

Accountability to Affected Populations (AAP)

Operational Guideline

2021



UNFPA Asia Pacific
Regional Office



Bangladesh: Children participate in GEMS Youth Curriculum at a Women Friendly Space in a Rohingya refugee camp in Cox's Bazar. ©UNFPA/Allison Joyce

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Table 1: UNFPA Corporate AAP Indicators

Table 2: Sample AAP outputs and indicators to include in project results framework

Table 3: Overview of AAP activities per programmatic role

What is accountability to affected populations (AAP) and why is it important?

AAP refers to the 'commitments and mechanisms that humanitarian agencies have put in place to ensure that communities are meaningfully and continuously involved in decisions that directly impact their lives'.¹ This was first launched by the Inter-Agency Standing Committee in 2012 as the result of the 2011 Transformative Agenda² of making humanitarian programming at the field level more accountable to affected people.

Humanitarian actors have a duty to make sure that assistance generates the best possible outcomes for all groups who are affected by a crisis, including those who may be less visible. AAP focuses on the rights, dignity, and protection of an affected community in its entirety. **AAP is about meaningful engagement, working with communities, and to actively seek and put forward the voices from the most vulnerable.** It requires humanitarian actors to identify and address the needs and vulnerabilities of members of affected communities, and it equally requires them to recognise and harness the capacities, knowledge, and aspirations of those communities. Community members must be engaged and empowered throughout all stages of the humanitarian programme cycle not only to be a part of decision making, but to be equal partners helping to drive the process. Humanitarian actors are aiming to achieve this by taking account, giving account, and being held to account (see diagram 1 to the right).³





Bangladesh: Noor is a refugee from Myanmar. She and her family fled the country in 2017 and now live in a makeshift settlement for Rohingya refugees in Cox's Bazar district.
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What are the high level humanitarian commitments?

In 2017, the IASC's Commitments to Accountability to Affected Populations and Protection from Sexual Exploitation and Abuse (PSEA) were revised to reflect essential developments such as the Core Humanitarian Standard, the work done by the IASC on inter-agency community based complaints mechanisms including protection against sexual exploitation and abuse, and the importance of meaningful collaboration with local stakeholders which came out as a priority recommendation from the 2016 World Humanitarian Summit and in the Grand Bargain. The 2017 revised document has four commitments:



Adopt agency mechanisms 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 sexual exploitation and abuse-related complaints.



Enforce, institutionalise, and integrate AAP approaches in the humanitarian programme cycle and strategic planning processes and establish appropriate management systems to solicit, hear, and act upon the voices and priorities of affected people.



Measure AAP and PSEA related results at the agency and collective level.



Adopt agency mechanisms that enable people to participate in and play an active role in decisions that will impact their lives and well-being. Adopt and sustain equitable partnerships with local actors to build upon their long-term relationships and trust with communities.

Why is accountability to affected populations important for UNFPA?

The Evaluation of the UNFPA Capacity in Humanitarian Action (2012-2019) concluded that “There are many examples of accountability to affected populations mechanisms in place to differing degrees [...]. However, these mechanisms have not been systematically incorporated within UNFPA programming. This has resulted in duplication of effort and missed opportunities for institutional synergy and consistency in approaching this important area. Knowledge of accountability to affected populations – conceptually and pragmatically how to establish feedback mechanisms – across UNFPA staff is inconsistent.”

Furthermore, the MOPAN 2017-2018 Assessment of UNFPA concluded that “UNFPA does not have an explicit statement available on standards and procedures for AAP. However, it does have a manual for applying a Human Rights Based Approach to Programming which covers accountability to rights holders”.

AAP is an integral component of a rights-based approach to programming. It supports multiple rights, including the right to dignity, the right to protection, and the right to be heard and participate in decision making.

Sexual exploitation and abuse (SEA) are among the most serious breaches of accountability. People should know their rights and entitlements and should have access to effective and confidential mechanisms through which

they can report complaints and share information regarding their assistance and protection. When responses implement PSEA policies, they should adopt a comprehensive approach that includes prevention, response, coordination, and management.

Being able to demonstrate a commitment to AAP is increasingly becoming a prerequisite to qualify for humanitarian funding. In addition, to deliver on donor commitments UNFPA needs to be able to demonstrate how communities were meaningfully engaged throughout all stages of a project.



Who is this Operational Guideline for?

This Operational Guideline targets a wide range of staff including but not limited to senior management, humanitarian coordinators/ programme managers, various technical staff, M&E staff, communications staff, finance staff, and logistics staff.

The Operational Guideline is intended to give an overview of what AAP is and why it is important for our work. The document provides operational guidance, easy to use checklists, and outlines key tools and resources. The document can be used by various staff to understand what responsibilities are connected to their specific role, or by an office to understand the additional steps within the project cycle to address AAP. This Operational Guideline presents a wide range of AAP-related responsibilities and activities, and it is up to each Country Office to set the priorities within their programme strategies.

Bangladesh: UNFPA's Fathema Sultana is a veteran humanitarian working to support women and girls impacted by gender-based violence in Cox's Bazar in Bangladesh. ©UNFPA Bangladesh/Allison Joyce





India: A woman stands outside her house which was flooded when Cyclone Nivar hit Tamil Nadu in November 2020. ©UN0375434/Shantanu Krishnan

Key messages

Accountability to affected populations is the process of and commitment to support communities to speak out, listen to and act on community needs and feedback.

Accountability to affected populations contributes to improved, sustainable and community-driven programmes and more resilient communities.

People affected by a humanitarian response have a right to information in order to make decisions. They have a right to participate in designed and shaping programs that affect their lives and they have a right to share their feedback.

Accountability to affected populations is not optional. UNFPA has made commitments to which we are held responsible by donors, partner and stakeholders.

2. Operational guidance

What are the additional steps that AAP requires within the project cycle?

2.1 AAP preparedness and readiness checklist

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Assessment & programme documents

What do I need to do?	Why do I need to do it?	Tools and resources	Responsible	Status
Ensure AAP-related questions are included in assessment templates	Women, girls, men, boys, older persons, people with disabilities, LGBTQI+ people, people living with HIV, and other vulnerable people are impacted differently by emergencies. Assessments therefore need to consult <u>all</u> affected people for a project to be able to provide relevant and accessible information, services, and meet needs	<p>IASC AAP question menu</p> <p>IFRC CEA questions assessment and monitoring evaluation</p> <p>UNICEF humanitarian needs assessment checklist (p.49-50)</p> <p>UNFPA APRO SRH assessment tools</p>	<p>Humanitarian coordinator/ programme manager</p> <p>SRHie/GBVie/A&Y technical staff</p> <p>M&E staff</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Remarks:</p>
Integrate AAP in contingency planning and any pre-crisis inter-agency humanitarian strategic preparedness and response planning, including for anticipatory action	For quality accountable programming internally and across all agencies and sectors and to ensure buy in from partners and from donors for resource mobilisation	<p>IASC AAP question menu</p> <p>IFRC CEA questions assessment and monitoring evaluation</p> <p>UNICEF humanitarian needs assessment checklist (p.49-50)</p> <p>Guidance on strengthening Disability in Humanitarian Response Plans</p>	<p>Humanitarian coordinator/ programme manager</p> <p>SRHie/GBVie/A&Y technical staff</p> <p>M&E staff</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Remarks:</p>

