

# CARE International



# Humanitarian Accountability Framework

## Policy statement and guidance note Pilot Version, February 2010

<b>Policy statement</b> .....	<b>2</b>
<b>Guidance note</b> .....	<b>4</b>
a. Introduction .....	4
b. Humanitarian Benchmarks.....	6
c. CARE Response Targets.....	22
d. Compliance system.....	24
e. Tools and resources for implementing the HAF.....	25

### **Using our power responsibly**

*Accountability is both a means for CARE to improve the relevance, quality and impact of our work, and an end in itself, as our stakeholders – especially beneficiaries – have a right to hold CARE to account.*

*Humanitarian accountability is an appropriate shift of the balance of power back towards disaster affected people.*

## Policy statement

CARE International's Humanitarian Mandate is to meet immediate needs of disaster-affected populations in the poorest communities in the world in a way that also addresses the underlying causes of people's vulnerability. Our mandate calls on CARE staff to demonstrate the highest standards of quality and accountability.

This Humanitarian Accountability Framework (HAF) is a statement of CARE's commitment to accountability at all stages of emergency preparedness and response.

CARE defines accountability as the means by which we fulfil our responsibilities to our stakeholders and the ways in which they may hold us to account for our decisions, actions and impacts. We commit to hold ourselves accountable to all of our stakeholders, but first and foremost we hold ourselves accountable to disaster affected women, men, boys and girls.

Our framework draws together the existing internal and interagency standards and codes for humanitarian quality and accountability that CARE has committed to. This includes:

- CARE International's Program Framework
- CARE International's Humanitarian Mandate
- The Code of Conduct for International Red Cross and Red Crescent movement and NGOs in Disaster Relief (RCRC Code of Conduct)
- The Sphere Humanitarian Charter and Minimum Standards for Disaster Relief
- The Humanitarian Accountability Partnership (HAP) Standards
- The Good Enough Guide: Impact Measurement and Accountability in Emergencies and
- The People in Aid Code of Conduct.

We adopt a 'good enough' approach, which means we recognise that simple, practical measures to accountability are necessary in the first instance, which should be continuously improved over time.

All CARE staff are responsible for implementing our work in accordance with this accountability framework, including when we are working with and through partners. CARE managers have a specific responsibility to ensure that roles and responsibilities are clear within and between teams.

The HAF is designed for humanitarian contexts, but may also be useful in improving accountability for CARE's longer-term work.

Through this accountability framework we define our accountability commitments in three ways:

1. **Humanitarian benchmarks** that describe the steps we need to take for CARE to meet agreed internal and interagency standards for quality and accountability.

Each of the 8 benchmark has indicators which are drawn from existing common standards and codes. The benchmarks are:

1. CARE leaders demonstrate their commitment to quality and accountability
2. CARE bases emergency response on impartial assessment of needs, vulnerabilities and capacities
3. CARE uses good design and monitoring to drive improvements in our work
4. CARE involves the disaster-affected community throughout our response
5. CARE puts formal mechanisms in place to gather and act on feedback and complaints.
6. CARE publicly communicates our mandate, projects and what stakeholders can expect from us.
7. CARE uses impartial reviews and evaluations to improve learning and demonstrate accountability.
8. CARE supports its staff, managers and partner agencies to improve quality and accountability.

2. We commit to consistently deliver effective and high quality responses at a global level by setting and striving to achieve **response targets**.

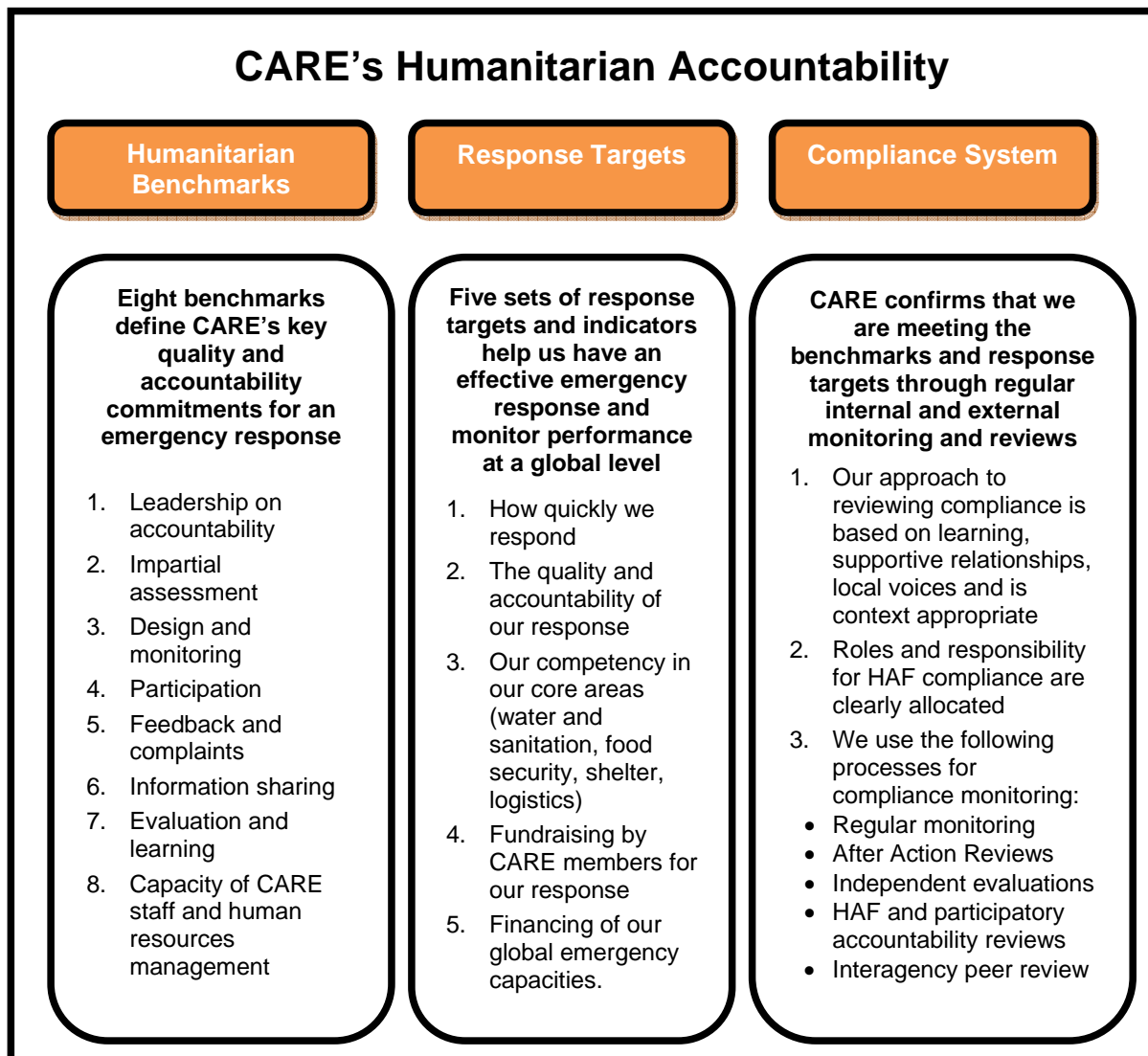
The response targets are indicators we use to measure our performance on emergency response. The indicators measure:

- How quickly we respond
- The quality and accountability of our response
- Our competency in CARE's core humanitarian areas (water and sanitation, food security, shelter, logistics)
- Fundraising by CARE members for our response
- Financing of our global emergency capacities.

