# CARE Ethiopia

# Forward Accountability Implementation Guidelines

**Developed by Biresaw Sime Accountability Adviser and Alix Carter, Humanitarian Accountability Advisor**

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## Acronym List

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| **CARE** | **Cooperative for Assistance and Relief Everywhere** |
| **CBO** | **Community based Organization** |
| **CI** | **CARE International** |
| **CO** | **Country Office** |
| **CRM** | **Complaints and Response Management** |
| **CRRP** | **Community Reflection and Review Process** |
| **CSC** | **Community Score Card** |
| **CSO** | **Civil Society Organization** |
| **DIP** | **Detailed Implementation Plan** |
| **FA** | **Forward Accountability** |
| **FATF** | **Forward Accountability Task Force** |
| **FAWG** | **Forward Accountability Working Group** |
| **FOLT** | **Field Office Leadership Team** |
| **GBV** | **Gender-Based Violence** |
| **GTP** | **Growth and Transformation Plan** |
| **HAF** | **Humanitarian Accountability Framework** |
| **HAP** | **Humanitarian Accountability Partnership** |
| **LRSP** | **Long Range Strategic Plan** |
| **MDG** | **Millennium Development Goals** |
| **PQL** | **Program Quality and Learning** |
| **PTA** | **Parent-Teacher Association** |
| **SLT** | **Senior Leadership Team** |
| **UCPV** | **Underlying Causes of Poverty and Vulnerability** |

## I. Introduction

At a global level CARE is an organization that prioritizes and seeks to strengthen its accountability to all stakeholders. At the Country Office (CO) level, CARE Ethiopia prioritised Accountability as a part of Strategic Directions 1 and 2 in the Long Range Strategic Plan (LRSP) for 2007-12. In the recent Strategic Framework Revision conducted in late 2010, "Governance and Policy" is identified as Strategic Direction #1for 2011-2021 with the following objective:

> *"Support ongoing efforts to strengthen gender-focused and pro-poor policy formulation, adaptation and implementation, with an emphasis on accountability of service providers, starting with ourselves."*

In light of this emphasis and commitment, all of CARE's programs and projects should have mechanisms to enhance participation and transparency, apply accountability mechanisms, and consult, collect and analyze feedback from communities. At CARE Ethiopia, the term "Forward Accountability" (FA) is used when referring to accountability, with a general definition as follows:

*"The means by which CARE fulfills its responsibilities and the ways in which others may hold us to account for our decisions, actions and impact. We commit to hold ourselves accountable to all of our stakeholders, but first and foremost we hold ourselves accountable to all affected women, men, boys and girls."*

FA includes the effective, participatory, and transparent management of public or community affairs guided by agreed upon procedures and principles, to achieve the goals of contributing to poverty reduction and social justice.

Accordingly, FA at CARE Ethiopia means establishing responsible and transparent systems for decision making and leadership that fully addresses the commitments the organization has made to all stakeholders (donors, staff, partners, communities/beneficiaries, and government). FA also promotes joint coordination and partnership. FA implies accountability for results, where the beneficiary voice is influential in defining and measuring CARE's success. It is a shift in mindset (and action) from focusing on the bottom line of "finishing projects" to ensuring impact and quality of those projects for individuals and communities. While obligatory reporting and compliance (to donors and statutory bodies) is still necessary and important, FA also encompasses voluntary reporting to those which CARE serves. It is moving beyond statutory disclosure requirements to a more comprehensive open information policy.

FA is not a one-off event, but rather an iterative continuous journey with learning and revision throughout. Every encounter between staff and the community/partner presents an opportunity to provide information and build their confidence in the organization's accountability and transparency. Similar to upward and lateral accountability, FA requires foresight and preparation. Identification and understanding of the target audience, the key messages, the manner in which these messages are conveyed, and the timeframe for such activities all need to be carefully considered and planned. A firm understanding of this process also supports information collection required for effective feedback and adjustment as needed in CARE's programming.

The purpose of the Forward Accountability Program is to strengthen CARE Ethiopia's capacity at all levels to understand and address the underlying causes of poverty relating with a focus on using effective gender sensitive policy implementation as an entry point to address accountable, efficient and effective, transparent resource utilization and improved performance in the context of Government of Ethiopia's Growth and Transformation Plan (GTP) and the Millennium Development Goals (MDGs). Although the process has been started through entry points in urban context (Dire Dawa, Addis Ababa and Bahir Dar), strategic linkages will be created with other rural projects/programs.