Community engagement

What do I need to do?	Why do I need to do it?	Tools and resources	Responsible	Status
<p>Ensure Dignity Kits and other kits are customised to the needs of populations with varied needs</p>	<p>Women, girls, men, boys, older persons, people with disabilities, and LGBTQI+ people have different needs</p> <p>(e.g a “bucket” Dignity Kit may be too bulky for people with physical disabilities to carry, or IEC materials may not be accessible for people with visual impairment or intellectual disability unless they are in Braille, pictures or other accessible formats)</p>	<p><u>UNFPA Myanmar Dignity Kit consultation guidelines</u> (p.9)</p> <p><u>The Inter-agency Minimum Standards: Dignity kit content</u> (p.87)</p> <p><u>UNFPA Pacific GBVie disability consultation report</u> (p.11-13 consultation on how to adapt Dignity Kits and IEC materials)</p>	<p>Humanitarian coordinator/ programme manager</p> <p>SRHie/GBVie/A&Y technical staff</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Remarks:</p>
<p>Map, support, and secure resources to establish community-based feedback and complaints mechanisms that are accessible across and supported by all sectors and actors</p>	<p>To be able to provide efficient and effective programming which meets the needs of the targeted population and allows them to express feedback</p> <p>It creates sustainable projects through community ownership</p> <p>It is essential that there is a continuous feedback loop within each mechanism to ensure that meaningful changes will be made as a result</p>	<p><u>UNFPA Bangladesh, focus group discussion guide</u> (WFS, MHPSS, security)</p> <p><u>IFRC feedback starter kit</u></p> <p><u>UNHCR AAP operational guidelines</u> (p. 24 feedback mechanisms)</p> <p><u>Effective feedback in humanitarian contexts: practitioner guidance</u></p> <p>ALNAP, <u>“What makes feedback mechanisms work”</u></p> <p><u>Save the Children, Creating an inclusive and accessible feedback mechanism</u></p>	<p>Humanitarian coordinator/ programme manager</p> <p>SRHie/GBVie/A&Y technical staff</p> <p>Communications staff</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Remarks:</p>

Internal capacity

What do I need to do?	Why do I need to do it?	Tools and resources	Responsible	Status
Orient UNFPA staff on AAP-related actions and principles, including on PSEA	To ensure staff have the capacities to further the AAP agenda and understand the linkages between AAP and PSEA	<p><u>UNFPA Mandatory online course on PSEA</u></p> <p>Online training Sphere: <u>Being Accountable to affected People</u></p> <p><u>IASC Linkages between AAP and PSEA</u></p>	Head of office	Yes <input type="checkbox"/> No <input type="checkbox"/> Remarks:
Include AAP in job descriptions of UNFPA staff and consultants	To ensure staff and consultants have the mandate to further the AAP agenda in UNFPA's work and are held accountable to do so	<u>IFRC AAP responsibilities for job descriptions</u> (replace the word CEA with AAP)	Head of office	Yes <input type="checkbox"/> No <input type="checkbox"/> Remarks:
For all recruitments (consultancy or staff) ensure background checks on SEA (through in-depth reference checks, self declaration in Personal History Form and participation in the system-wide SEA screening tool 'clear check')	To prevent rehiring of known offenders	Screening tool ' <u>clear check</u> '	Head of office with HR	Yes <input type="checkbox"/> No <input type="checkbox"/> Remarks:
Ensure all staff members and partners are aware of UNFPA Code of Conduct for SEA and Sexual Harassment	To ensure all staff and partners are aware of expected Code of Conduct	<u>Code of Conduct on SEA</u>	Head of Office with PSEA focal point	Yes <input type="checkbox"/> No <input type="checkbox"/> Remarks:

Implementing partner (IP) capacity

What do I need to do?	Why do I need to do it?	Tools and resources	Responsible	Status
Orient IP staff on AAP-related actions and principles, including on PSEA	To ensure IPs have the capacities to further the AAP agenda	Online training Sphere: Being Accountable to Affected People	Head of office Humanitarian coordinator/ programme manager	Yes <input type="checkbox"/> No <input type="checkbox"/> Remarks:
Identify/engage potential IPs with a demonstrated commitment and capacity to accountability	Leveraging the capacity and experience of IPs contribute to quality implementation of accountability-related activities	UNICEF Partner Selection AAP Checklist (p.41)	Humanitarian coordinator/ programme manager SRHie/GBVie/A&Y technical staff	Yes <input type="checkbox"/> No <input type="checkbox"/> Remarks:
Ensure IPs are vetted through PSEA Implementing Partner Assessment	To ensure compliance of IPs to UNFPA's PSEA guidance To ensure UNFPA IPs have capacity to prevent and respond to SEA	UNFPA PSEA IP Assessment Guideline on PSEA assessments Technical Guidance: UNFPA Operationalisation of UN Protocol on Allegations of Sexual Exploitation and Abuse Involving Implementing Partners UN Partner Portal (log in, click on 'partners', select partner, click on 'profile details' and scroll down to 'other information' to see if an assessment has been done).	Humanitarian coordinator/ programme managers managing IPs	Yes <input type="checkbox"/> No <input type="checkbox"/> Remarks:

Communications

What do I need to do?	Why do I need to do it?	Tools and resources	Responsible	Status
<p>Pre-draft messages on potential SRH and protection-related risks and available services to enable the sharing of timely, actionable, and potentially life-saving information with communities quickly and efficiently</p>	<p>People affected by an emergency need information on where and how they can access services. They also need specific information in order to protect themselves</p> <p>Bear in mind that men, women, children, and minorities such as those with disabilities, may have different information needs and use different channels</p>	<p>IFRC Community Engagement and Accountability Toolkit (search for 'information as aid')</p>	<p>Communications staff</p> <p>Humanitarian coordinator/ programme manager</p> <p>SRHie/GBVie/A&Y technical staff</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Remarks:</p>
<p>Adapt, translate and disseminate key messages including UN's Zero tolerance policy on PSEA, how to report any case (or suspicion) of SEA by UN or partners and survivor assistance information</p>	<p>To ensure all community members and beneficiaries are aware of UN's PSEA policy and know how to report SEA as well as access assistance</p>	<p>United Nations website on PSEA</p> <p>Guidelines on Responsible Representation and Reporting of Violence Against Women and Violence Against Children</p>	<p>Humanitarian coordinator/ programme manager</p> <p>Communications staff</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Remarks:</p>

Coordination

What do I need to do?	Why do I need to do it?	Tools and resources	Responsible	Status
Map existing AAP-related coordination mechanisms, working groups and platforms and engage in these, such as Communicating with Disaster-Affected Communities Working Groups, PSEA working groups, AAP etc.	It reinforces collective commitments to AAP and establishes crucial partnerships at the national level with a range of different stakeholders	Example ToR: <u>Communicating with Disaster-Affected Communities Working Group in Cox's Bazar</u>	Humanitarian coordinator/ programme manager Communications staff	Yes <input type="checkbox"/> No <input type="checkbox"/> Remarks:
Ensure staff, partners and communities know how to access inter-agency PSEA community-based complaints mechanisms, where available. If not available, provide support to inter-agency efforts to establish SOPs and include them in contingency plans.	To ensure communities have a safe and confidential mechanism to report complaints from the beginning of the response, including but not limited to SEA. Single agency complaint mechanisms will not be as effective alone, as when they are combined with cross-sectoral ones that create more access points for communities. Inter-agency mechanisms pool resources, which is more cost effective and requires fewer human resources from any single agency to manage sensitive issues around complaints	<u>IASC Best Practice Guide Inter-agency Community Complaint Mechanisms</u>	Humanitarian coordinator/ programme manager with support from PSEA focal point SRHie/GBVie/A&Y technical staff with support from PSEA focal point	Yes <input type="checkbox"/> No <input type="checkbox"/> Remarks
Ensure that GBV referral pathways are regularly updated and disseminated to PSEA networks and all programme teams	To ensure that all SEA survivors are provided assistance through an established and updated GBV referral mechanism	<u>Handbook for Coordinating Gender-based Violence Interventions in Emergencies</u>	Humanitarian coordinator/ programme manager SRHie/GBVie/A&Y technical staff PSEA focal point	Yes <input type="checkbox"/> No <input type="checkbox"/> Remarks

Feedback and complaints mechanisms

Feedback mechanisms provide information about how people have experienced services, goods, staff, aid workers or systems, while complaints mechanisms allow for the expression and follow up of grievances about services and activities.