3. We monitor our **compliance** with these commitments by regularly and systematically reviewing how well we are meeting the benchmarks and response targets.

This helps us measure and demonstrate how well we are applying the HAF and to identify areas for improvement. We do this through monitoring, after action reviews (AARs), peer reviews and evaluations.

Senior managers are responsible for acting on the recommendations of reviews and evaluations, and the CI executive committee has responsibility for regularly reviewing our organisational performance. We make the results of evaluations public so that our stakeholders may hold us to account.



# Guidance Note

## a. Introduction

### Aim

CARE's Humanitarian Accountability Framework (HAF) is a statement of CARE's commitment to high quality and accountable humanitarian work, and a guide to accountability for CARE's staff.

The HAF reflects the important lessons that CARE and other humanitarian agencies have learned through decades of experience about what it takes to ensure that our assistance is appropriate, timely, effective and accountable to the people we assist.

CARE has helped to develop, and commits to, many interagency humanitarian principles, codes of conduct and guidelines. Because there are so many, they can be confusing for people trying to implement them. Until now, there has also not been any consistent way of assessing if agencies are fulfilling the standards they commit to. CARE's Humanitarian Accountability Framework was developed to help address these challenges.

In setting out its own Humanitarian Accountability Framework (HAF), CARE's aim is not to create a new set of standards. Its intention is to draw together those issues of quality and accountability about which CARE has made internal and external commitments. By doing this CARE wants to:

- Help ensure that these issues remain visible throughout CARE
- Help provide clarity for senior managers who need to know what CARE's commitments mean for them and their teams
- Help CARE staff, particularly those working with disaster-affected communities, put accountability into practice throughout their work
- Help CARE staff at all levels fulfil our commitments to our primary stakeholders.

The HAF is intended as a common point of reference which will help us to relate the commitments we have made to the reality of our day to day work.

The HAF is designed for humanitarian contexts, but may also be useful in improving accountability for CARE's longer-term work and supporting CARE's work on the program shift. One of the aims of the HAF pilot is to support the development of an accountability framework that will apply to both the relief and longer-term work of CARE.

### A Good Enough Approach

How quickly and effectively CARE is able to meet the benchmarks and targets in the HAF will depend on the context. For example, it may take days, weeks or even months before agencies are able to achieve Sphere minimum standards in a given sector. The HAF will be used as a basis for judging the quality and accountability at each phase of a response using a 'good enough' approach.

A 'good enough' approach acknowledges that in an emergency response, adopting a quick and simple approach to impact measurement and accountability may be the only practical possibility. 'Good enough' does not mean second best, but rather it means recognising and acknowledging limitations in terms of capacity and time, prioritising appropriately, taking steps to anticipate and fill gaps and, as the situation changes, review and revise accordingly.

## Responsibility for implementing the HAF

The quality and accountability of CARE's work are everybody's job. All CARE country offices and CARE members and their staff need to know about the HAF, the commitments that lie behind it and how it is part of their own role.

Specific responsibilities for implementing the HAF will be different for each staff position and office, depending on team structure and resources. Because of this, it is important that all staff take responsibility for understanding their own roles for complying with the HAF. In addition, CARE managers have a specific responsibility to make sure that roles and responsibilities are clear both within their teams and in relation to other parts of CARE. Roles and responsibilities should be reviewed and revised from time to time as the situation changes.

CEG will help CARE members and Country Offices to understand how to implement the HAF, especially during preparedness and response phases of emergencies. For a more detailed description of individual responsibilities, refer to the accountability tools available in the CARE Emergency Toolkit (CET) (see page 26).

CARE's responsibilities towards the HAF remain the same if we work with and through partners. This needs to be considered when selecting partners, drawing up implementation agreements, providing support for partner capacity building and setting up monitoring and evaluation systems.

## Resource requirements for quality and accountability

A timely and good quality response starts with emergency preparedness. COs must ensure that sufficient resources (funds and staff) are allocated prior to and from the beginning of an emergency response to support accountability, including for:

- Sufficient human resources
- Induction and capacity-building
- Communication resources for information provision
- Stakeholder feedback and complaints systems
- Reviews, AARs, external evaluations, etc.
- Emergency Preparedness Planning (EPP)

Donors are increasingly willing to fund accountability costs (staff and activities) in emergency project budgets if the reasons for these costs are clearly explained. Some donors require that beneficiary accountability systems are put in place. It is also important to consider resources in terms of how we support our partners to deliver on CARE's Humanitarian Accountability Framework. Actual resource needs will depend on many factors such as the capacities that already exist and the scale and nature of the emergency response. See the CET for a more detail checklist of items you should include in budgets.

## b. Humanitarian Benchmarks

### Benchmark 1: Leadership

#### CARE leaders demonstrate their commitment to quality and accountability

##### Why this is important

Leaders in CARE are the people who set the direction for quality and accountability, who balance our accountability to donors with our accountability to disaster affected people, and who guide staff in implementing our work. It is therefore essential that leaders in CARE take every step possible to provide leadership, vision and guidance on quality and accountability. At a practical level they must be able to explain to staff what is expected of them and make sure that staff have the systems, people and funds they need to fulfil CARE's quality and accountability commitments.

It is also critical that CARE's commitments to quality and accountability are followed at every level of the organisation, starting at the very top with the CI Secretary General and the CARE International Board, and being backed up by leadership from senior managers and middle level managers.

##### Key indicators

1. CARE COs and CI Members have made a public commitment to comply with the specific standards, principles and codes of conduct underpinning this framework.
2. CARE leaders at all levels and in all functional areas know the standards CARE is committed to. They take responsibility for meeting the benchmarks and achieving response targets. They monitor the impacts of CARE's work and improve systems and procedures when needed.
3. CARE senior managers allocate enough staff and funds to quality and accountability to be able to meet our commitments.
4. CARE's decision-making mechanisms for rapid responses are clearly defined at a global and individual country level, with clear lines of authority and accountability.
5. Performance assessments for senior managers include what they have done to raise awareness and oversee implementation of the quality and accountability.

