and Practices Surveys (KAPS)** | * Some clusters use KAP surveys to try to understand the behaviours of affected people, particularly around healthy behaviours or life-saving information. * KAP surveys can be helpful to establish a baseline to assess if interventions have contributed to changes in behaviours of practices. * Usually uses smaller sample sizes that household or other surveys, making it easier to administer. | * Helps collect qualitative data that can complement and explain quantitative data. * Can be useful to track outcome level changes in attitudes or behaviours, and the contribution of project activities to those changes. * Can be easily adapted to most sectors and programming areas, with many examples from the development sector. | * Requires specialised knowledge to design a good survey questionnaire. * Aid providers may have pre-determined ideas of what practices to change that may be contrary to what is appropriate in certain contexts and cultures. * Short time frame of many emergency projects makes it harder to track and measure long-term changes in knowledge, attitudes or practices. | * Clusters should carefully define the purpose of a KAP survey, and the types of knowledge, attitudes or practices that they want to change. * Test and validate survey designs with communities in advance to avoid errors or potential biases. * Also define the most appropriate means of information sharing and communications channels to ensure behaviour change messages are clear, understandable, accessible and relevant for target audiences. |
| **Satisfaction Surveys** | * Many clusters are using regular perception and satisfaction surveys to assess needs, monitor trends and satisfaction with the quality of responses. * Normally, these are very short surveys with a maximum of 10 questions, repeated over regular intervals (for example, every 1-3 months) to track trends. * The sample size can be relatively small compared to household surveys. | * Provides a good overview of how overall aid efforts are going, and can be used to shape operational and strategic decision-making. * Can be easily adapted to support all phases of the response, and sectors and programming areas, * Can be complemented with other methods like surveys of frontline aid workers, key informant interviews, focus groups to have a good understanding of the effectiveness of the response from the perspective of affected people. * Regular monitoring allows for more rapid course correction and adaptation of responses. | * Can require specialised support to design and implement. * Decision-makers are often not prepared to use satisfaction data to orient intervention strategies. * Aid providers are often reluctant to accept criticisms or low levels of satisfaction. | * Clusters should decide in advance the specific elements of quality and satisfaction they want to measure (timeliness, consistency, protection, etc. * Questions should be limited in number and repeated frequently to avoid response bias and fatigue and track changes over time. * Also important to clarify how satisfaction data will feed into and be used in decision-making - and to feedback to communities on corrective actions taken. |
| **Barrier Analysis** | * This is a relatively simple methodology to understand why or why not certain groups in a population have adopted good practices. * Normally, this is used to better orient and/or adapt behaviour change activities (for example, health promotion), but it can also be applied to understand why or why not response activities are successful in a community. * Frequently used in food security and nutrition programmes, but equally relevant for other sectors. | * This method only requires key informant interviews and focus groups with up to 90 community members to generate valid and reliable information. * The information collected can provide valuable insights on the social, economic, political or cultural barriers or incentives to certain practices and behaviours. * This can help design and validate more appropriate and effective response strategies. * Can be a very useful complement to other consultation tools and methods, and | * The method is not as well known in the humanitarian sector and requires some training and support to implement correctly. * Aid providers may be reluctant to adapt existing pre-defined approaches to address the specific barriers faced by certain groups in the population. | * Cluster should analyse in advance the specific behaviours or practices that they want to change, as well as specific groups in the community that may face barriers to adopting them. |
| **SMS, U-report and other mobile phone tools** | * More and more cluster partners are using mobile phones and other IT tools to collect and gather information from communities. * Like household surveys this can be an important way to collect information on needs and establish a baseline for response planning. * Can also be used to share life-saving information rapidly and widely in a population. * Can use both closed and open-ended questions to get feedback on a variety of issues, such as monitoring if planned activities have taken place, or the satisfaction with the quality of assistance. | * Normally not expensive to develop and implement, with lots of tools and experience to draw on. * Can collect large data sets with a fair degree of confidentiality. * Quick means to gather information and if used frequently to track and monitor responses. * Can often include geo-tagging to identify problems in specific regions or communities. * Questions or content can be adapted to track responses type, quality, satisfaction, or other issues. * Relatively easy to use with access to a mobile phone. * Can be more accessible for people in remote areas or where access is restricted. | * Highly dependent on access to mobile phones, power sources, networks, etc. and may not be appropriate for some contexts. * Poor design and implementation may lead to response biases and unreliable data. * Often difficult to check and validate data, particularly in areas with restricted access. * Multiple partners or clusters using different approaches can limit the effectiveness of the approach and create confusion. * Often more difficult to capture more sensitive or nuanced information about a response. | * Cluster should define a common approach and questions and coordinate with other clusters to avoid confusion. * Using a common IT database or platform to collect and analyse data can be very cost-effective and provide analysis to inform decision-making. |
| Telephone Hotlines | * Cluster partners frequently use hotlines as part of their complaints and feedback mechanisms. * There is growing experience using a common hotline for multiple organisations, such as at the cluster or at the inter-cluster level. * Hotlines can provide a safe, confidential way to provide feedback or complaints. | * Can collect anonymous and confidential feedback. * Relatively easy and affordable to use for affected people with access to a phone and a toll-free number. * Can provide a means for people in remote areas or with restricted access to share their concerns with aid providers. * Also provides a means to capture wider information beyond the scope of a project or activity. | * Depending on complexity, can require more set-up time and in some cases can be costly. * Depends on a working phone system in the community * Requires staff to be available to answer the phone. * Calls can raise issues beyond the scope of the cluster's work or the response. * Requires a good system for classifying issues and directing them to the right person or organisation to resolve, particularly sensitive issues. * Sometimes difficult to provide individual follow-up. * Multiple hotlines by different organisations can be confusing to communities. * May require several languages and dialects to attend the population. * Can be difficult to check and validate feedback or complaints. | * Clusters should consider using a common hotline and sharing resources (including staff to operate the hotline). * A system to classify the types of calls and protocols to respond to sensitive issues needs to be in place. * Clusters should check and monitor that hotline information is clearly visible and accessible to all groups of the community, and that hotlines are functioning as intended. |