While the two are often talked about in the same way, they serve different purposes and create different opportunities to engage with the populations that we serve. For example, a community meeting may be a modality to receive feedback on humanitarian response services, but may not be a conducive environment for women and girls to raise formal complaints, including on unethical behavior related to SEA. On the other hand, a confidential complaint mechanism may be a modality for beneficiaries to raise formal complaints and to seek support, but may not lend itself to discuss other aspects of humanitarian aid. Feedback and complaints must both be acknowledged and responded to with a clear modality of closing the feedback loop, but complaints require a more formal response. It is important to create appropriate entry points for them to safely raise concerns and receive response, in order to meaningfully engage with communities in decision making and to build an environment of trust.

Each agency and programme should not necessarily establish a standalone community based feedback and/or complaints mechanism, but rather, establish accessible mechanisms across sectors that are supported by all actors. Additional feedback methodologies for specific programmes may be established to measure their effectiveness. Under the United Nations Sustainable Development Cooperation Framework, possibilities for joint community based feedback and complaints mechanisms could be explored.



2.2 AAP project design and implementation checklist ⁵

Project design phase

What do I need to do?	Why do I need to do it?	Tools and resources	Responsible	Status
Ensure AAP-related questions are included in inter-agency rapid needs assessments	<p>Women, girls, men, boys, older persons, people with disabilities, LGBTQI+ people, people living with HIV and other vulnerable people are impacted differently by emergencies. Assessments therefore need to consult <u>all</u> affected people for a project to be able to provide relevant and accessible information, services, and meet needs</p> <p>UNFPA should support AAP as part of inter-agency rapid needs assessments to avoid duplication and/or over-surveying the population</p>	<p>IASC AAP question menu</p> <p>IFRC CEA questions assessment and monitoring evaluation</p> <p>UNICEF humanitarian needs assessment checklist (p.49-50)</p>	<p>Humanitarian coordinator/ programme manager</p> <p>SRHie/GBVie/A&Y technical staff</p> <p>M&E staff</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Remarks:</p>
Gather community voices regularly for advocacy	<p>To capture the voices of and engage people affected. Essential for accountable and informed advocacy in cluster/sector and national coordination mechanisms.</p> <p>Gathering can be done through community coordination meetings, focus groups discussions, interviews and so on</p>	<p>Community Voices Bulletin - Sharing of community voices from Indonesia following the Central Sulawesi earthquake and tsunami (voices from Women and Young People in part 4)</p> <p>What Matters? Humanitarian Feedback Bulletin on Rohingya Response - BBC Media Action and Translators without Borders</p>	<p>Humanitarian coordinator/ programme manager</p> <p>SRHie/GBVie/A&Y technical staff</p> <p>Communications staff</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Remarks:</p>

Project design phase

What do I need to do?	Why do I need to do it?	Tools and resources	Responsible	Status
<p>Integrate AAP in response appeals and sector/cluster plans or in Humanitarian Response Plans</p> <p>Ensure HNO/HRP processes and mid-term reviews integrate AAP considerations. If not an HRP context, ensure AAP in other strategic planning documents and inter-agency funding appeals.</p>	<p>For quality accountable programming and to ensure buy in from partners and from donors for resource mobilisation</p>	<p><u>UNICEF HRP checklist (p.47-48)</u></p> <p><u>Disability Inclusion in COVID-19 Funding Checklist</u></p>	<p>Head of office</p> <p>Humanitarian coordinator/ programme manager</p> <p>SRHie/GBVie/A&Y technical staff</p> <p>SRH or GBV coordinators</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Remarks:</p>
<p>Consult affected populations on project design, including on the design of feedback and complaints mechanisms</p>	<p>To be able to provide efficient and effective programming which meets the needs of the targeted population and allows them to express feedback</p> <p>It creates sustainable projects through community ownership</p>	<p><u>UNFPA Bangladesh, focus group discussion guide (WFS, MHPSS, security)</u></p> <p><u>IFRC feedback starter kit</u></p> <p><u>UNHCR AAP operational guidelines (p. 24 feedback mechanisms)</u></p> <p><u>Effective feedback in humanitarian contexts: practitioner guidance</u></p>	<p>Humanitarian coordinator/ programme manager</p> <p>SRHie/GBVie/A&Y technical staff</p> <p>Communications staff</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Remarks:</p>

Project design phase

What do I need to do?	Why do I need to do it?	Tools and resources	Responsible	Status
<p>Consult affected populations on the geographic location of service delivery points (WFS, YFS, etc.) and distribution locations and strategies</p>	<p>If service/distribution locations compromise the safety of people, or they are too far away for e.g. for people with physical disabilities to access, we risk doing harm and/or not reach the most vulnerable</p>	<p><u>UNFPA Myanmar Dignity Kit Distribution checklist (p.4)</u></p> <p><u>UNFPA Myanmar Dignity Kit distribution guidelines (p.11)</u></p> <p><u>The Inter-agency Minimum Standards: Dignity kit distribution (p.89)</u></p> <p><u>UNFPA Women and Girls Safe Spaces Guidance</u></p>	<p>Humanitarian coordinator/ programme manager</p> <p>Logistics staff</p> <p>SRHie/GBVie/A&Y technical staff</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Remarks:</p>
<p>Hold consultations with recipients of cash and voucher assistance regarding preferences, safety, and market access</p>	<p>To ensure that cash and voucher assistance safely reaches affected populations by mitigating GBV and protection risks</p>	<p><u>Cash & Voucher Assistance and Gender-Based Violence Compendium (p.17, 18, 21)</u></p> <p><u>UNFPA Guidelines for Cash & Voucher Assistance</u></p>	<p>Humanitarian coordinator/ programme manager</p> <p>Cash and voucher assistance technical staff</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Remarks:</p>

Project design phase

What do I need to do?	Why do I need to do it?	Tools and resources	Responsible	Status
Budget for AAP activities	Earmarked budget for AAP-related activities facilitates for and enables the implementation of AAP activities	<u>IFRC AAP budget template</u>	Humanitarian coordinator/ programme manager SRHie/GBVie/A&Y technical staff Finance staff	Yes <input type="checkbox"/> No <input type="checkbox"/> Remarks:
Identify/engage potential IPs with a demonstrated commitment and capacity to accountability	Leveraging the capacity and experience of IPs contribute to quality implementation of accountability-related activities	<u>UNICEF Partner Selection AAP Checklist</u> (p.41)	Humanitarian coordinator/ programme manager SRHie/GBVie/A&Y technical staff	Yes <input type="checkbox"/> No <input type="checkbox"/> Remarks:
Assess potential SEA risks in programme delivery settings and identify mitigation measures, including through comprehensive training of IPs/service providers, the introduction or reinforcement of PSEA Codes of Conduct and ensuring access to safe and appropriate complaint and feedback mechanisms	To ensure all community members have information to the PSEA Codes of Conduct and feedback mechanisms	<u>Code of Conduct on SEA</u> <u>IASC Best Practice Guide on Inter-Agency Complaint Based Mechanism</u>	Humanitarian coordinator/ programme manager	Yes <input type="checkbox"/> No <input type="checkbox"/> Remarks:

Project implementation phase

What do I need to do?	Why do I need to do it?	Tools and resources	Responsible	Status
<p>Involve people affected by an emergency in project implementation</p>	<p>Involvement of the affected community contributes to improved, sustainable, and community driven programmes and to more resilient communities</p> <p>Please be mindful to ensure equal and inclusive participation involving all affected groups of a community</p>	<p><u>Women’s and Girls’ Participation and Empowerment</u> (standard 2)</p> <p><u>Inter-Agency Field Manual for Sexual and Reproductive Health in Humanitarian Settings</u> (chapter 2.3)</p> <p><u>Guidelines with us & for us: Working with and for Young People in Humanitarian and Protracted Crises</u> (chapter C on meaningful engagement)</p> <p><u>Compact for Young People in Humanitarian Action: Igniting Hope</u> (action 2)</p> <p><u>Checklist for Planning a Disability Inclusive COVID-19 Socio-Economic Response and Recovery</u></p>	<p>Humanitarian coordinator/ programme manager</p> <p>SRHie/GBVie/A&Y technical staff</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Remarks:</p>
<p>Make sure affected populations have opportunity to register complaints, provide feedback and to get a response and ensure information on complaint mechanisms currently available is mainstreamed in public messaging fora (health messaging, social media etc)</p>	<p>Feedback and complaints provide us with valuable information we can use to improve our programmes and operations</p> <p>If needed, adapting interventions is a prerequisite for a project to be able to provide relevant and accessible information, services, and meet needs</p>	<p><u>UNHCR AAP operational guidelines</u> (p. 24 feedback mechanisms)</p> <p><u>IASC AAP question menu</u> (questions 6, 7, 8, 10, 21, 22, 23)</p> <p><u>IFRC feedback starter kit</u></p>	<p>Humanitarian coordinator/ programme manager</p> <p>SRHie/GBVie/A&Y technical staff</p> <p>Communications staff</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Remarks:</p>

Project implementation phase

What do I need to do?	Why do I need to do it?	Tools and resources	Responsible	Status
<p>Share timely, actionable, and potentially life-saving information with communities quickly and efficiently</p>	<p>People affected by an emergency need information on where and how they can access services. They also need specific information in order to protect themselves.</p> <p>Bear in mind that men, women, children, and minorities such as those with disabilities, may have different information needs and use different channels</p>	<p><u>IFRC Community Engagement and Accountability Toolkit</u> (search for 'information as aid')</p>	<p>Communications staff</p> <p>Humanitarian coordinator/ programme manage</p> <p>SRHie/GBVie/A&Y technical staff</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Remarks:</p>
<p>Circulate PSEA Code of Conduct and other safeguarding measures and remind all staff of their obligation in this respect and train all staff and IPs on PSEA as part of mandatory learning</p>	<p>To ensure all staff and partners are aware of UNFPA's zero tolerance policy, expected code of conduct and safeguarding measures</p>	<p><u>UNFPA PSEA Policy</u>;</p> <p><u>Code of Conduct</u></p>	<p>Head of office</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Remarks:</p>

M&E related actions

What do I need to do?	Why do I need to do it?	Tools and resources	Responsible	Status
Incorporate AAP-related outputs and indicators in the project results framework	<p>To ensure AAP activities are implemented and to ensure accountability to people, donors, partners, and other key stakeholders</p> <p>To assess the quality, effectiveness, and accountability throughout the project lifecycle</p>	<p><u>UNFPA suggested AAP outputs and indicators</u></p> <p><u>IFRC suggested indicators</u></p> <p><u>UNICEF suggested outputs and indicators</u> (p.10, 36-40)</p>	<p>M&E staff</p> <p>Humanitarian coordinator/ programme manager</p> <p>SRHie/GBVie/A&Y technical staff</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Remarks:</p>
Involve affected populations in monitoring, after action reviews, and evaluations: seek community feedback and involvement and share findings with communities and within the organisation	<p>Feedback provides us with valuable information we can use to improve our programmes and operations</p>	<p><u>UNFPA Myanmar guidance on Dignity Kit post distribution monitoring</u> (p.16)</p> <p><u>UNFPA Myanmar post distribution monitoring tools for Dignity Kits</u></p> <p><u>IFRC CEA questions assessment and monitoring evaluation</u></p> <p><u>IFRC options for sharing evaluations with communities</u></p> <p><u>UNICEF monitoring and evaluation questions</u> (p.40, 44-45)</p> <p><u>Tip sheet for monitoring a disability-inclusive response to COVID-19 in humanitarian settings</u></p>	<p>M&E staff</p> <p>Humanitarian coordinator/ programme manager</p> <p>SRHie/GBVie/A&Y technical staff</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Remarks:</p>

M&E related actions

What do I need to do?	Why do I need to do it?	Tools and resources	Responsible	Status
Ensure feedback collected from affected populations is being analysed, presented, and reviewed to inform project adaptation on a regular basis	If needed, adapting interventions is a prerequisite for a project to be able to provide relevant and accessible information, services, and to meet needs	<p><u>IFRC feedback starter kit</u></p> <p><u>UNHCR AAP operational guidelines</u> (p. 24 feedback mechanisms)</p>	<p>M&E staff</p> <p>Humanitarian coordinator/ programme manager</p> <p>SRHie/GBVie/A&Y technical staff</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Remarks:</p>



Coordination

What do I need to do?	Why do I need to do it?	Tools and resources	Responsible	Status
<p>Advocate for and support integration of AAP into SRH and GBV sub sectors/clusters/ working groups</p> <p>Ensure and support all cluster members to have Codes of Conduct in place as part of a Call to Action commitment</p>	<p>Making AAP a standing agenda item will ensure affected people's priorities and needs drive the response. It will also help reduce gaps and duplication, and improve the quality, coverage, and scope of responses.</p>	<p><u>UNICEF tip sheet to monitor AAP performance in clusters</u></p> <p><u>Handbook for coordination of GBV interventions in emergencies</u>, (section 5.7 "Accountability", p.187-188)</p>	<p>SRH or GBV coordinators</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Remarks:</p>
<p>Work with relevant government ministries and service providers, including GBV sub clusters to integrate referral pathways for assistance and support with PSEA complaint channels. Ensure that PSEA networks/ mechanisms use the most updated GBV referral pathways</p>	<p>For GBV working groups and PSEA networks to be aligned to ensure that SEA and GBV survivors receive support through the established GBV referral mechanisms</p>	<p><u>Handbook for coordinating Gender-based Violence Interventions in Emergencies</u> (chapter 1, section 1.8 GBV Sub Cluster and PSEA)</p> <p><u>IASC Guideline on Inter-agency community based complaint mechanism</u> (p.16)</p>	<p>Humanitarian coordinator/ programme manager</p> <p>GBV coordinators</p> <p>SRHie/GBVie/A&Y technical staff with support from PSEA focal point</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Remarks:</p>
<p>Undertake training and awareness campaigns with a focus on survivor rights and assistance mechanisms and resources</p>	<p>To ensure that survivors are aware of their right to access support, are facilitated with timely and quality support through established mechanisms</p>	<p><u>UN Protocol on the Provision of assistance to survivors of SEA</u></p>	<p>Humanitarian coordinator/ programme manager with support from PSEA focal point</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Remarks:</p>



India: Girls at a youth centre in Odisha. ©UNFPA/Arvind Jodha

2.3 AAP activities per thematic area

Sexual and reproductive health and rights

Gender-based violence

Ensure AAP questions related to SRHR are included in rapid needs assessments;	Ensure AAP questions related to GBV and harmful practices are included in rapid needs assessments. In doing so, the ethical and safety guidelines must be considered such as mandatory training of enumerators, ensuring all enumerators have information on available GBV response services in the location in case of disclosure of GBV experience by respondents;
Integrate AAP in contingency planning and any pre-crisis inter-agency humanitarian strategic preparedness and response planning, including for anticipatory action (e.g. ensure the MISP priority objectives are included into programme design);	Integrate AAP in contingency planning and any pre-crisis inter-agency humanitarian strategic preparedness and response planning, including for anticipatory action;
Advocate for and support integration of AAP into SRH sub sectors/clusters/working groups;	Advocate for and support integration of AAP into GBV sub sectors/clusters/working groups. Ensure GBV working groups and PSEA networks are aligned to ensure that SEA survivors receive support through the established GBV referral mechanisms;
Consult affected populations on the geographic location of service delivery points for SRH services;	Consult affected populations on the geographic location of service delivery points for GBV services (WFS, YFS, etc.);
Ensure relevant kits (e.g. newborn kits, MHM kits) are customised to the needs of populations with varied needs;	Ensure Dignity Kits and other kit content and distribution strategies are customised to the needs of populations with varied needs. Ensure Dignity Kits include information on available GBV response services and PSEA complaint mechanism, where possible;
Consult affected populations on kit distribution strategies and locations to ensure they are accessible and safe;	Consult affected populations on dignity kit distribution strategies and locations to ensure they are accessible and safe;
Hold consultations with recipients of cash and voucher assistance for SRH regarding preferences, safety, and market access;	Hold consultations with recipients of cash and voucher assistance for GBV regarding preferences, safety, and market access, taking into account any unintended consequences that the recipients may encounter, including risk of GBV;