##### Standards and codes that this is based on

HAP Benchmark 1 - The agency shall establish a humanitarian quality management system

HAP Benchmark 2 - The agency shall make the following information publicly available to intended beneficiaries, disaster-affected communities, agency staff and other specified stakeholders: (a) organisational background; (b) humanitarian accountability framework (c) humanitarian plan and financial summary; (d) progress reports; (e) complaints handling procedures

Sphere Common Standard 8 – Supervision, management and support of personnel

People in Aid Principle 3 – Good support, management and leadership of our staff is key to our effectiveness

CARE's Humanitarian Mandate – CARE's commitment to the humanitarian imperative



## Tips for putting it into practice

### Do

- ✓ Communicate CARE's quality and accountability commitments to key stakeholders, including disaster affected communities.
- ✓ Clarify staff roles and responsibilities and make sure there is overall leadership and accountability for each of the Benchmarks and Response Targets (preparedness).
- ✓ Check that all staff understand their own individual roles and responsibilities and have the authority, resources and support to meet them.
- ✓ Allocate enough resources (people and funds) to be able to meet quality and accountability in the overall response.
- ✓ Make sure that there is enough dedicated resources for M&E, information sharing, complaints mechanisms, and to provide capacity building for staff and partners.
- ✓ Demonstrate accountability within good management practice and behaviour at all times.
- ✓ Set performance expectations with senior staff on quality and accountability and monitor progress against these, including what they have done to raise awareness and oversee implementation of the HAF.
- ✓ Use the good enough approach to monitor compliance with the HAF and use ongoing learning to strengthen policies, systems and practices.
- ✓ Identify a Quality and Accountability focal point in an emergency response.

### Don't

- ✗ Delegate quality and accountability only to specialist staff.

### Do you have the staff you need?

During the first month of its response to Cyclone Nargis Myanmar in 2008, the CARE CO decided to appoint a Quality and Accountability Coordinator to support project teams in setting up accountability systems and to act as an ambassador for affected communities. In addition, Accountability Officers were appointed to each project team. This decision by leaders sent a clear signal that accountability was a priority in CARE's emergency response.

All the same, CARE management were clear that accountability was not the job of specialists by themselves. It was important that all implementation staff working with members of affected communities understood the role they had to play. As in many other countries, field staff were not used to giving and receiving feedback. Members of affected communities were unaccustomed to voicing complaints. Many said that if they did not get the assistance they expected or required they would just 'let it be.' Leadership and encouragement from the CO and support to project managers was therefore vital in creating a culture of feedback and accountability in local offices of CARE.

## **Benchmark 2: Assessment**

### **CARE bases emergency response on impartial assessment of needs, vulnerabilities and capacities**

#### **Why this is important**

Assessments help to identify the most appropriate response to an emergency. An assessment should provide an understanding of the disaster situation and analysis of threats to life, dignity, health and livelihoods, as well as people's ability to help themselves. It can help teams determine, in consultation with the relevant authorities, organisations and the affected population, what CARE's response should be and whom it should target.

Some groups will be at greater risk because of their age, gender, disability, social status, ethnicity or religion. CARE needs to understand these distinctions and tailor its response accordingly. Our action should reflect impartial assessment, and the right of those affected by an emergency to the minimum conditions they need to live in dignity. It should reinforce local capacities for self-help by communities and the response of partners and authorities. It should aim to minimize people's future risk of disaster.

#### **Key indicators**

1. CARE bases its response decisions on impartial assessments of priorities. It carries out these assessments with the disaster-affected population.
2. The assessments consider local capacities and institutions, coping mechanisms, risk reduction, and responses by other agencies.
3. Whenever possible, data is disaggregated by sex and age to ensure that women, girls, boys and men are targeted appropriately.
4. CARE uses capacity assessments to work out the needs of the CO and possible partners. It tries to meet these needs locally before using resources from outside the country.
5. CARE shares and validates its assessment findings with other stakeholders. It consults with other relevant agencies when determining its response.
6. CARE has an appropriate emergency strategy to guide its response, based on its impartial assessment. The strategy reflects the specific needs of vulnerable and marginalised groups.

#### **Standards and codes that this is based on**

Sphere Common Standard 2 – Initial Assessment

Sphere Common Standard 3 - Response

Sphere Common Standard 4 -Targeting

RCRC Code of Conduct Principles 2 - Aid is given regardless of the race, creed or nationality of the recipients and without adverse distinction of any kind. Aid priorities are calculated on the basis of need alone

RCRC Code of Conduct Principle 8 - Relief aid must strive to reduce future vulnerabilities to disaster as well as meeting basic needs

CARE's Humanitarian Mandate principles 5 and 6 – impartiality and independence

CARE's Programming Principles 2 and 4 – Work with partners, address discrimination





## Tips for putting it into practice

### Do

- ✓ Involve women and men affected by the disaster.
- ✓ Ensure assessment team is gender balanced as much as possible.
- ✓ Consider joint assessments when appropriate.
- ✓ Share assessment objectives, plans and results with the community, and clearly communicate the organisation's mandate.
- ✓ Coordinate assessments, and share plans and results, with other agencies and local authorities wherever possible.
- ✓ Ensure the assessment adequately analyses gender, violence, discrimination, protection and 'do no harm'.
- ✓ Assess the protection needs of groups at additional risk of exploitation and abuse, including children.
- ✓ Establish and continually update a profile of the community at every stage throughout the project.

### Don't

- ✗ Put communities or staff at unnecessary risk.
- ✗ Continue assessing without providing assistance, if assistance is urgent and is able to be provided.
- ✗ Make promises that cannot be kept.

### Are you taking into account different needs?

In the early stages in Gujarat, our distribution teams were almost exclusively male. The Sphere guidelines prompted us to send an all-female survey team into earthquake affected communities to talk to women. As a result, we developed a hygiene kit for women and got funding for 23,000 kits.

Source: J. Srodecki (2001) 'World Vision use of Sphere standards in a large scale emergency: a case study of the spring 2001 Gujarat response', World Vision (internal, adapted), Good Enough Guide

### Have you left anybody out?

During the response to Cyclone Nargis, CARE Myanmar quickly realised that 'unregistered' families were being overlooked by NGOs in the Irrawaddy Delta region. These were families who had not yet been formally registered by the government as belonging to a village even though they had been living there for many years. As a result, the families were not always included in beneficiary lists drawn up by community leaders.

CARE began to collect information on unregistered families, together with information about age, sex, disability and other relevant data such as language. This helped CARE staff build an understanding of the situation of the unregistered families and raise awareness of the issue at cluster meetings. They made sure that project staff talked to unregistered families as part of monitoring and checked on how they were being involved in CARE's own response.

## **Benchmark 3: Design and monitoring**

### **CARE uses good design and monitoring to drive improvements in our work**

#### **Why this is important**

Monitoring helps us understand how the assistance that CARE provides is affecting disaster-affected communities and confirm that funds are being put to good use. It is a way to find out from disaster-affected communities what is happening and how they view our assistance. Regular monitoring of what we are doing and its impacts allows us to discover any problems early so that these can be addressed and improvements made.

Findings need to be shared and acted on quickly if they are to be useful. A response team may be able to use monitoring feedback to make immediate changes in the current programme and to feed learning into improved project design in future responses. Monitoring information is likely to be of interest to donors, but our commitment to accountability means we will aim to share this information with disaster-affected communities and other local stakeholders too.