| Help Desks | * Help desks are often set up for specific projects or activities (such as food distribution). * In most cases project staff or volunteers are available during planned activities to provide project information, explain and clarify activities, and collect feedback and complaints from community members. | * Relatively inexpensive to set up. * Can be linked to other program activities, such as distributions * Can help aid providers clarify information and find immediate solutions to problems raised by affected people. | * Harder to collect information confidentially * Requires some training and orientation of staff, and clear protocols to deal with sensitive issues. * May be difficult for individual follow-up of issues in later visits. * Often temporary and not a permanent presence in the community. * May require staff with several languages and dialects to attend the population. | * Clusters should consider using a common hotline and sharing resources (including staff to operate the hotline). * It is often better to have help desk staff independent and not directly linked to the project activity or organisation for more trust with the community. * Clusters should define in advance how requests to help desks are classified and shared, and what follow-up actions are required at the cluster or inter-cluster level. * Also important to have clear protocols in place for collecting and responding to sensitive issues. |
| Social media | * Affected populations are increasingly active on social media platforms to connect with families, share information and raise issues and concerns. * Tracking social media use can help identify issues quickly, and where to focus response activities. * Aid providers can also use these platforms to share life-saving information and engage with communities. | * Social media can often reach a large number of people directly affected by a crisis, as well as others with strong connections to the population (for example, diaspora communities). * Information is often real-time and geo-tagged, allowing a more detailed analysis of where to focus responses. * Can be useful to mobilise communities, promote behaviour change, or share information. | * Like other technologies, social media may have a strong user bias, so data may be skewed or biased against those who do not use social media frequently or at all. * Both affected people and aid providers may not be familiar enough with social media to fully use its potential as a communications tool. * Often difficult to check and validate information from social media. * Potential for misuse such as spreading rumours or misinformation. * Can require more specialised knowledge to set up and integrate effectively into responses. |  |
| Community radio | * Community radio is still a widely used and trusted medium in many parts of the world. * Most often it is associated with specific community or geographic area, and is often non-commercial and volunteer run. * Community radio can be used to transmit life-saving information, two-way communications and community engagement. | * Radio is a very cost-effective means of reaching a specific population. * Existing radio stations are often trusted sources of information in the communities. * Communities can be directly involved in defining key messages, and participating in planning and producing programming. * Very adaptable to local contexts, language and dialects. * Relatively easy to set up for populations in camps or other situations. * Can be used as a space for especially vulnerable and marginalised groups to voice their experiences, concerns and aspirations. * Also a good means to validate and strengthen local knowledge and capacities. * Can use a variety of creative formats to convey messages (radio dramas, announcements, music...) | * Can require some specialised technical knowledge to set up a station where there is no existing one. * May require special licenses and approvals from governments. * Can be misused or controlled by special interests to disseminate misinformation and rumours. | * Clusters should assess affected people's most trusted communication channels before deciding to use community radio. * Defining in advance what information and key messages and linking this to programming activities is important. * Test and validate programming content in advance whenever possible, and post-transmission to continuously improve content. |
| Mainstream media | * National or regional television or radio stations can be a good means to share information with a large population. * Journalists can be a trusted communications channel between aid providers and communities. | * Can be relatively cost-effective if radio and TV stations contribute air time and production support. * Can be a good way to ensure clear, consistent messaging around life-saving information. * Can also be a good way to raise awareness of issues and mobilise the general population. * Media can uncover and highlight good and poor practices in the response, or issues that require the attention of decision makers. | * Traditional media often represents government or elite interests and not the most vulnerable groups in a society. * Media are not always a trusted source of information. * Possibility of media outlets providing inaccurate or contradictory information. * Also a risk that negative media portrayals of the response undermine trust between all aid providers, and not only those that have made mistakes. | * Clusters should coordinate any liaisons with media outlets to ensure coherency and consistency in messaging. * Also coordinate at the inter-cluster and HCT level to prioritise messages and ensure consistency. * Open, transparent and honest relationships with the media can help build trust and minimise negative coverage. * Have a contingency plan and protocols in place to deal with sensitive issues and deal with media. |
| Suggestion boxes | * Many project use suggestion boxes to gather feedback and complaints from affected people. * This can be a relatively simple way to gather feedback, but it is an impersonal and passive approach and depends on the trust and confidence of communities that feedback will be acted on. | * Are very inexpensive to set up. * Can sometimes be a more confidential means for people to express views and opinions. | * A passive feedback mechanism, sometimes not understood or accepted in certain contexts * Sometimes difficult to ensure confidentiality, and harder to provide individual follow-up. * Requires | * Cluster should look for consistency in how suggestion boxes are used. * Also regularly monitor boxes and ensure follow-up actions are taken. |