Sexual and reproductive health and rights

Gender-based violence

Consult affected populations on project design of SRHR information and services, including on the design of feedback and complaints mechanisms for these;	Consult affected populations on project design of GBV information and services, including on the design of feedback and complaints mechanisms for these;
Budget for AAP activities related to SRHR;	Budget for AAP and PSEA activities related to GBV;
Incorporate SRHR related AAP outputs and indicators in the project results framework;	Incorporate GBV related AAP outputs and indicators in the project results framework;
Involve people affected by an emergency in project implementation of SRH services and activities;	Involve people affected by an emergency in project implementation of GBV services and activities;
Make sure affected populations have opportunity to register complaints, provide feedback and to get a response as relates to SRH services;	Make sure affected populations have opportunity to register complaints, provide feedback and to get a response as relates to GBV services; Ensure staff, partners and communities know how to access inter-agency PSEA community-based complaints mechanisms, where available. If not available, provide support to inter-agency efforts to establish SOPs and include them in contingency plans;
Pre-draft if possible and share timely, actionable, and potentially life-saving information on SRH related risks and available health services with communities quickly and efficiently;	Pre-draft if possible and share timely, actionable, and potentially life-saving information on protection related risks and available services with communities quickly and efficiently, including UN's Zero tolerance policy on PSEA, how to report any case (or suspicion) of SEA by UN or partners and survivor assistance information;
Consult affected populations during monitoring, after action review, and during evaluations on the SRH-related services they receive from UNFPA and IPs - share findings;	Consult affected populations during monitoring, after action review, and during evaluations on the GBV-related services they receive from UNFPA and IPs - share findings;
Ensure feedback collected from affected populations on SRH services is being analysed, presented, and reviewed to inform project adaptation on a regular basis.	Ensure feedback collected from affected populations on GBV is being analysed, presented, and reviewed to inform project adaptation on a regular basis.



Nepal: Bachaki Devi Thakur 95 years receiving a dignity kit following Cyclone Fan in 2019.
©UNFPA Nepal/Pantosh Chhetri

3. AAP in practice

What are some examples of AAP in practice from Asia and the Pacific?

IN PRACTICE

Consult people affected by an emergency on the project design

In **Myanmar** following an upsurge in fighting in Rakhine state in 2019, UNFPA and partners discussed with local organisations and local community groups and agreed on the proposed implementation of activities before designing the project.

In **Indonesia** following the Central Sulawesi earthquake in 2019, UNFPA, UNICEF, and UNOCHA held 20 focus group discussions and 58 key informant interviews with young females affected by the disaster. When being meaningfully engaged, the girls clearly articulated their concerns, their unique vulnerabilities as well as their sources of resilience and coping mechanisms to manage adversities. The research results were used by UNFPA as an advocacy tool for the development of accountable district action plans.

Myanmar: Nang is 13 years old and lives in a camp for internally displaced people. She is the eldest daughter among five children. "Although I still cannot go to school, I feel much better that we can attend English grammar courses in the camp," says Nang, "I also love to play volleyball with my friends." ©UNI358723/Minzayar Oo





Vanuatu: A woman waits to receive free healthcare during the Tropical Cyclone Harold humanitarian response in 2020. She met with a midwife to check on her pregnancy, her children received routine treatments. ©UNFPA/Hawkins

IN PRACTICE

Engagement of people affected by an emergency in project implementation

The **Vanuatu** Family Health Association, an IP of UNFPA in the Pacific, worked closely with the Vanuatu Disabled People's Organisation and engaged two persons with disability as part of the outreach team to ensure that the cyclone response was able to reach women with disabilities with services.

In Cox's Bazar in **Bangladesh**, adolescents and youth from the Rohingya and host communities, both male and female, were engaged as peer leaders and community facilitators to support the COVID-19 response. 90 adolescent peer leaders served as co-facilitators in the delivery of the risk communication sessions and were also trained on psychosocial support, SRHR, gender, GBV, and referral pathways to service providers for adolescent and youth friendly services.

In the **Philippines** following the Marawi siege in 2017, survivors of GBV were engaged as Women Friendly Space facilitators.

The women expressed feeling capacitated and empowered and explained how they began performing important community roles. The awareness-raising sessions they organised in the Women Friendly Spaces also made the women feel a sense of purpose and value.

Complaints and feedback mechanisms

In Cox's Bazar in **Bangladesh**, a complaints mechanism was established to ensure that any questions or concerns that the adolescents and youth had about their psychosocial support kits were heard and addressed. Specifically, complaint and feedback response mechanism focal points were appointed by UNFPA and the IP. Special attention was paid to ensure gender-parity amongst the focal points to ensure accessibility to the mechanism for both male and female recipients of the kits given the prevailing gender dynamics in Cox's Bazar. Field based staff from both UNFPA and the IP were selected to serve as focal points, given that they were well known by the communities through their regular monitoring visits during the project period and even before the distribution of the kits commenced. All focal points were present during the distribution of the kits and their contact details were shared with recipients of the kits as well as the adolescent peer leaders and community facilitators who were based in the field and in daily contact with people.

This approach ensured that there were multiple complaints and feedback pathways in place, either through frequent field visits by focal points during the post-distribution monitoring phase or over the phone. It was important to establish both in-person and phone-based pathways due to the disparities in telecommunication access in Cox's Bazar. Sufficient time was dedicated during the distribution of the kits to ensure that people were well oriented and informed of the mechanism. Feedback on the project was documented and implemented by UNFPA and partner staff through reports by focal points and regular progress meetings between UNFPA and partner staff. Complaints were registered and verified by focal points and regular progress meetings were held with UNFPA and IP staff as well as the focal points to monitor progress towards addressing complaints and feedback and ultimately closing the loop.