#### **Key indicators**

1. Staff systematically use CARE's humanitarian benchmarks and response targets, lessons from previous programmes, and relevant technical and quality standards (e.g. Sphere) to shape design and monitoring.
2. CARE has mechanisms to review and report on its processes, outcomes and impacts in order to understand how aid has been used and what difference it has made to people's lives. This is in addition to tracking inputs and outputs to help monitor implementation.
3. Disaster-affected people (including women and men, boys and girls, and people from vulnerable and marginalised groups) participate in design and monitoring.
4. CARE uses monitoring results to make prompt changes where needed.
5. CARE has systems in place to track whether funds are being used as intended, in line with our statements and commitments to our donors.
6. CARE's program design processes ensures that our programs are built on risk management and risk reduction, do no harm and protection principles.

#### **Standards and codes that this is based on**

Sphere Common Standard 4 – Monitoring

Sphere Minimum Standards – All standards relevant to sector

Good Enough Guide, Section 4 - Track changes and make feedback a two-way process

CARE's Humanitarian Mandate Principle 4 – CARE demonstrates its commitment to effectiveness

CARE's Programming Principle 6 – Seek sustainable results

CARE's Project Standards – standards for design and monitoring

## How satisfied is the affected population?

In 2006, CARE carried out a Sphere review of its shelter project in Sri Lanka. A team visited two project sites where CARE was building houses and spoke to people about their experience. At the first site the team found that people living in new houses had access to water, other essential services and transport. At the second site, families were living far from where they had once lived and worked. There was no water, no work and they were now eating only one meal a day.

This was a conflict situation and the government had selected the sites. Sphere states that shelter assessments need to consider essential services, water provision, roads and livelihoods. The review team identified improvements to be made at the second site. Using Sphere in monitoring helped to identify and address critical problems. The lesson CARE learned was that it should have conducted a more thorough analysis of its own. Rather than accepting without discussion the government's decision, it could have used Sphere and a settlement assessment for advocacy.



### Tips for putting this into practice

#### Do

- ✓ Work with community to identify the changes that they want to see as a result of the project.
- ✓ Keep track of goods and services delivery against what was promised.
- ✓ Ask the community how satisfied they are with the programme outcomes, and also the approaches taken.
- ✓ Find ways to measure with the community the difference the project has made in their lives, both intended and unintended.
- ✓ Share findings about outcomes, impacts and/or satisfaction with CARE's stakeholders, including disaster-affected communities.
- ✓ Act on lessons learned as a result of monitoring the current response.

#### Don't

- ✗ Only measure inputs and outputs.
- ✗ Forget to report back to communities on findings and actions taken.

## Are you tracking programme outcomes and impacts?

The C-Safe project involves CARE, Catholic Relief Services, World Vision and ADRA. Its 'Listening to Children' exercise in Zimbabwe was set up to monitor a school feeding programme and understand food insecurity from their perspective. Staff of C-Safe used individual interviews and focus groups. Five schools from each district were selected. Three children from each class were interviewed every month. There were separate focus groups for the oldest girls and boys. In all, 5000 children were interviewed.

Findings went beyond quantitative indicators (age, height, weight), important as these are. C-Safe found that the many of the interviewees' classmates could not pay the small fee charged by schools to cover the cost of preparing the food. In some cases children had been barred from eating the food and in others from attending school. While the fees were necessary for some schools, analysis revealed that fees were doing more harm than good. C-SAFE therefore consulted District Officers and Head Teachers on how to remove the fees or soften the requirements, and at the same time raised extra funds for the neediest schools.

Source: C-SAFE Food Security Emergency, 2005. Good Enough Guide

## **Benchmark 4: Participation**

### **CARE involves the disaster-affected community throughout our response**

#### **Why this is important**

People affected by an emergency are the best judges of their own interests. Ensuring that members of the disaster-affected communities - women, men, boys, girls - participate in the design, implementation and monitoring of CARE's response is at the heart of our commitment to humanitarian accountability.

Acute emergencies, especially rapid-onset disasters, put humanitarian agencies under extreme pressure to respond as quickly as possible. However, a commitment to accountability also demands that we balance the imperative to act with the need to involve people in decisions that affect their lives. Consultation can be achieved in all but the most extreme cases. Without participation our programmes may miss their mark, leave out vulnerable groups, waste money, and add to suffering. Therefore CARE puts in place processes that enable stakeholders, particularly members of disaster-affected communities, to become involved in and influence decision-making throughout humanitarian response.

#### **Key Indicators**

1. CARE involves the disaster affected community, and specifically beneficiaries, in all aspects of the response, in particular in assessments, design, implementation, monitoring and evaluation. This includes participating in decision making about response activities.
2. CARE seeks out and works with representatives of the poorest and most vulnerable people.
3. CARE analyses gender aspects of the response and takes specific actions to ensure that women, girls, men and boys are all empowered to participate fully and meaningfully.
4. CARE tells beneficiaries and local communities the information they need to know in order to participate. This includes assessment findings, decision making processes, projects plans, timetables and monitoring and evaluation processes.
5. CARE involves local government and partners in assessments, implementation, monitoring and evaluation.
6. CARE builds its disaster response on local capacities. It designs emergency projects to increase local capacity to respond to disasters.

#### **Standards and codes that this is based on**

Sphere Common Standard 1 – Participation

HAP Benchmark 3 - The agency shall enable beneficiaries and their representatives to participate in programme decisions and seek their informed consent

RCRC Code of Conduct Principle 6 – We shall attempt to build disaster response on local capacities.

RCRC Code of Conduct Principle 7 - Ways shall be found to involve programme beneficiaries in the management of relief aid.

Good Enough Guide, Section 1 - Involve people at every stage

CARE's Programming Principles 1 and 3 – Promote empowerment, Ensure accountability and promote responsibility



## Tips for putting it into practice

### Do

- ✓ When seeking the views of community members, invite everyone to speak openly. This includes women's groups. Meet separately with different groups. Talk to women and men separately. Ask each group their views on needs and priorities.
- ✓ Give the community and local authorities the findings of the assessment. Present these in ways people can understand—consider language, literacy etc.
- ✓ Invite local people representing their community to participate in project design. Enable village committees to participate in project budgeting and design.
- ✓ Invite the community, village committees and local authorities to help develop the criteria for who should get what aid. Make sure you include women leaders.
- ✓ Form a distribution committee made up of the village committee, government official(s) and NGO staff. Make sure there are women on the committee.
- ✓ Make sure relief and distribution activities reach vulnerable people and people living a long way from the village.
- ✓ Invite the village committee (including women) to help with monitoring. Share your findings with the community.

### Don't

- ✗ Think there's not enough time or capacity to involve disaster-affected communities in participatory processes.
- ✗ Focus so much on ways that people and communities are vulnerable that you overlook the capacities and resources they can contribute and the knowledge they have to share.
- ✗ Overburden communities by expecting too much participation.
- ✗ Expect participation without providing help in return.
- ✗ Overlook the possibility that information you see as harmless may stir hostilities.
- ✗ Forget that involvement with NGOs can reinforce or change local power structures, especially in conflicts.
- ✗ Assume that women (or certain other groups) will be able to participate freely – you need to take action to ensure that they can.