Other tools and approaches to consider:

* **Participatory videos** where affected or marginalised groups produce their own videos with the messages they want to convey
* **Community theatre** where affected people use theatre to explain their issues and concerns
* **Aid marketplaces** where aid organisations showcase their work and proposed different solutions and affected people can chose the ones they feel most appropriate.
* **Third party monitoring and verification** where an independent organisation consults with communities on how well aid providers are addressing their needs.
* **Benchmarking and shared learning exercises** where cluster partners and communities define targets and benchmarks, and conduct joint learning activities where aid providers and communities from different projects or regions share experiences and learning.

### Annex 2:

### Menu of Accountability to Affected Populations (AAP) Related Questions for Multi-Sector Needs Assessments (MSNAs).

### (Insert IASC AAP-PSEA Task Team pdf)

### Annex 3:

### IASC Gender with Age Marker (GAM) - Improving Humanitarian Action

### (Insert IASC GAM overview)

### Annex 4:

### CCPM Survey Questionnaire with AAP Related Discussion Questions

The following table provides an overview of how the existing CCPM partner survey findings can be used in a CCPM workshop to strengthen collective performance and accountability.

Cluster core functions and activities have been reformulated to more explicitly indicate what clusters need to do to collectively in order to generate meaningful results and protect the rights of vulnerable and affected people (additions are highlighted in ***bold***). This helps reinforce the cluster's responsibility to integrate people-centred AAP concepts and approaches in their work.

CCPM survey questions are included here for reference. Facilitators should provide an overview of the CCPM scores for each question, relating it back to the cluster core function and activities, and highlighting areas where there is a strong consensus or where there are significant differences in the scores. Pay particular attention to differences between large organisations and smaller or local organisations, as this may uncover hidden biases or power dynamics within the cluster that affect effectiveness of the cluster. For example, smaller organisations may have the perception that there are barriers to fully participate in cluster discussions, or that their inputs and views are not considered in decision-making. Larger organisations may feel that the cluster can limit or undermine their programming and add little value to their work.

The survey scores can be used to stimulate discussions on substantive issues around quality, coverage and outcomes (what the cluster does and what it has achieved), and functions that enable the cluster to work more efficiently and effectively (how the cluster works), such as access and timing of meetings, information sharing or roles and responsibilities of the cluster coordinator and partners.

The facilitators can then use the suggested discussion questions to focus the discussion more specifically on collective performance and accountability issues. These questions have been formulated to remind participants that the ultimate aim of the cluster is to protect the rights and improve the results for affected people. The questions can be posed in plenary discussions or in working groups, with participants encouraged to think of specific actions that will improve performance and accountability.

Suggested examples of actions are included at the end of each section to orient discussions if needed, or to complement the actions proposed by participants. The examples are based on the experiences of clusters in improving performance and accountability.

