Accountability To Affected Population

Voices from the Field

Series 4

COMMUNITY ENGAGEMENT AND ACCOUNTABILITY SYSTEMS
Voices from the Field Series-4

To make a humanitarian operation truly successful, it's crucial to maintain transparency and accountability to the affected communities and other important stakeholders. Different organizations adopt different methods to ensure accountability to make their programs appropriate, and relevant to the context.

Through the Voices from the Field series, Sphere India is trying to bring to the fore good practices adopted by different organizations, which are members of Sphere India, and their suggestions on how to be more accountable in operations. Something worth emulating will always be in the information shared by the experienced interviewees from organizations working at the grassroots. In that sense, this series become a platform enabling learning and sharing.

Series-4 is a compilation of three interviews conducted by the Sphere India team with representatives of Adventist Relief Development Agency (ADRA) India, Catholic Relief Services (CRS) India, and RECOVER BIHAR. These interviews are shedding light on how the organizations incorporated accountability in their recent operations and thus increased the impact of their efforts. They also discuss the importance of improvisation in terms of the tools used in assessment and change in approaches of evaluation and assessment.

In short, accountability to the affected population becomes complete and satisfying when we take an effort to hear the voices of the unheard. This series is an attempt to attain that larger goal.

ADRA INDIA

ADRA India belongs to the global ADRA network comprising 130 country offices to bring long-term development, sustainable programs, and immediate emergency relief through these networks. ADRA's five core sectors include Food Security & Livelihood, Health, WASH, Education, and Emergency Management.

To know how the organisation integrated accountability to affected populations in its recent operations, SI team conducted a tele-interview with Imran Majid, programs officer, ADRA India. Following are the excerpts.

"Stakeholder engagement is the core of our program"

Q: In your target locations, are the stakeholders (such as the affected population, volunteers, cluster coordinators) included in the preparation and design of all the plans executed by ADRA?

A: Yes, we engage all the relevant stakeholders for our programs from the very beginning. i.e; from the program design phase, through all its stages of implementation.

FIGURE 1. SUGGESTION/ COMPLAINT BOX PLACED AT THE VILLAGE FOR COLLECTING FEEDBACK.

Q: Does ADRA include these stakeholders during implementation?

A2: Yes, in different forms and at different levels. ADRA engages communities in the form of different groups such as Village Development Committees, WASH committees, CASH Committees, Adolescent and children groups/ clubs, SHG's etc. ADRA engages PRI's in the groups and seeks their inputs during the implementation. ADRA also engages government stakeholders at district and state level for taking inputs, suggestions, advocacy and keeping them updated throughout the implementation of its programs.

Q: Are the stakeholders' feedback and suggestions sought after and consequently taken into consideration?

A: Yes, stakeholders' feedback is taken into consideration throughout the program implementation and even during the design phase. Stakeholder engagement is considered as the core of all the programs ADRA is implementing.

Q: What are some suggestions given by stakeholders that have been integrated in your organisation in the past? Are there any examples that you can share with us please?

A: As part of ADRA's refugees livelihood program, a central job fair was being organised for the whole Tamil Nadu and all the Sri Lankan refugees across Tamil Nadu were asked to reach there and avail the information and link themselves with the relevant meaningful income generation activities. The government of Tamil Nadu (Refugees & Rehabilitation Department) and the refugees communities suggested ADRA to organise small job fairs at each district so that all the refugees across districts will find it easy to join and more refugees will have accessibility to the job fair camps. Also, it was advised to engage local corporates with potential of providing the relevant skills and opportunities for refugees to engage in meaningful income generation activities. ADRA took this suggestion and integrated the same in its programming.

Q: Is a proper channel of communication established and maintained between relevant stakeholders and ADRA?

A: Yes, the channels we normally establish by engaging the stakeholders by one to one or group meetings. Also, ADRA has an established community complaints mechanism and safeguarding system in place wherein people can reach out with their suggestions/ feedback/ complaints either through the complaint box or through a mail or by calling directly over the given phone numbers.

Q: Have any requests for additional measures or suggestions been recently received from stakeholders at places where your organisation is providing relief? If so, how will your organisation proceed?