### Community participation in monitoring

Oxfam's Upper Nile programme is working on provision of clean drinking water, sanitation and hygiene promotion. Information about facility use and hygiene behaviour used to be collected by community volunteers and then fed up through hygiene promoters to the programme manager. The system was labour intensive and often information was not useful or was never analysed. 'One – it's top heavy. And two - the community themselves are not fully engaged....so it's not very beneficial to the people it was intended for. So what we are going to do is narrow monitoring down to a few areas,' says Paul Sawo, Project Manager. Now the community elects some volunteers from among themselves. Every month they come up with a list of new 'model' households and award these households a green flag. The community members will decide how they define a model household. This way they can monitor the households and use the information to improve those household that do not rate a green flag.

Source: Oxfam Case Study: 08 Southern Sudan (adapted). Lucy Heaven Taylor and Jane Beesley

## **Benchmark 5: Feedback and complaints**

### **CARE puts formal mechanisms in place to gather and act on feedback and complaints**

#### **Why this is important**

An internal complaints and response mechanism is necessary to help ensure quality and demonstrate accountability. It is also essential for identifying any corruption, abuse, or exploitation.

CARE puts in place formal mechanisms to gather, monitor and act on feedback from beneficiaries and other key stakeholders. Feedback may be positive or negative, but complaints can mean that things have gone wrong. These mechanisms give beneficiaries and local communities a safe and non-threatening way to raise grievances and allegations of harm and have them responded to. An individual who expresses a grievance against CARE will have his or her complaint investigated and acted on.

#### **Key indicators**

1. Planning, implementation, monitoring and evaluation of CARE programs provide systematic opportunities for beneficiaries to provide feedback or make complaints.
2. CARE has a formal mechanism to take, monitor and respond to feedback and complaints from beneficiaries and other stakeholders. This mechanism is safe, non-threatening, and accessible to all (women and men, boys and girls, and vulnerable groups).
3. CARE managers oversee the feedback and complaints system. They make sure CARE responds to the feedback and complaints, makes improvements and tells the affected communities about any changes (or why change is not possible).

#### **Standards and codes that this is based on**

HAP Benchmark 5 - The agency shall establish and implement complaints-handling procedures that are effective, accessible and safe for intended beneficiaries, disaster-affected communities, agency staff, humanitarian partners and other specified bodies

ECB Good Enough Guide, Section 4 - Track changes and make feedback two-way

CARE's Programming Principles 1 and 3 – Promote empowerment, Ensure accountability and responsibility

CARE International Policy on Prevention and Response to Sexual Exploitation and Abuse

#### **Are complaints investigated promptly?**

CARE Peru deployed a monitoring, evaluation and standards advisor early on in its response to the earthquake in August 2007. A free telephone line was established as a complaint mechanism; 100 complaints were made and responded to during its first month, mostly from women. Complaints could also be made through CARE's website, at CARE's office, or by addressing staff at field level (including through dedicated focus group discussion). Community members were involved in investigating the complaints and seeking resolutions.

Source: Case Study CARE Peru



## Tips for putting it into practice

### Do

- ✓ Raise community awareness of their right to make reasonable feedback and complaints, and to receive a response.
- ✓ Ensure mechanisms are in place to deal with serious complaints like allegations of sexual abuse, fraud or other sensitive issues.
- ✓ Use feedback and complaints information to improve project impact.
- ✓ Make sure staff are well trained to handle complaints and know what to do when they receive feedback.
- ✓ Help develop an internal learning culture, where feedback and complaints are welcomed and not feared by staff.

### Don't

- ✗ Establish feedback or complaints systems that are difficult to access by vulnerable groups or that can be manipulated by elite people.
- ✗ Fail to investigate and act on feedback and complaints.
- ✗ Forget to close the feedback loop – have you reported back to communities?

### Beneficiary reference groups

Tearfund ran emergency programmes in Northern Kenya for pastoralists affected by drought. The programmes stressed the importance of community participation. But they were challenged by villagers' reluctance to speak publicly, and by conflicts of interest among local committee members involved in identifying beneficiaries.

Tearfund established Beneficiary Reference Groups (BRGs) in ten communities. They were composed of respected youth, women, elders and church volunteers who were not part of any Tearfund committee. They acted as their community's 'eyes', receiving local questions, feedback and concerns, and working with staff from Tearfund and other NGOs to address issues swiftly.

Tearfund discovered that the BRGs played a pivotal role in enhancing participation and transparency during the emergency programme. Because the BRGs did not control resources, they could help ensure that beneficiaries were identified fairly, and also support conflict resolution. They allowed Tearfund to hear the views of the more vulnerable groups, as well as overall community feedback on how Tearfund was perceived.

Source: <http://www.hapinternational.org/pool/files/tearfund-north-kenya-programme-increasing-levels-of-participation.pdf>

## **Benchmark 6: Communication and transparency**

### **CARE publicly communicates our mandate, projects and what stakeholders can expect from us**

#### **Why this is important**

Staff from international NGOs often assume that everybody knows who they are and what they do during an emergency response. However, this is usually a mistake. Part of our accountability means proactively providing disaster-affected communities and other local stakeholders with timely and useful information about us, our proposed activities, how they can become involved and how they can access goods and services to which they are entitled. This includes information on influencing response, giving feedback and making complaints.

The information must be provided in ways that the community can understand. This means considering the appropriate languages, formats and media including verbal and non literate formats. Communication strategies should also consider the social context to ensure that information is reaching everyone, including women, men, boys and girls, and vulnerable and marginalised groups. Information sharing is not a one-time exercise. Information should be made available as soon as possible and at every stage of our response up to and including the time we leave.

#### **Key indicators**

1. CARE communicates key information to all stakeholder groups, including:
  - Its structure, staff roles and responsibilities and contact details
  - Its humanitarian program, commitments to standards, assessment findings, project plans and key financial information
  - Its processes for selecting beneficiaries and making key decisions
  - Beneficiary entitlements and project activities and timetables
  - Opportunities for stakeholders to participate, give feedback or make complaints
  - CARE's performance including progress reports, monitoring and evaluation findings.
2. CARE shares information in a way that is accessible to all beneficiaries, local communities and authorities including vulnerable groups, and in a way that does not cause harm.
3. The information CARE makes public gives a balanced view of the disaster. It highlights the capacities and plans of survivors, not just their vulnerabilities and fears.

#### **Standards and codes that this is based on**

HAP Benchmark 2 - The agency shall make the following information publicly available to intended beneficiaries, disaster-affected communities, agency staff and other specified stakeholders: (a) organisational background; (b) humanitarian accountability framework (c) humanitarian plan and financial summary; (d) progress reports; (e) complaints handling procedures

RCRC Code of Conduct – Principle 10 In our information, publicity and advertising activities we shall recognise disaster victims as dignified humans, not hopeless objects.