IN PRACTICE



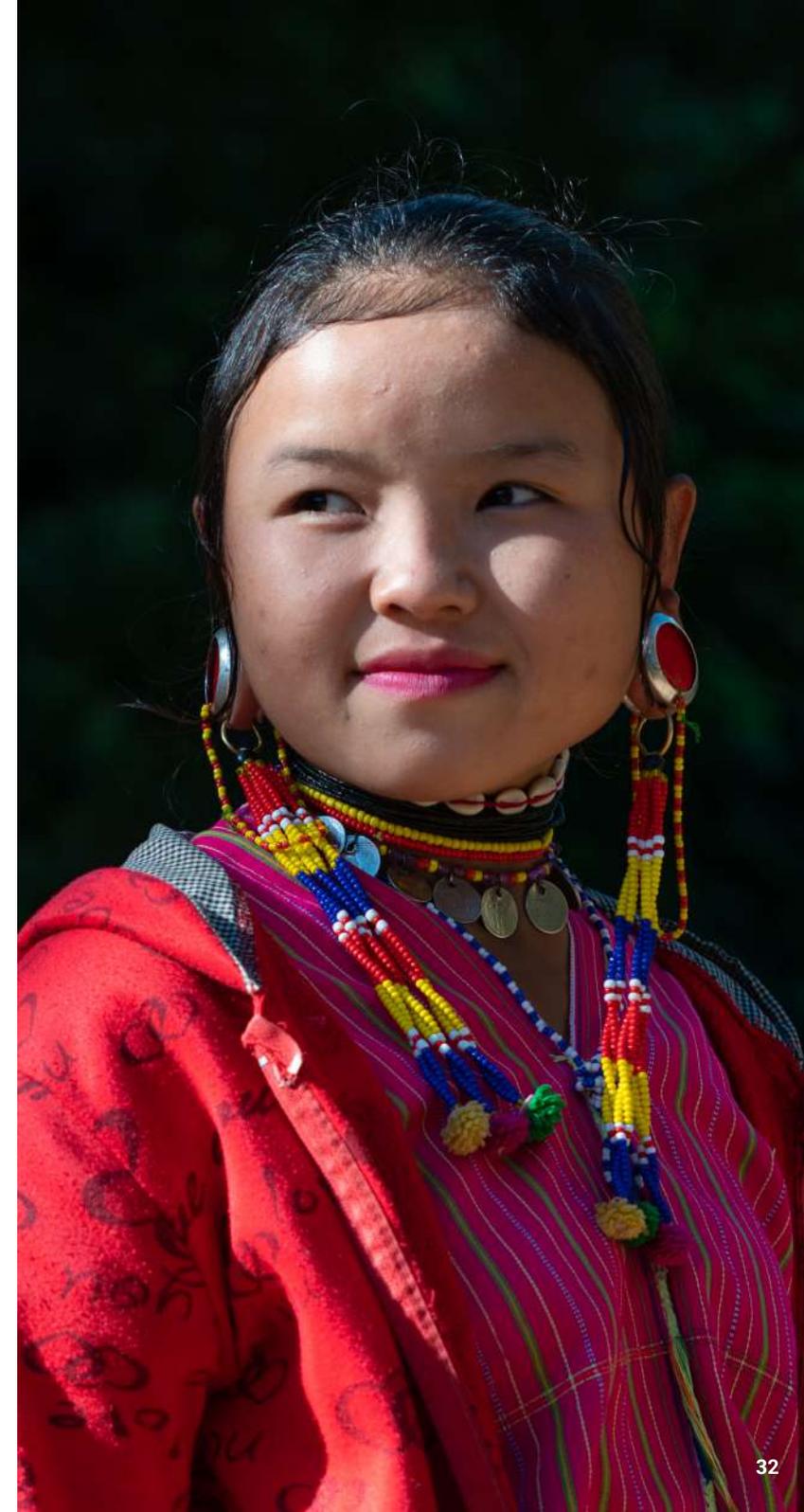
Bangladesh: A girl in a youth friendly space in Cox's Bazar. ©UNFPA/Fahima Tajrin

In **Myanmar**, UNFPA has made use of suggestion boxes in strategic locations to enable people to share feedback on services. UNFPA also established alternative feedback mechanisms such as hotlines for people who were not literate. For patient referral cases, patient satisfaction questionnaires were conducted. At risk groups (people living with disabilities, women and child headed households, and pregnant and lactating women) were mapped and regular visits and interviews conducted through which feedback was collected. This method was accessible to people who often did not have access to phones or other means of complaints and feedback.

All staff were informed about the complaint mechanisms and the focal persons trained. The community was informed about the complaint mechanisms and how confidentiality and

safety of the complainant would be ensured. Complaints were registered, verified, and grouped in categories to determine the response, responsibility, and timeframe. Depending on the category of the complaint, response/feedback was provided to the complainant between 3 to a maximum of 20 working days. The feedback loop was closed upon satisfactorily addressing the complaint and confirmation received from the complainant. Depending on the type and the nature of complaints, the mechanism on who and how to reach the complainant differed. Sometimes, a combination of methods like phone calls and visits were used to contact the complainant by considering safety and confidentiality. Analysis and reporting was part of the complaint mechanism followed by a critical evaluation for any changes or improvement in programming, policies, and procedures.

Myanmar: Kayaw girl from Htay Kho village in Kayah State.
©UNFPA Myanmar/Thein Zaw Win



IN PRACTICE

Orientation of partner staff

In **Vanuatu** following Tropical Cyclone Harold in 2020, UNFPA conducted an orientation on PSEA for all service providers and volunteers in the response teams.

In the **Philippines** through UNFPA's implementing partner, Coalition Against Trafficking of Women in Asia Pacific, service providers, community advocates, and duty-bearers at the village, municipal, and provincial levels were capacitated to ensure that they were able to deliver survivor-centered services to GBV survivors following ethical and safety standards.

Vanuatu: Seraphine and her family sought shelter in a school when Tropical Cyclone Harold destroyed their home on Pentecost Island. ©UNI337625/Bobby Shing





4. Key tools

Where can I find key tools to support implementation of AAP?

Helpdesk

IASC Accountability & Inclusion Helpdesk- The helpdesk is a remote advice and support service. Response guaranteed within 48 hours.

Toolkits

Community Engagement and Accountability toolkit Containing 24 different tools.

IASC Gender with Age Marker

Gender with Age Marker - The tool examines the level of accountability of an intended or ongoing project or programme and supports organisations to strengthen AAP.

Sample UNFPA AAP outputs and indicators to include in project result frameworks

See Annex table 1 and 2

5. Key resources

Where can I find key resources and other materials on AAP?

Guiding frameworks

[IASC Revised Accountability to Affected Populations Commitments](#)

[IASC Revised Accountability to Affected Populations Commitments - Guidance note for principals and senior managers.](#)

[Core Humanitarian Standard on Quality and Accountability \(2014\)](#) - Sets out nine commitments of AAP.

[IASC AAP Operational Framework](#) - The Operational Framework summarises the key concepts for making programming at the field level more accountable to affected populations.

AAP guides from partners

[A Red Cross Red Crescent Guide to Community Engagement and Accountability \(2021\)](#)

Portals

[IASC Accountability and Inclusion Portal](#) - This portal is the go-to place for practitioners who strive to implement people-centered approaches.

[IFRC Community Engagement Hub](#) - A platform designed to help us put communities at the heart of what we do.





Where can I find key resources and other materials on AAP?

PSEA

[IASC Plan for Accelerating PSEA in Humanitarian Response at Country-Level](#)

Needs assessment

[Menu of accountability to affected populations related questions for multi-sector needs assessments](#)

Disability inclusion

[IASC Guidelines on the Inclusion of People with Disabilities in Humanitarian Action](#) - See p.43 for chapter on AAP.

Feedback mechanisms

[Effective feedback in humanitarian contexts: practitioner guidance](#)

Coordination

[Suggested Actions for intercluster coordination groups](#) - IASC guidance on AAP specifically for coordination mechanisms.

ToR of AAP inter-agency working groups/networks

[Communicating with Disaster-Affected Communities Working Group in Cox's Bazar](#)

6. Annexes

Table 1: UNFPA corporate AAP indicators

The below 3 AAP and inclusion indicators are being proposed as mandatory indicators for Country Offices to report on in the Humanitarian Master Sheet and other corporate monitoring and evaluation frameworks:

	Indicator	Description
 <p>SERVICE DELIVERY</p>	Number of community feedback and complaints mechanisms established and/or supported by UNFPA	Number of community-based structures or spaces managed by an agency or platform (suggestion boxes, hotlines, etc.) to provide feedback about programmes and services, their quality, relevance, timeliness, and/or the respect and dignity shown in their delivery, serving programmatic improvements
	Number of UNFPA sites that use messages on potential SRH and protection related risks	The participatory elaboration of local messages and real-time exchange of information with people who are at risk, to assist them in adopting protective and safe behaviours
 <p>CAPACITY BUILDING</p>	Number of human resources (staff, consultants, IPs, etc.) trained on AAP and inclusion mechanisms	An estimate of the overall UNFPA human capacity trained on the mechanisms to engage communities, including the most marginalised and excluded groups, in holding the organisation to account, which differs from the traditional accountability to donors

Table 2: Sample AAP outputs and indicators

The below list is intended to be a menu of outputs and indicators from which a Country Office can choose depending on which are most relevant to a specific project.