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| ***People-Centred* Cluster Core Functions and Activities**  **(**AAP elements are **in *bold*)** | | **Why is this important?** |
| 1. Supporting ***effective and accountable*** service delivery | | By including "effective and accountable " we responses are: coordinated and coherent; timely, appropriate and relevant; maximise coverage and minimise gaps; and effectively address the needs, priorities, concerns and preferences of affected people. |
| 1.1 Providing a platform that ensures service delivery is ***driven by the needs, priorities and preferences of affected people***, and reflected in Humanitarian Response Plan and strategic priorities. | | If HRPs and cluster response plans are not informed by and address the needs, priorities and preferences of affected people, there is a strong risk that interventions will not be effective or sustainable. |
| **Related CCPM survey questions** | | **Workshop discussion questions** |
| 1. Are you satisfied with the frequency of Cluster meetings? 2. How frequently has your organization attended Cluster meetings? 3. How easy is it for you to travel to Cluster meetings? 4. How easy is it for you to speak in a language used at Cluster meeting discussions? 5. Does your organization make use of the Cluster website (e.g. on HumanitarianResponse.info) 6. Overall, is the information your organization receives from the Cluster useful? 7. Do you feel your Cluster meetings have the right mix of practitioners, managers, and technical staff)? 8. Did your Cluster discuss its strategic priorities? | | From a people-centred approach, what does the CCPM score in this section tell us about...   * How well are we using cluster meetings to focus on finding the best ways to meet the needs and priorities of affected people? * How well are affected people's needs, priorities, and preferences reflected in our cluster's strategic priorities and activities? * Do we prioritise discussing the views and perceptions of affected people in our cluster meetings? * Do local communities, partners and actors feel they can participate and influence the cluster's strategic priorities? * How do we know? What evidence do we have to support this? |
| **Suggested actions to improve accountability and performance** | | |
| Here are a few suggestions to improve performance and accountability:   * Include a standing cluster meeting agenda item to discuss any feedback from affected people, as well as access and protection issues. * Make sure cluster meeting have enough time and space for all members, particularly local and national actors, to express their concerns. * Review and discuss if the cluster strategic priorities are still relevant and appropriate every 6 weeks (or less). | | |
| **People-centred cluster activities** | | **Why is this important?** |
| 1.2 Developing mechanisms to ***increase quality and coverage***, eliminate duplication ***and minimise risks and gaps*** of service delivery | | Duplication of services is only one key issue for clusters: assuring quality and consistency in interventions, maximising coverage and minimising risks and gaps are also critical functions for clusters. |
| **Related CCPM questions** | | **Discussion questions** |
| 1. Has the Cluster established a ‘Who does What Where When’ (4W) database (or an equivalent)? 2. Does the Cluster use the 4W database (or its equivalent) during discussions of operational gaps and overlaps? 3. Has the Cluster’s 4W (or its equivalent) influenced your own organization’s operational decisions? | | From a people-centred approach, what does the CCPM score tell us about...   1. How well have we identified and mapped existing capacities and resources for the response:    1. Affected populations (teachers, community leaders, others...)?    2. Local community organisations (school groups, local NGOs, faith-based organisations, etc.)?    3. Provincial or National authorities (not just education)    4. Other resources (private sector, others)? 2. How well have we mapped potential gaps in:    1. Coverage (geographic and vulnerable groups in the population)?    2. Scope of interventions (inter-cluster/sector vs. cluster specific ones)?    3. Quality (consistency of responses)    4. Satisfaction (from perspective of local communities)    5. How well have we addressed those gaps and increased coverage of the response, either within the cluster, or at the HCT level? |
| **Suggested actions to improve accountability and performance** | | |
| What could be done to improve this?  Here are a few suggestions:   * Use the 3W/4W as the starting point for regular discussions on gaps, including gaps in thematic or sector areas beyond the scope of the cluster. * Also use cluster meetings to map out a 4W analysis of **who** and **how** members have engaged and consulted with affected people, **what** affected have said, **what** clusters could do in response to this feedback, and **when** and **how** clusters will report back to communities on follow-up actions. * Review and promote examples of good practices and approaches from cluster members, national actors, and other clusters on how to best engage with affected people. | | |
| ***People-Centred* Functions** | | **Why is this important?** |
| 1. Informing strategic decisions of the Humanitarian Coordinator (HC) and Humanitarian Country Team (HCT) ***based on the experiences and feedback from affected people and local expertise.*** | | Strategic decisions need to be grounded in the a good situational analysis, the operational reality for aid providers, and the experiences, views and priorities of affected people, or the overall response is unlikely to be effective and sustainable. |
| **People-centred cluster activities** | | **Why is this important?** |
| 2.1 Preparing needs assessments and analysis of gaps (across and within Clusters, using information management tools as needed) ***to collect and analyse data from affected people) to*** inform the setting of priorities | | Needs assessments that only consider "technical" data, without an adequate situational analysis, or qualitative data from the perspective of affected people are unlikely to help identify and prioritise needs comprehensively or find the most appropriate intervention strategies for the context. |