CARE's Programming Principles 1 and 3 – Promote empowerment, Ensure accountability and responsibility

CARE International Policy on Prevention and Response to Sexual Exploitation and Abuse





## Tips for putting it into practice

### Do

- ✓ Prepare simple materials for sharing information with communities from the first days of an emergency.
- ✓ Make sure staff, especially new staff, are well oriented and able to communicate clearly about who CARE is and what work we do.
- ✓ Identify different possible means of sharing information. (e.g. Information boards set up in communities by CARE, or CARE uses already existing information boards; flyers, posters and brochures, media advertising through newspapers, TV, radio, meetings with representatives).
- ✓ Carry out a simple information needs-assessment with community members. Make sure to consider gender and vulnerable groups to ensure they can access information.
- ✓ Carry out a simple self assessment of CARE's own current capacities to manage and share information, and identify gaps and needs in knowledge, skills and attitudes.
- ✓ Consider the risks associated with information sharing, especially in conflict contexts.
- ✓ Support project managers and field based staff to incorporate transparency and information sharing into their daily work.

### Don't

- ✗ Assume information provided only to community leaders will reach everyone who needs to know.
- ✗ Assume that people know who CARE is and understand our mandate, principles and work.

### Who are we?

During the earthquake response in Peru in 2007, the Monitoring and Standards Coordinator developed a generic information sheet on CARE using the Good Enough Guide Tool 1. The purpose of this information sheet was to help field staff communicate key information in a clear and consistent manner. Project managers adapted this for their project teams by adding more specific project information and identified opportunities for information sharing during project implementation and monitoring. For example the health officers for the water and sanitation project dedicated ten minutes for sharing key information on CARE, the project, and the complaints mechanism at the beginning of each health and hygiene workshop.

### Have you shared key financial information?

Before a borehole is drilled, Oxfam staff in Western Equatoria share some budget information at meetings with the community. Programme Manager Augustino Buya Mashual says, 'Besides involving the community in the design and implementation of the programme, we share a certain amount of the budget with them. Not all the details, but we do share with them the cost of the borehole so that they know and so that they can make their contribution by taking responsibility for the care of the borehole, for cleaning it, and the community members that we train can do the lighter maintenance.' Not all information is shared, however. Says a staff member, 'I might be worried about my personal security if information about our salaries were shared with the community.'

Source: Oxfam Case Study: 07 Southern Sudan (adapted). Lucy Heaven Taylor and Jane Beesley

## **Benchmark 7: Evaluation, reviews and learning**

**CARE uses impartial reviews and evaluations to improve learning and demonstrate accountability.**

### **Why this is important**

CARE uses reviews and independent evaluations of different kinds to help us strengthen practice and policy and to enhance learning, quality and accountability.

While monitoring is largely an internal process, evaluation is an additional activity that provides CARE with an opportunity to identify and reflect on the effects of a programme and to judge the value of our work. It is normally led by an independent consultant to promote objectivity. External evaluations that are placed in the public domain can enhance information sharing and transparency among peer and partner agencies, donors and supporters. They provide evidence of our commitment to quality and accountability and should be included in appropriate budgets.

### **Key indicators**

1. CARE conducts impartial reviews and independent evaluations to assess its impact, performance and lessons learned. The disaster affected populations participates in review and evaluation processes.
2. CARE COs budget for and organise After Action Reviews (AARs) and independent reviews and evaluations.
3. CARE senior managers act on recommendations from AARs, reviews, and evaluations by including committing to clear plans of action.
4. CARE shares the results of evaluation and learning activities publicly in suitable formats to demonstrate our accountability and to promote learning by stakeholders.

### **Standards and codes that this is based on**

Sphere Common Standard 6 – Independent Evaluation

HAP Benchmark 6 - The agency shall establish a process of continual improvement for its humanitarian accountability framework and humanitarian quality management system

Active Learning Network for Accountability in Practice - ALNAP Quality Proforma for evaluations

CARE Programming Principles 1 and 6 – Ensure empowerment, Seek sustainable results

CARE's Learning and Evaluation Policies



## Tips for putting it into practice

### Do

- ✓ Promote a learning culture in your CO where review and learning is welcomed by staff.
- ✓ Include resources in project budgets for monitoring & evaluation staff, AARs and external evaluations (required for all Type 2 responses), and/or accountability reviews as appropriate.
- ✓ Identify a quality and accountability focal point within the CO who will be responsible for organising the AAR, evaluation and any other review processes you decide on.
- ✓ Agree with your team, consulting with the Quality & Accountability focal point in CEG as required, what specific issues and which quality and accountability activities (AARs, evaluations) you should focus on and how they can best help build capacity of the CO.
- ✓ Begin planning for reviews and evaluations well in advance, including setting dates, location, budget and invitations. Identify an appropriate facilitator as early as possible to make sure you get a good candidate.
- ✓ Ensure that a wide range of key staff are included. When certain staff cannot be present, identify ways to share the learning and results with them.
- ✓ As part of planning for an AAR or evaluation, consider how the results will be used. Make sure senior managers understand their responsibility to act on recommendations.
- ✓ Identify how the learning and recommendations can be linked with and help improve the ongoing operations of the overall Country Office, not only emergency work.

### Don't

- ✗ Be afraid of independent reviews and evaluations. They are an excellent learning opportunity for everyone, help to improve CARE's work and gain the respect of donors, host governments and other external stakeholders.
- ✗ Leave planning and budgeting for reviews, evaluations and learning to the last minute.
- ✗ Assume that donors are unwilling to fund accountability review and learning activities.
- ✗ Assume that spending adequate time and funds on accountability review and learning activities is not cost-effective.

### How can a CO maximize the usefulness of an After Action Review or Evaluation?

Following a difficult response to tropical storm Jeanne in late 2004, CARE Haiti decided to give more priority to building their emergency response capacity in their Long Range Strategic Plan (LRSP). They started a review process in 2005, conducting both an AAR and an independent evaluation for the response to Jeanne. In 2006 they revised their EPP based on the review and evaluation findings, and in 2007 they undertook a review of their emergency capacity as an integral part of their mid-term LRSP review. Each activity resulted in markedly improved preparedness and emergency response capacities within the CO.

CARE Haiti decided to routinely conduct a review of their EPP (including a simulation) every year just before the hurricane season is due to start. During 2008 Haiti was hit by 4 successive hurricanes and tropical storms and the CO was able to put their hard work into practice. The AAR that took place 4 months later confirmed that CARE Haiti had greatly improved the quality and accountability of their response.

At the same time, they recognized that further improvements were needed and – even before the AAR began – they had already planned to integrate the resulting recommendations into their SMT action plan to help ensure that the CO continued to improve the quality and accountability of their emergency response.

## **Benchmark 8: People (Human Resources)**

**CARE supports its staff, managers and partners to improve quality and accountability.**

### **Why this is important**

Lessons learned demonstrate that the success of a response strongly depends on having the right staff at the right time and adequate people management capacities, policies and support. The organisation is accountable to its own staff to provide good management. This includes appropriate policies, procedures and training.