Project design phase

Example output	Example indicator	Means of verification
Rapid needs assessments are carried out in an accountable way	Yes/no: AAP-related questions are included in rapid needs assessment	Assessment report
	Yes/no: rapid needs assessment reports include direct beneficiary consultation disaggregated by location, sex, age, and vulnerabilities	Assessment report
People's and communities' needs and requests are analysed and systematically channelled to relevant stakeholders	# of meetings organised between communities and UNFPA and/or UNFPA IPs to assess their needs	Community event report
	Yes/no: consultation(s) held with different target groups to customise specific interventions (e.g. dignity and other kits, cash and voucher assistance, setting up service delivery points, information sessions,) to people's specific needs	Consultation report
Findings from consultations and assessments inform the development of accountable response plans	Yes/no: response plan activities are discussed with the community before finalisation	Response plan
	% or # of response interventions where affected communities were consulted at the planning stage	Response plan

Project implementation phase

Example output	Example indicator	Means of verification
Quality, efficiency, and effectiveness of UNFPA's projects are ensured through systematic integration of AAP measures	# of consultations with communities to address their priority needs and concerns during the project implementation phase	Community event report
	% of people who felt that their suggestions were incorporated into the implementation of (specific) interventions	Perception and satisfaction survey
Improved quality of and access to SRHR and GBV information and services through increased community participation	% of surveyed community members that feel services are responsive to their needs	Perception and satisfaction survey
	% of people who consider that access to services and assistance is fair and equitable	Perception and satisfaction survey
	% of people who consider they have adequate access to information on issues that concern them	Perception and satisfaction survey
	% people satisfied with the quality of services and assistance received	Perception and satisfaction survey
	% of people who consider they have been treated with respect and dignity by service and/or aid providers	Perception and satisfaction survey
Communities are able to provide feedback and complaints, and their feedback is used to inform programming decisions	Yes/no: feedback and/or complaints mechanism(s) established and functional	Monitoring report
	# of staff trained on handling complaints and feedback	Training record
	# of project decisions made based on beneficiary feedback	Meeting record
	% of target population who are aware of and have access to feedback and complaints mechanisms	Perception and satisfaction survey
	% of people who consider that their feedback or complaints have been listened to and acted on	Perception and satisfaction survey

M&E related actions

Example output	Example indicator	Means of verification
Monitoring and evaluations seek community feedback and involvement, and final evaluation results are shared with communities and within the organisation	Yes/no: evaluation includes consultations with the community	Evaluation report
	Yes/no: evaluation assess relevance, effectiveness, and efficiency of the response to addressing needs of beneficiaries	Evaluation report
	Yes/no: evaluation findings and recommendations are shared and consulted with the community (or organisations representing them)	Community event report

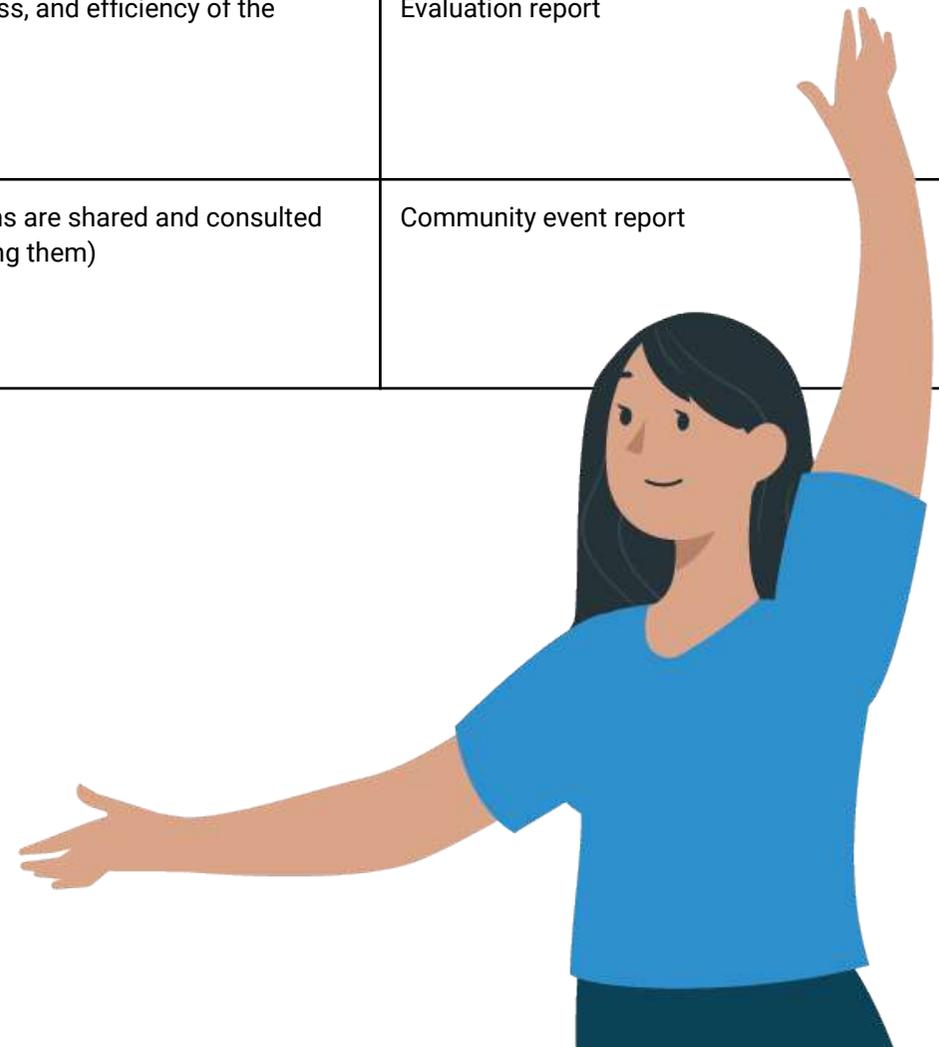


Table 3: Overview of AAP activities per programmatic role

Assessment, planning and programme documents

Activity	Programmatic role								
	Senior management	Humanitarian coordinator/ programme manager	SRHie/ GBVie/ A&Y/ CVA technical staff	SRH or GBV coordinators	M&E staff	Comms staff	Finance staff	Logistics staff	Programme Specialist
Integrate AAP in contingency planning and any pre-crisis inter-agency humanitarian strategic preparedness and response planning, including for anticipatory action		✓	✓		✓				
Integrate AAP in response appeals and sector/cluster plans or in Humanitarian Response Plans	✓	✓	✓	✓					
Integrate commitments for AAP in Common Country Analyses, and Country Programme Documents	✓	✓	✓		✓				✓

Assessment, planning and programme documents

Activity	Programmatic role								
	Senior management	Humanitarian coordinator/ programme manager	SRHie/ GBVie/ A&Y/CVA technical staff	SRH or GBV coordinators	M&E staff	Comms staff	Finance staff	Logistics staff	Programme Specialist
Incorporate AAP-related outputs and indicators in the project results framework		✓	✓		✓				
Budget for AAP activities		✓	✓				✓		
Promote AAP in UNCT and HCT discussions and decision making, particularly in relation to areas within UNFPA's mandate	✓	✓							