| **Related CCPM questions** | | **Workshop Discussion questions** |
| 21. Has the Cluster agreed sectoral needs assessment tools?  22. Has your organization used those assessment tools?  23. Has the Cluster coordinated any sectoral needs assessments and surveys?  24. Did your organization participate?  25. Has your organization conducted its own needs assessments or surveys?  26. Have you shared your results/your reports with the Cluster? | | From a people-centred approach, what does the CCPM score tell us about...   1. How well have we collected and analysed the needs from the perspectives and priorities of **all** different groups of the population? 2. Have we coordinated assessments to minimise demands on affected people? 3. How well have we identified affected people's needs across sectors/clusters from integrated perspectives? 4. How well is this reflected in the needs analysis? |
| **Suggested actions to improve accountability and performance** | | |
| What could be done to improve this?  Here are a few suggestions:   * Establish a cluster working group to define the most appropriate methodologies to engaging with affected people in assessments. * Promote a common approach to community engagement amongst all cluster partners, or at least the ones with widest reach with communities. * Include at least 5 open-ended questions on people's perceptions of their priorities for the response; who is most vulnerable; the most appropriate responses; their preferred information channels; the way they want to participate and influence the response * Share this work with other clusters to avoid duplication and extra burden on affected people, and collect comparable data on perceptions of affected people. * Regularly review and update assessments based on new data and feedback from affected people. * Make sure all cluster members include sex and age-disaggregated data as part of assessments and monitoring. | | |
| **People-centred cluster activities** | | **Why is this important?** |
| 2.2 Identifying and finding appropriate and effective solutions for (emerging) gaps, obstacles, duplication and cross-cutting issues, ***prioritising local knowledge, capacities and resources***. | | Without a good understanding of the situation and context, and the validation of local and other expertise, intervention strategies and approaches may be ineffective or even accentuate risks and vulnerabilities. |
| **Related CCPM questions** | | **Discussion questions** |
| 27. Has your Cluster identified factors affecting the emergency situation (situation analyses)?  28. Did your organization participate?  29. Have the Cluster’s situation analyses identified risks, needs, gaps, capacity to respond, and constraints?\*  30. Have your Cluster’s situation analyses addressed any of these cross-cutting issues: (age, gender, diversity, human rights, protection, environment, HIV/AIDS, disability) | | From a people-centred approach, what does the CCPM score in this section tell us about...   1. Have we conducted a comprehensive situational analysis of the social, economic, cultural or political factors that contribute to risks to specific groups in the population? 2. Did this include an analysis of gender, age and disability? 3. How well have we looked for and used local knowledge or other expertise to inform our analysis? 4. Have we consulted with local communities, actors, and authorities about potential or existing capacities and resources 5. Have we considered their suggested approaches and solutions for the most appropriate responses? |
| **Suggested actions to improve accountability and performance** | | |
| What could be done to improve this?  Here are a few suggestions:   * Make sure to include local or other expertise to help analyse and interpret the situation, and underlying factors or trends that could affect risks, gaps and constraints. * Use this expertise to help ensure response designs are appropriate and relevant to the context, particularly with a view to strengthening resilience and local capacities. * Include a regular agenda item to discuss how response can better address gender, age, ability and other crosscutting issues. * Regularly consult with and engage communities for their suggestions and solutions to gaps and constraints. * Regularly review and address any specific needs and vulnerabilities of women, girls, men and boys of different ages and abilities. | | |
| **People-centred cluster activities** | | **Why is this important?** |
| 2.3 Formulating priorities on the basis of analysis ***of quantitative and qualitative data around affected people's needs, priorities and preferences.*** | | Intervention priorities and approaches based only on technical consideration are unlikely to be as successful as ones that consider affected people's needs, priorities and preferences. |
| **Related CCPM questions** | | Discussion questions |
| 31. Are the Cluster’s response priorities based on those analyses (of risks, needs, gaps, etc., and cross-cutting issues)? | | From a people-centred approach, what does the CCPM score tell us about...   1. Do we have a common understanding of the different assistance and protection needs, all groups of the affected populations? 2. How well do our cluster response priorities match those of different groups of the affected population? 3. How do we know? What evidence do we have to support this? |
| **Suggested actions to improve accountability and performance** | | |
| What could be done to improve this?  Here are a few suggestions:   * Crosscheck and validate cluster priorities with key informants, local actors, affected communities or other expertise to ensure a good match. * Use cluster meetings to regularly review cluster priorities are aligned to changing operational contexts (every six weeks). * Include a regular agenda item to discuss how response can better address gender, age, ability and other crosscutting issues. | | |