Staff and managers in CARE and its partner agencies have a right to expect management that prepares them to do their job. Managers should be equipped to support their staff in carrying out their responsibilities for quality and accountability, and all staff should be appropriately trained and supported so that they understand their role and can develop the competencies required to implement emergency programmes in an accountable way.

### **Key indicators**

1. CARE clearly defines specific competencies and behaviours it expects of staff, including ensuring that job descriptions for staff working in humanitarian operations clearly define their accountability responsibilities.
2. CARE documents its staff employment policies and practices. Staff are familiar with these.
3. CARE briefs all staff before they go into an emergency, and they receive follow up orientation and training. This includes orientation on quality and accountability, relevant principles, standards and compliance systems.
4. Staff and partners understand and practice the non-discrimination principle of the RCRC Code of Conduct, and associated principles of impartiality and neutrality in all humanitarian operations.
5. Managers are held accountable for supporting staff and regularly reviewing their performance.

### **Standards and codes that this is based on:**

Sphere Common Standard 7 - Aid worker competencies and responsibilities

Sphere Common Standard 8 - Supervision, management and support of personnel

HAP Benchmark 4 -The agency shall determine the competencies, attitudes and development needs of staff required to implement its humanitarian quality management system

People in Aid Code - Principle 2

People in Aid Code - Principle 3 - Good support, management and leadership of our staff is key to our effectiveness

People in Aid Code - Principle 5 – Our policies and practices aim to attract and select a diverse workforce with the skills and capabilities to fulfill our requirements

People in Aid Code - Principle 6 – Learning, training and staff development are promoted throughout the organisation

CARE International Policy on Prevention and Response to Sexual Exploitation and Abuse



## Tips for putting it into practice

### Do

- ✓ Provide briefings for all emergency staff involved in the response.
- ✓ Prioritise capacity building/orientation of 'front-line' field staff from CARE and partners that are the primary points of contact with communities.
- ✓ Make sure you have enough staff so that nobody is overloaded.
- ✓ Provide encouragement and support to staff and monitor staff morale given the intensity of an emergency response operation.
- ✓ Invest in building trust within your team. It is important for morale, overall effectiveness of the response and for fostering an open, accountable and learning culture.
- ✓ Check that staff have clear responsibilities, understand them well and have received a performance review.
- ✓ Ensure staff evaluations are completed for all emergency staff at the end of an assignment and that the evaluation is kept on their personnel file.

### Don't

- ✗ Focus only on technical training for new staff.
- ✗ Assume that new staff have a good understanding of CARE's mandate and way of working. Make sure they receive a proper orientation.

### **Building staff competencies and confidence**

CARE Zimbabwe has developed a comprehensive action plan for strengthening its accountability to beneficiaries across all benchmarks. In response to Benchmark 8, they have developed a comprehensive induction process. Staff are oriented on CARE's core values, Humanitarian Principles, IASC Guidelines, RCRC Code of Conduct, Complaints and Reporting System among other topics. This is followed up with regular staff workshops and meetings which are used to reinforce CARE's commitments to beneficiaries it serves. Specific trainings are also organized, such as a review of Sphere standards. All staff contracts with CARE also reflect on the organization's desire to being accountable to beneficiaries.

A key lesson CARE Zimbabwe has learned is the importance of clear communication and building trust among staff, helping them to understand accountability as a positive process which helps improve our work. Many staff maintain a fear that increased accountability could result in criticism or threat to their jobs. CARE Zimbabwe is committed to continuing to work to overcome this challenge because they recognize improved accountability to communities and donors as essential to CARE's continued success.

## c. CARE Response Targets

### Aim

The second part of CARE's Humanitarian Accountability Framework are the response targets.

The targets are designed to measure CARE's performance in terms of the quality and effectiveness of our emergency response work at a global level.

Country Offices should be aware of these response targets and their indicators and aim to achieve them.

Performance against the targets is compiled at a global level and reported to the CI Board in order to ensure that CARE's accountability for its emergency response work is monitored at the highest levels of governance.

### Targets and indicators

The targets and their indicators represent key strategic, operational and organisational factors that CARE has identified as essential to achieving a consistently high quality, effective and accountable response at the global level.

The indicators have been selected on the basis of past experience and lessons learned. They represent key challenges that that must be satisfied in order to achieve a high quality and effective response at both the individual country and at the global level.

#### **Outcome 1: CI's response to humanitarian disaster will be more timely**

- Decisions on rapid-onset emergencies are made and communicated throughout CARE International within 24 hours.
- Material emergency response interventions are launched within 48 hours after the disaster (2012 target = 80%).
- Appropriate levels of CARE Emergency Response Funds (ERF) to start-up emergency responses are allocated within 24 hours for quick onset disasters and 3 days for slow onset disasters.
- Emergency Capacity Assessment is completed and received by CEG within 72 hours.
- Additional international staff is deployed (en-route) within 72 hours after staffing requests.
- Early visit of senior line management staff to disaster sites within an appropriate time frame.
- Communications material(s) for public messaging about the disaster and CARE's response are circulated throughout CI within 24 hours of the disaster event.

#### **Outcome 2: The quality and accountability of CI's response to disaster will increase**

- Country, regional and CI member offices have emergency preparedness plans that have been reviewed/revised within the past six months, and with evidence of readiness and use.
- An emergency strategy is developed within one week of the disaster event and revised as necessary, which could include a recovery strategy to guide the transition from relief to longer term programming.
- Disaggregated population information (i.e. broken down by gender and age) is provided for CARE's beneficiaries within two weeks.
- Monitoring and evaluation of CARE's responses indicate that internal and interagency standards defined by our Humanitarian Accountability Framework are met.

### **Outcome 3: CI will become known for its competence in the three core sectors**

- Significant interventions in at least one of the core sectors (2012 Target = 70%)
- Monitoring and evaluation of CARE's responses indicate that internal and interagency standards for a core sector as defined by our Humanitarian Accountability Framework are met or exceeded.

### **Outcome 4: Emergency Expenditure and Funding**

- 70% of disaster response funding target has been met within three months.
- Average annual leverage of ERF allocations across CI (2012 target is a 1:6 ratio).
- Annual CI emergency total expenditure (2012 target = €160 million).

### **Outcome 5: Emergency Capacity Cost Recovery**

- Cost recovery on international staff deployed to Type II emergencies (2012 target of 80%).
- Percentage of CI members' and CEG's emergency unit costs covered by restricted funding sources (2012 target of 50%).

**Note:** CARE aims for results against each indicator to be at levels of 90% by 2012 unless otherwise noted.

## **Data collection**

Data measuring performance against the targets will be collected from each type 2 or type 3 emergency response by the CARE Emergency Group.

The sources for the data will include sitreps, emergency strategies, monitoring and evaluation reports, After Action Review reports, accountability reviews and meeting minutes.

This data will be compiled to provide a measure of CARE's global level performance.