FIGURE 2. A DISTRIBUTION SITE OF ADRA'S HUMANITARIAN OPERATIONS RELATED TO CYCLONE YAAS. A BANNER ON COMPLAINT AND FEEDBACK MECHANISM CAN BE SEEN IN THE BACKDROP

A: The communities under our intervention have been badly hit by the impacts of COVID-19 due to their pre-existing vulnerabilities and marginalisation. In the recent humanitarian response, the suggestions have been coming on implementing the long-term projects mainly on livelihoods where we implemented our CASH Transfer programs. The suggestions have come up from the communities and other stakeholders as well and ADRA has taken the suggestion. The teams at ADRA are working closely with its

network offices to find a solution and leverage more funds for implementing the livelihood support programs.

Q: Is psychosocial care provided to the affected population? If so, is the care effective?

A: Yes, we are providing it across all the interventions, and we have specific components on psychosocial care in our COVID-19 programs mainly under CAB. Talking on effectiveness will be too early as of now as psychosocial care is something which has a lot of dimensions for every individual. But, we can say it is helping the communities.

CRS INDIA

Catholic Relief Services (CRS), an organization of the U.S. Conference of Catholic Bishops, is a pro-life organization dedicated to preserving the sacredness and dignity of human life from conception to natural death. In India, the organization is actively working on areas such as emergency response and recovery, disaster risk reduction and resilience, health, justice and peacekeeping and agriculture.

Following are the excerpts of an interview conducted by SI team with Amar Ghana of CRS.

"Virtual assessment systems need to be developed"

Q: In your target locations, are the stakeholders (such as affected population, volunteers, cluster coordinators) included in the preparation and design of all the plans executed by CRS?

A: CRS is not directly working with the communities. We work with partners and we engage with all sorts of stakeholders such as communities, local administration, and other agencies.

Q: Does CRS include these stakeholders during implementation?

A: Yes, stakeholders' involvement is ensured not just at the beginning of the program but throughout all phases. I.e., implementation, monitoring, evaluation, assessment and learning.

Q: Are the stakeholders' feedback and suggestions sought after and consequently taken into consideration?

A: Yes, we always enable two-way communication with the communities we work with.

An effective redressal mechanism has been established in areas of intervention. This helps communities reach back to the implementing partners with their complaints and feedback. Complaints and suggestions are considered and addressed. Even if we are getting complaints

that we can't resolve, it will be communicated to the people to maintain transparency and accountability.

Q: What are some suggestions given by stakeholders that have been integrated into your organization in the past? Are there any examples that you can share with us ?

A: There are a lot of examples to cite. After preparing the beneficiary lists, we would publish them at common places, and feedback is sought from the communities. Usually, people would come up with suggestions to include eligible people who are excluded in the list. Sometimes, we would get complaints that ineligible people are among the enlisted beneficiaries. Such complaints are immediately addressed. For instance, transgenders were not included in the beneficiary list during a recent operation in one place. The community raised the issue through the feedback mechanism and we took it into account. Likewise, sometime the community may ask for more ration in the kits we provide.

FIGURE 3 . BENEFICIARY LIST PUBLISHED FOR COMMUNITY FEEDBACK

Q: Is a proper channel of communication established and maintained between relevant stakeholders and CRS?

A: Yes, a phone number was circulated among the communities and other stakeholders to connect and communicate with us. In addition to this, complaint/suggestion boxes are placed in areas of intervention. At places where the majority of the community members are illiterate, we would set up help desks where people can come and share their feedback. While working with new partners, the first thing we do is orient the partner, partner staff and volunteers about the code of ethics on expected behaviour. They are also supposed to sign the code of ethics.

Q: Have any requests for additional measures or suggestions been recently received from stakeholders at places where your organisation is providing relief? If so, how will your organisation proceed?

A: Before finalizing the package of food items or NFI kits, we used to check with the government and other agencies providing similar items. This helps a lot in reducing incidences of duplication

Q: Is psychosocial care provided to the affected population? If so, is the care effective?

A: Psychosocial care is provided considering the nature of the emergency. It's not necessary during small emergencies. But during emergencies having a huge impact, we need to address the psychosocial issues of different sections of society. As part of Covid response, we partnered with NIMHANS and provided training to 11,000 volunteers spreading across 12 states. These volunteers provided psychosocial care at the grassroots level both in urban and nonurban areas. Various sections of society, including doctors and nurses, benefitted from this program. It was a huge success.

Q: Is your organisation satisfied with the level of accountability ingrained in their work? Do you feel it can be more inclusive and proactive? Are there any ways that it can be improved?