| ***People-Centred* Core Functions** | | **Why is this important?** |
| 1. Planning and implementing Cluster strategies to ***address affected people's needs and priorities*** | | Clusters' need to balance both technical considerations as well as affected people's needs and priorities to find the most relevant and appropriate response strategies. |
| **People-centred cluster activities** | | **Why is this important?** |
| 3.1 Developing sectoral plans, objectives and ***quality and accountability indicators*** that directly support realization of the overall response’s strategic objectives | | Plans and objectives without quality and accountability indicators mean that cluster cannot fully measure and benchmark how well they are addressing affected people's needs. |
| **Related CCPM questions** | | **Discussion questions** |
| 33. Has the Cluster agreed a Cluster response plan?  34. Does the Cluster’s response plan include strategic objectives?  35. Does the Cluster’s response plan include activities?  36. Does the Cluster’s response plan include indicators?  37. Did your organization contribute to the Cluster’s response plan?  38. Did the Cluster response plan take your organization’s contributions into account?  39. Did the Cluster response plan guide your organization’s activities?  40. Does the Cluster’s response plan address any of these crosscutting issues?  41. Does your Cluster’s response plan address early recovery?  42. Have Cluster partners helped to identify deactivation criteria and a phase-out strategy for the Cluster?  43. Did your organization participate in identifying those criteria? | | From a people-centred approach, what does the CCPM score tell us about...   1. How well does our response plan reflect the actual needs and priorities of all groups of the affected population? 2. How do we know? 3. How were they consulted and did they participate in the design of the plan? 4. Does the plan show what are we doing to address them? 5. Does the plan include indicators to benchmark how well we are addressing their needs and priorities? |
| **Suggested actions to improve accountability and performance** | | |
| What could be done to improve this?  Here are a few suggestions:   * Make sure to engage local key informants, representatives of affected communities, or other expertise to develop response plans to ensure interventions are relevant and appropriate. * Cross-check and validate cluster response plan with key informants, local actors, affected communities or other expertise to ensure the objectives match priorities of affected people and local actors. * Include indicators and benchmarks around the quality, satisfaction and effectiveness of responses, including qualitative perception indicators from affected people themselves. | | |
| People-centred cluster activities | | Why is this important? |
| 3.2 Applying and adhering to common ***technical, quality and accountability*** standards and guidelines | | A common approach to balancing technical and quality and accountability standards means clusters are better able to measure collective performance. |
| Related CCPM questions | | Discussion questions |
| 44. Has your Cluster agreed technical standards?  45. Has your organization agreed to use them?  46. Has your organization used them? | | From a people-centred approach, what does the CCPM score tell us about...   1. Does our response plan include common technical quality indicators? 2. Does our response plan include common quality indicators from the perspective of affected people? 3. Does the response plan include indicators around other elements of accountability to affected people (such as participation, communications, complaints and feedback, etc.)? 4. Have these indicators been shared with affected people? |
| Suggested actions to improve accountability and performance | | |
| What could be done to improve this?  Here are a few suggestions:   * Set up a technical working group to define quality, technical and accountability standards. * Promote consultations with affected communities themselves to define their success criteria for coordination and responses. * Promote use of the CHS (and the revised Sphere standards) in the cluster, and with affected communities. * Use CHS self-assessment and validation tools, or consider independent third-party group benchmarking against the CHS. | | |
| People-centred cluster activities | | Why is this important? |
| 3.3 Clarifying funding requirements, helping to set priorities, and agreeing Cluster contributions to the HC’s overall humanitarian funding proposals, ***in line with affected people's needs and local actors' priorities.*** | | Our Grand Bargain commitment to increasing local ownership of responses means clusters should consider ways to prioritise and allocate an increasing proportion of funding and resources to local communities and actors to help ensure effective and sustainable outcomes for affected people. |
| Related CCPM questions | | Discussion questions |
| 47. Did the Cluster adopt criteria for selecting projects to be considered for the HC’s overall funding plan?  48. Did Cluster partners participate in agreeing the criteria?  49. In your view, was the process for selecting projects fair to all parties?  50. Did your organization share information with the Cluster on funding it received (using FTS or other means)?  51. Has the Cluster an updated Cluster partner on how much of the Cluster’s response plan has been funded?  52. How much has your Cluster assisted your organization to access funds? | | From a people-centred approach, what does the CCPM score tell us about...   1. Does funding criteria include any provisions for prioritising and allocating resources to local communities and organisations? 2. Have funding priorities and criteria been clearly and transparently shared with cluster partners and affected people? 3. Have local communities and actors been supported to access funding and resources? 4. Are their provisions to allow local communities and actors to directly manage funds? |