## **Reports**

CEG will prepare three types of reports on CARE's emergency performance.

- **Individual performance reports for each response by a CO:** CEG produces individual performance reports for each emergency response, normally within one month of receiving the After Action Review (AAR) report. The performance report will be shared and validated with the CO prior to using data in the overall global reports.
- **Bi-annual performance report:** A report compiling all of the results from emergency responses globally during the reporting period is prepared every six months. These are circulated within CEG and EWRG for review and appropriate follow-up.
- **Annual performance report for the CI Board:** CEG produces a final Performance Metrics report for each financial year. This report is made available at least a month prior to the Board meeting (normally in early November). This information is also included in CARE USA's organizational performance management system, Ubora.

## **d. Compliance system**

### **Aims**

CARE will assure compliance with the HAF by applying the principles and processes outlined below in all of our emergency responses. This compliance system aims to help CARE to assess how well we are meeting our accountability commitments. It will also help us learn from our experiences and identify good practices and areas for improvement.

### **Principles**

The following principles underpin CARE's approach to compliance with the HAF:

- Establish supportive relationships
- Employ a learning approach
- Listen to local voices
- Be appropriate to the context

### **Allocating responsibility for compliance**

To ensure compliance, it is important that the roles and responsibilities for complying with the HAF are clear. Each CARE office has responsibility for complying with the HAF. As every office has a different structure and staffing, each office should review the HAF and clearly allocate roles and responsibilities for implementing activities in accordance with the HAF. See HAF resources at section e) over the page for tools to help this process (or [www.careemergencytoolkit.org/quality-and-accountability/](http://www.careemergencytoolkit.org/quality-and-accountability/)).

In addition, a specific person should be given responsibility for monitoring HAF compliance and coordinating compliance activities. This person should work with the rest of the team to ensure CARE's benchmarks and response targets are met to the fullest extent possible.

### **Processes for compliance monitoring**

Country Offices, CARE Members and CEG should use a combination of the options outlined on the next page to monitor their compliance with the HAF. These processes are not new. They represent a range of existing monitoring and evaluation processes that the HAF pulls together and makes more systematic. The critical factors are that COs and CARE Members (including Lead Members) should ensure that the humanitarian benchmarks and response targets are fully integrated into their existing monitoring and evaluation systems, and that mandatory evaluation requirements are met.



<b>What</b>	<b>When</b>	<b>Who</b>	<b>How</b>
Project monitoring	Always (from the outset)	CO M&E and other program staff including senior managers	Accountability commitments should be built into existing monitoring systems. This should include integrating the benchmarks and response targets into the emergency program strategy indicators and individual project indicators.
Rapid HAF review - self assessment	At the start of the emergency, periodically thereafter.	CO ERT, M&E staff and CO senior managers	Rapid HAF reviews are a simple self assessment of a Country Office's accountability systems and practices. These are quick assessments are run periodically to assess capacities, identify gaps and actions for emergency response based on the HAF.
Full HAF Review	During preparedness or after the immediate response	Facilitated by Standing Team or CEG Involves communities CO, partners	These are assessments designed to provide a clear understanding of CO accountability systems and practices in order to highlight gaps and actions. They are more in-depth than the rapid HAF review and are facilitated by a CARE staff with accountability expertise which allows for capacity building to CO..
Proposal review and monitoring by CARE Member staff	During proposal development and CI monitoring visits	CARE members with CO	There a number of mechanisms that Supporting Members use to monitor the projects they fund within Country Offices that can be used for HAF compliance. CARE Austria for example, have integrated elements of accountability into its guidelines for monitoring trips and into the process for reviewing Country Office project proposals.
Peer review	Periodically	Peer agencies	Peer reviews involve a number of agencies working together to review each other's systems and practices of accountability to disaster affected communities. The agencies then make recommendations for improvement.
After Action Reviews	3-4 months after the onset of the emergency	External Facilitator All ERT and key CO and CI staff and external partners	After Action Reviews are mandatory after any Type II emergency, but are highly recommended for any response. The aim of the review is to discuss how the emergency response went, highlight good practice and to identify lessons learnt. AARs offer a good opportunity to reflect on the effectiveness of quality and accountability systems and to assess compliance with HAF.
Evaluations	At the end of the emergency response	External, independent evaluator	Independent evaluations are mandatory for all Type II emergencies. Evaluations provide an independent judgment on the quality and effectiveness of an emergency response. The HAF should be incorporated into the terms of reference for any evaluation. It is CARE's policy that the final evaluation report will be made public.
Participatory Accountability Review	Ongoing	CARE, partner staff, local authorities and community members	This is a participatory process (of between 2 to 5 days) which brings together a review team of up to 25 participants to reflect and assess the extent to which commitments to accountability and quality are being met in a particular project. The review team consults with project participants and other stakeholders. The review team then makes recommendations to improve the quality and accountability of the project. The review team can made up of CARE, partner staff, local authorities and community members.

## e. Tools and resources for implementing the HAF

### Foundation sources

- The Code of Conduct for International Red Cross and Red Crescent movement and NGOS in Disaster Relief <http://www.ifrc.org/publicat/conduct/>
- The Sphere Humanitarian Charter and Minimum Standards for Disaster Relief [www.sphereproject.org](http://www.sphereproject.org)
- The Humanitarian Accountability Partnership (HAP) Standards [www.hapinternational.org](http://www.hapinternational.org)
- The Good Enough Guide: Impact Measurement and Accountability in Emergencies <http://www.ecbproject.org/page/41>
- The People in Aid Code of Conduct [www.peopleinaid.org](http://www.peopleinaid.org)
- ALNAP [www.alnap.org](http://www.alnap.org)
- The CARE Emergency Toolkit and Pocketbook [www.careemergencytoolkit.org](http://www.careemergencytoolkit.org)

### Accountability tools

All of the following tools can be downloaded from [www.careemergencytoolkit.org/quality-and-accountability/](http://www.careemergencytoolkit.org/quality-and-accountability/). See also the tools in the Good Enough Guide.

- Roles and responsibilities tool
- Implementing the HAF with partners
- Accountability checklists for CO staff by function
- Complaints mechanism procedure and checklist
- Rapid HAF review self assessment form
- Full HAF review checklist
- AAR tools (TOR, sample reports)
- Evaluation tools (TOR, report format)
- Performance metrics reports
- Information sharing tools (self assessment questionnaire, samples)
- Focus group tools
- Sphere compliance tools
- Good Enough Guide training modules
- CARE accountability monitoring guidelines
- CARE Indonesia Practical guidelines for accountability
- ALNAP Quality proforma
- Quality and accountability initiatives Q&A
- ALNAP Participation in emergencies handbook
- Detailed Case studies

### Other resources

- Listen First [www.listenfirst.org](http://www.listenfirst.org)
- One World Trust [www.oneworldtrust.org](http://www.oneworldtrust.org)
- Quality Compass [www.projetqualite.org](http://www.projetqualite.org)
- CARE Program Quality Digital Library [www.pqdl.care.org](http://www.pqdl.care.org)