Community engagement

Activity	Programmatic role								
	Senior management	Humanitarian coordinator/ programme manager	SRHie/ GBVie/ A&Y/CVA technical staff	SRH or GBV coordinators	M&E staff	Comms staff	Finance staff	Logistics staff	Programme Specialist
Consult affected populations on project design, including on the design of feedback and complaints mechanisms		✓	✓			✓			
Ensure Dignity Kits and other kits are customised to the needs of populations with varied needs		✓	✓						
Consult affected populations on the geographic location of service delivery points (WFS, YFS, etc.) and distribution locations		✓	✓					✓	
Hold consultations with recipients of cash and voucher assistance regarding preferences, safety, and market access		✓	✓						
Involve people affected by an emergency in project implementation		✓	✓						

Communications

Activity	Programmatic role								
	Senior management	Humanitarian coordinator/ programme manager	SRHie/ GBVie/ A&Y/CVA technical staff	SRH or GBV coordinators	M&E staff	Comms staff	Finance staff	Logistics staff	Programme Specialist
Gather community voices regularly for advocacy		✓	✓			✓			
Map, support, and secure resources to establish community-based feedback and complaints mechanisms that are accessible across and supported by all sectors and actors		✓	✓			✓			
Pre-draft if possible and share timely, actionable, and potentially life-saving information with communities quickly and efficiently		✓	✓			✓			

Communications

Activity	Programmatic role								
	Senior management	Humanitarian coordinator/ programme manager	SRHie/ GBVie/ A&Y/CVA technical staff	SRH or GBV coordi-nators	M&E staff	Comms staff	Finance staff	Logistics staff	Programme Specialist
Adapt, translate and disseminate key messages including UN's Zero tolerance policy on PSEA, how to report any case (or suspicion) of SEA by UN or partners and survivor assistance information		✓				✓			
Make sure affected populations have opportunity to register complaints, provide feedback and to get a response and ensure information on complaint mechanisms currently available is mainstreamed in public messaging fora (health messaging, social media etc)		✓	✓			✓			

Partnership and capacity building

Activity	Programmatic role								
	Senior management	Humanitarian coordinator/ programme manager	SRHie/ GBVie/A&Y/ CVA technical staff	SRH or GBV coordinators	M&E staff	Comms staff	Finance staff	Logistics staff	Programme Specialist
Identify/engage potential IPs with a demonstrated commitment and capacity to accountability		✓	✓						
Ensure IPs are vetted through PSEA Implementing Partner Assessment		✓							
Assess potential SEA risks in programme delivery settings and identify mitigation measures, including through comprehensive training of IPs/service providers, the introduction or reinforcement of PSEA Codes of Conduct and ensuring access to safe and appropriate complaint and feedback mechanisms		✓							
Orient UNFPA and IP staff on AAP-related actions and principles, including on PSEA. Circulate PSEA Code of Conduct and other safeguarding measures and remind all staff of their obligation in this respect and train all staff and IPs on PSEA as part of mandatory learning.	✓								

Partnership and capacity building

Activity	Programmatic role								
	Senior management	Humanitarian coordinator/ programme manager	SRHie/ GBVie/ A&Y/CVA technical staff	SRH or GBV coordinators	M&E staff	Comms staff	Finance staff	Logistics staff	Programme Specialist
For all recruitments (consultancy or staff) ensure background checks on SEA (through in-depth reference checks, self declaration in Personal History Form and participation in the system-wide SEA screening tool 'clear check')	✓								
Ensure all staff members and partners are aware of UNFPA Code of Conduct for SEA and Sexual Harassment	✓								

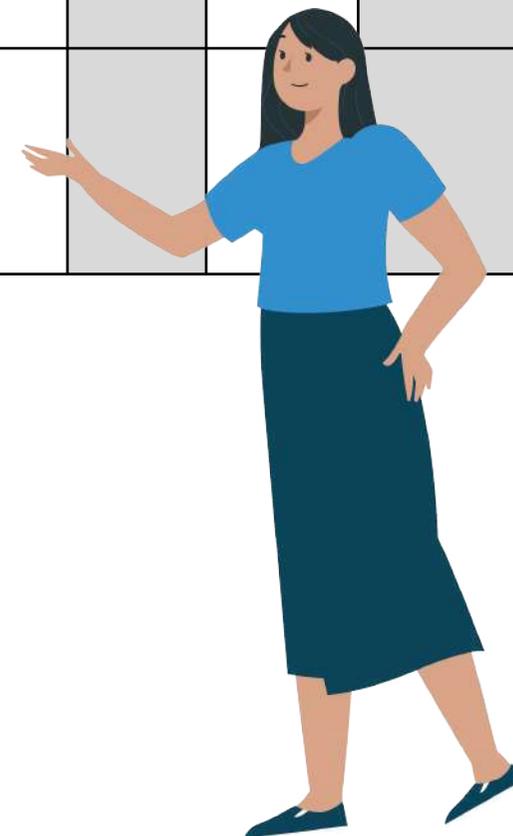


Coordination

Activity	Programmatic role								
	Senior management	Humanitarian coordinator/ programme manager	SRHie/ GBVie/ A&Y/CVA technical staff	SRH or GBV coordinators	M&E staff	Comms staff	Finance staff	Logistics staff	Programme Specialist
Map existing AAP-related coordination mechanisms, working groups and platforms and engage in these, such as Communicating with Disaster-Affected Communities Working Groups, PSEA working groups etc;		✓				✓			
Advocate for and support integration of AAP into SRH and GBV sub sectors/clusters/ working groups				✓					
Work with relevant government ministries and service providers, including GBV sub clusters to integrate referral pathways for assistance and support with PSEA complaint channels. Ensure that PSEA networks/mechanisms use the most updated GBV referral pathways		✓	✓	✓					
Ensure staff, partners and communities know how to access inter-agency PSEA community-based complaints mechanisms, where available. If not available, provide support to inter-agency efforts to establish SOPs and include them in contingency plans.		✓	✓						

Coordination

Activity	Programmatic role								
	Senior management	Humanitarian coordinator/ programme manager	SRHie/ GBVie/ A&Y/CVA technical staff	SRH or GBV coordinators	M&E staff	Comms staff	Finance staff	Logistics staff	Programme Specialist
Ensure that GBV referral pathways are regularly updated and disseminated to PSEA networks and all programme teams		✓	✓						
Undertake training and awareness campaigns with a focus on survivor rights and assistance mechanisms and resources		✓							



Monitoring & evaluation

Activity	Programmatic role								
	Senior management	Humanitarian coordinator/ programme manager	SRHie/ GBVie/ A&Y/CVA technical staff	SRH or GBV coordinators	M&E staff	Comms staff	Finance staff	Logistics staff	Programme Specialist
Ensure feedback collected from affected populations is being analysed, presented, and reviewed to inform project adaptation on a regular basis		✓	✓		✓				
Involve affected populations in monitoring, after action reviews, and evaluations: seek community feedback and involvement and share findings with communities and within the organisation		✓	✓		✓				

Endnotes

1. Emergency Handbook. UNHCR, 2015.
2. IASC Task Force on AAP
3. Guidelines on the Inclusion of People with Disabilities in Humanitarian Action. IASC, 2019
4. Adapted from IFRC's Community Engagement and Accountability Assessment Checklist and Methods Overview
5. Adapted from IFRC's Community Engagement and Accountability Assessment Checklist and Methods Overview
6. The components of the MISP are used as indicators of accountability, i.e. affected populations' right to health.
7. Adapted from UNICEF's 'Summary Guidelines to Integrating Accountability to Affected People (AAP) into Country Office Planning Cycles' and IFRC's 'Community Engagement and Accountability Template Logframe, Activities and Indicators'.

Bangladesh: Shilpa Hijra is a transgender woman who works on a launch at Sadarghatas in Dhaka as helper in the galley. ©UNFPA/Md Masbah Uddin Ahmed





India: Keshkali stands in front of her house in Jamunhai, Chitrakoot. ©UN0388100/Prashanth Vishwanathan



UNFPA Asia Pacific Regional Office
United Nations Service Building
Rajdamnern Nok Avenue
Bangkok 10200, Thailand

September, 2021
Edition 2