| Suggested actions to improve accountability and performance | | |
| What could be done to improve this?  Here are a few suggestions:   * Promote the use of cash distributions when appropriate. * Consider if cluster members can allocate a proportion of their funding to support locally generated community initiatives. * Support local management of a proportion of cluster members’ project funding. * Include quality and accountability criteria (like the CHS) as requirements to access pooled funds. * Promote setting aside a percentage of cluster or pooled funds for local initiatives from affected communities or for local actors. | | |
| Cluster Core Functions  *People-Centred* Coordination Functions | | Why is this important? |
| 4. Monitoring and evaluating ***quality, accountability and*** performance. | | Regular, on-going monitoring of the context, the technical quality and consistency of interventions, and the satisfaction of affected people helps clusters to adapt responses and improve the effectiveness and sustainability of outcomes for them. |
| People-centred cluster activities | | Why is this important? |
| 4.1 Monitoring and reporting on activities and needs: measuring progress against the Cluster strategy and agreed results; recommending corrective action where necessary, ***based on qualitative and quantitative data and evidence.*** | | A balance of quantitative and qualitative data helps clusters has an evidence base to inform decision-making and ensure interventions are relevant and appropriate. |
| Related CCPM questions | | Discussion questions |
| 54. Has the Cluster agreed with its partners formats for monitoring and reporting needs?  55. Has your organization reported using those formats?  56. Is information on needs that your organization sends to the Cluster reflected in Cluster bulletins and updates?  57. Has the Cluster agreed with its partners a format for monitoring and reporting partners’ activities?  58. Has your organization reported using that format?  59. Has the Cluster used the information reported to it to recommend taking corrective action?  61. Has progress on the Cluster response plan been reported using agreed indicators?  62. Have Cluster bulletins or updates regularly highlighted achievements, gaps and changing needs?  63. Have Cluster bulletins and updates influenced your organisation’s decisions? | | From a people-centred approach, what does the CCPM score tell us about...   1. Have we established a common approach to quality assurance and field monitoring within the cluster? 2. Do we have an agreed set of common monitoring questions for affected people around quality and satisfaction? 3. Are feedback and other data from affected people regularly collected? 4. Do we have a common approach to consolidating and analysing qualitative and quantitative data? 5. Is this analysis regularly shared and discussed at cluster meetings? 6. Does it lead to corrective actions? 7. Are these actions shared and explained to affected people? 8. What other measures do we take to carry out field level monitoring to update our analysis of the context and changing needs? 9. Does this lead to updating our cluster response strategy and plan? |
| Suggested actions to improve accountability and performance | | |
| What could be done to improve this?  Here are a few suggestions:   * Set up technical working group common approaches to field monitoring, including participation of communities in monitoring exercises. * Include regular peer reviews and field monitoring exercises by the cluster members. * Consider common approaches to engage affected people in monitoring activities. * Use the CHS as a common framework for explaining affected people's rights, and monitoring their perceptions on the response. * Regularly analyse qualitative and quantitative monitoring data to identify gaps and good practices, and take corrective action (at least every three months). * Define common approaches to share monitoring feedback (including corrective actions) with affected people. | | |
| *People-Centred* Functions | | Why is this important? |
| 5. Building local national capacity in preparedness, ***response, coordination and*** contingency planning. | | Local capacity building strategies should go beyond preparedness and contingency planning to include response and coordination capacity that will minimise the need and improve the effectiveness of international assistance in future crises. |
| People-centred cluster activities | | Why is this important? |
| 5.1-3. National contingency plans identified and shared, and partners contributing; Role of the Cluster and partners are clearly defined and understood in the Contingency Plan; The Cluster has discussed how to strengthen response capacity in country. | | Clusters are meant to complement and support national coordination efforts, not replace them. This means building on existing plans and capacities, and identifying and planning for potential risks and scenarios that could increase vulnerabilities, and the role of clusters to support national actors to minimise those risks. |
| Related CCPM questions | | Discussion questions |
| 65. Does a national contingency plan exist that addresses hazards and risks?  66. Has your Cluster discussed the national contingency plan?  67. Did your organization help to prepare or update the contingency plan?  68. Do you understand your organization’s role if the plan is ever activated?  69. Has the Cluster discussed what partners might do to strengthen the response capacity in country?  70. Has the Cluster discussed taking action to strengthen response capacity in country?  71. Has your Cluster shared and discussed early warning reports? | | From a people-centred approach, what does the CCPM score tell us about...   1. Have we established a common approach to engaging with affected communities to identify hazards and risks? 2. Is this information used to update contingency plans? 3. Do we have a common approach to communicating with affected people about preparedness and risk management measures?  * Have we identified and prioritised strengthening local capacity for response and coordination of responses? |