A: I will definitely appreciate the level of accountability we managed to maintain. However, in the post Covid scenario there are limitations to being physically present in the field to assess how efficiently the partners and partner staff are integrating accountability in the programs. So, there is a need to develop a better virtual assessment mechanism.

Q: According to you, how can more accountability be brought to the affected population?

A: There is always room for improvement. The poorest and weakest are those who are really in need of help. But they rarely speak and their voices remain unheard. We need to enable situations to make them speak. For example, when we conduct group discussions as part of the project assessment, there will be some people who won't speak at all. We need to make efforts to bring them to the fore and make them speak. Likewise, in many societies, women won't talk particularly if men are there. In such situations, we need to take feedback from both genders separately.It may take much effort and more time, but it's only when we hear the voices of the unheard, the process becomes complete and satisfying.

RECOVER Bihar

Of late, RECOVER Bihar did an excellent job in vaccinating the hesitant and unwilling sections of society. The below interview with Rajshree Das of Recover Bihar gives details of the organization's COVID 19 related operations.

"Our process is transparent and inclusive"

Q In your target locations, are the stakeholders (such as the affected population, volunteers, cluster coordinators) included in the preparation, design, and implementation of all the plans executed by RECOVER?

FIGURE 4 . DEDICATED PHONE NUMBER TO PROVIDE FEEDBACK

A: Covid-19 vaccination was already in full swing when we started the RECOVER Bihar project and undertook to support the government in achieving full vaccination status in our selected intervention villages. Government efforts had already achieved the vaccination of the willing population. But the tricky segments remained like the uncertain, hesitant, unable, and unwilling population. We selected the villages having the lowest vaccination coverage in the lowest vaccination coverage districts of Bihar. These were mostly hard to reach, riverine, hilly, or distant villages comprising mostly low-income groups, and/or hard refusal segment of the population. We selected the same segments as our target focus groups for e.g., Muslim minorities, mahadalits, pregnant women, lactating mothers, elderly, chronic illness patients, persons with disabilities etc. In mass-scale vaccination drives, especially in the last mile journey, stakeholders are always involved in the planning and designing of the program according to the local context. Many new specific challenges come to fore so different and innovative ideas need to be implemented to achieve better results like our successful use of physical vaccination tokens and reminders in the community. The ideas always yield better results when applied with the local context put into perspective. Furthermore, it is ensured that an effort is put to be aware of what other organizations are doing, in order to avoid duplication.

Q: Does RECOVER include these stakeholders during implementation?

A: Our process is transparent and inclusive. We select our village mobilization coordinator from the local community only to ensure full transparency and acceptability. Village mobilization coordinators are preferably females and socially active members of the same community. They are trained for their tasks to ensure that it runs smoothly and that it takes place in a fair manner. They are trained to record data of each and every eligible beneficiary to prepare a comprehensive survey document of each village. They are sensitized to the importance of their task and conduct multiple home visits to the due beneficiaries, as a result of which, outputs from their efforts are substantial. Local PRI members and local area influencers are also involved in our mobilization and vaccination efforts, as need arises.

Q: Are the stakeholders' feedback and suggestions sought after and consequently taken into consideration?

A: Our village mobilization coordinators and local PRI members are representatives of their community, and their suggestions are garnered, and discussions take place locally, in each village. Suggestions of the local representatives are always considered while planning and implementing the activities in the field. They have a unique insight about their community which helps in achieving better acceptability, mobilization, and vaccinations and hence better results. Informal interaction is preferred to assess the local needs and design solutions best suited to local comfort e.g., planning sessions in brick kilns so that workers don't lose their wages or using religious influencers to increase vaccine acceptability in minority populations. Moreover, all discussions are translated to the local language to ensure effective communication.

Q: Is RECOVER transparent in its work?

A:: We are committed to being transparent in our work. Our transparency is evident in the direct relationship that we maintain with our target population. The community is always made aware about the actions to be carried out. Our village mobilization coordinators play a pivotal role in that. We also distribute vaccination certificates post-vaccination to the beneficiaries to establish trust in the community. We work in conjunction with the district health department as well as the local PHC. Our field team regularly shares vaccination status and other reports with the health department. Moreover, our coordinators also take part in district performance reviews in order to coordinate relief with local stakeholders and local host organizations. The needs of the community are garnered and the areas in which other organizations are working in is determined before developing to plan, to ensure that it is comprehensive and impactful to the community, enhancing vaccine acceptability and uptake.

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