| Suggested actions to improve accountability and performance | | |
| What could be done to improve this?  Here are a few suggestions:   * Engage local key informants, representatives of affected communities, or other expertise to identify risks and review and update contingency plans. * Consult with affected people on the most appropriate means to communicate around risks and contingency plans. * Test and validate communications messages with affected people. | | |
| *People-Centred* Core Functions | | Why is this important? |
| 6. Supporting robust advocacy ***on behalf of affected people*** | | Advocacy that is not grounded in the experiences and realities of affected people is unlikely to lead to the changes that will help improve the response or their situation. |
| People-centred cluster activities | | Why is this important? |
| 6.1 Identifying concerns ***including those of affected people*** and contributing key information and messages to HC/HCT ***and cluster*** messaging and actions | | Advocacy that is not grounded in the experiences and realities of affected people is unlikely to lead to the changes that will help improve the response or their situation. |
| Related CCPM questions | | Discussion questions |
| 73. Have Cluster meetings discussed issues requiring advocacy?  74. Did the Cluster take your organization’s views into account?  75. Has the Cluster agreed advocacy messages?  76 .Did your organization participate in agreeing advocacy messages?  77. Has the Cluster undertaken advocacy activities?  78. Did your organization participate in advocacy activities? | | From a people-centred approach, what does the CCPM score tell us about...   1. Have we regularly consulted with affected people, local partners and other actors to identify and define advocacy issues? 2. Have the views of affected people prioritised in advocacy efforts? 3. Have we provided feedback to affected people on how advocacy messages have been disseminated? 4. Have we provided feedback to affected people on the outcomes (such as corrective actions) on advocacy activities? |
| Suggested actions to improve accountability and performance | | |
| What could be done to improve this?  Here are a few suggestions:   * Use evidence from feedback and consultations with affected people to identify advocacy issues. * Engage local key informants, representatives of affected communities, or other expertise to develop the most appropriate advocacy strategy. * Test and validate advocacy messages with communities to ensure they are accurate, respectful representations of affected people’s concerns and priorities. | | |
| *People-Centred* Functions | | Why is this important? |
| 7. Accountability to affected populations and ***other stakeholders (including cluster partners)*** | | While accountability to affected people is a shared responsibility of all aid providers, all cluster members also have mutual accountabilities to each other, and to other stakeholders, such as local actors. |
| People-centred cluster activities | | Why is this important? |
| 7.1-3 Mechanisms to consult and involved affected people in decision making; agreed mechanisms to receive, investigate and act upon complaints; key issues relating to protection from sexual violence and abuse raised and discussed | | While accountability to affected people is much broader than these issues, failure to address issues of feedback and complaints, and protection can create serious risks and consequences for affected people, as well as undermine the overall quality and effectiveness of responses. |
| Related CCPM questions |  | Discussion questions |
| 80. Has the Cluster discussed with its partners how partners consult and involve all affected people (i.e. all women, girls, men and boys) at each phase of the emergency?   * Preparedness * Needs assessment and analysis * Strategic Planning * Resource Mobilisation * Implementation and monitoring * Operational peer review and evaluation   81. Has your Cluster discussed with its partners how partners implement complaint mechanisms for affected people?  82. Has the Cluster discussed with partners the protection of affected women, girls, men and boys from sexual exploitation and abuse?  83. Has your Cluster discussed with partners the key issues raised by affected people? | | From a people-centred approach, what does the CCPM score tell us about...   1. How well we have applied a common approach to communications and engagement with affected people? 2. How well have we applied a common approach to participation and representation of affected people in all phases of the HPC? 3. Do we have a common approach to collected, analysing and responding to feedback from affected people? 4. Are the experiences, feedback and concerns of affected people regularly discussed at the cluster and inter-cluster level? 5. Is this data used to inform cluster and inter-cluster strategic and operational decision-making? |
| Suggested actions to improve accountability and performance | | |
| What could be done to improve this?  Here are a few suggestions:   * Consult with affected people, local actors and other expertise on the most appropriate approach to participation and representation in programming. * Consider developing a collective service for cluster members to streamline and coordinate communications and engagement with affected people. * Use a common approach and methodologies to collect and analyse feedback, complaints and other data from affected people. * Consult with affected people, local actors and other expertise on the most appropriate approach to addressing gender and protection issues. * Ensure affected people's views and concerns are a standing agenda item on cluster meetings. * Develop a common approach to "closing the feedback loop" by sharing information and follow-up actions with affected people. | | |

### Annex 5:

### CHS Self-Assessment and Benchmarking Tool adapted for Clusters

### Annex 6:

### IFRC CEA Tools

### Annex 7:

### CDAC Communications Landscape Tool