Core components under the FA program planned for accomplishment are as follows:

- Creating and upgrading the CO's staff technical skills in improved programming performance and ensuring accountability (i.e., transparent, accountable, participatory and inclusive program and project implementation)
- Researching the impacts of policy implementation and accountability performance
- Designing and conducting related action learning, documentation, and dissemination
- Developing skills through experimentation in partnership and alliance building and partnership action on issues that arise through the above activities

Working towards achieving this FA program will contribute to CARE's shift in the direction of a comprehensive program approach as well as the organization's deep commitment to improving both program performance and accountability with partners, communities, and alliances/networks.

## II. Rational and Objectives of FA Guidelines

As a crucial cross cutting issue and programmatic focus at CARE Ethiopia, there is a need to standardize FA practices and build staff's capacity to be aware of and implement FA activities in general and especially in regards to conceptual clarity, implementation modality, timeliness, and quality. Currently CARE Ethiopia is engaged in various efforts to strengthen FA in its programming and engagement at all levels. However, there are challenges such as a lack of clear mechanisms for mainstreaming FA, untimely feedback collection from communities, limited community participation, inconsistency in community meetings for review and reflection, lack of a formal FA strategy, community dependency on CARE Ethiopia, and instances of poor community ownership.

In light of P-Shift and CARE Ethiopia's strategic commitment to FA, it is more important than ever to assess the quality of programming and whether community needs are being met by CARE's services. While all project/programs have individual M&E plans, the organization lacks a standard, unified approach to FA integration. This gap has made it difficult for a program to measure progress in achieving overall outcomes. The development of the FA guideline sets a framework within which project/programs can follow to help ensure that the desired outcomes are achieved. The lessons learned from previous experiences indicate that interventions targeting beneficiaries are not standardized, comprehensive or sustainable.

To help address these issues the Forward Accountability Working Group (FAWG) took on the task of supporting with the development of an FA guidelines document written by CO Accountability Advisor Biresaw Sime with support of CO Humanitarian Accountability Advisor, Alix Carter. After FAWG review and endorsement, the guidelines will be shared with the Senior Leadership Team (SLT) for approval and then rolled-out to CARE staff at

all levels. The guidelines are a working document that should be reviewed and updated as needed to promote the basic principles of ensuring program quality and adhering to both CI and CO programming principles.

The main objectives of the FA guidelines are to:

1. Provide staff and key stakeholders with standard FA implementation guidelines to promote a common understanding of appropriate methods, techniques, and criteria for FA success.
2. Harmonize and formalize FA procedures and implementation thereby increasing quality of CARE's programs in order to contribute to poverty reduction by addressing the Underlying Causes of Poverty and Vulnerability (UCPV).
3. Support the project-to-program shift (P-Shift) by providing guidelines appropriate for all three of CARE Ethiopia's core impact group programs
4. Identify variations of FA implementation options to support FOs in this process
5. Foster awareness and commitment to FA among staff

The guidelines incorporate FA background, guiding principles, and implementation techniques and practices appropriate for different organizational levels and situations. The guideline also outlines minimum standards for FA and addresses the components and standards of respective FA activities in each required service area. The document is not completely exhaustive, but provides guidance on a few different approaches for implementing FA which have proven as successful in CARE's experience. The guidelines content is based on many different exercises conducted to date in CARE Ethiopia's Country, Field, and Project Offices over the last few years.

These guidelines are designed to be used by all project/program staff and other service units of CARE Ethiopia at all levels for planning and program or project delivery as well as a resource for obtaining feedback to improve overall service delivery. The guidelines serve as a tool for improving services, increasing transparency, ensuring participation, promoting inclusiveness, and collecting feedback in order to inform future decisions. CARE Ethiopia staff and partners have the responsibility to implement these guidelines.

## III. Background on Forward Accountability

FA provides means to move from "talking to acting" by organizations and harnessing the power of the community to improve their social and economic conditions. Effective FA supports a transparent flow of information, thereby increasing the level of awareness among the beneficiaries and community. FA in the development/humanitarian context is intended to foster a sense of empowerment, particularly for the poor communities that CARE serves. By providing regular and timely information and soliciting systematic feedback from communities, FA mechanisms provide a means listen and respond to the voices of the disadvantaged and vulnerable groups. FA practices enhance the ability of individuals and community as a whole to become involved in the development process in an informed, organized, constructive, and systematic manner. By inducing transparency, FA encourages participatory governance and responsiveness to the real needs of the people, as identified by them (not external actors).

FA also increases Development and Aid Effectiveness through improved service delivery and informed policy and program design. Improving the availability of information, strengthening people's voice, and promoting constructive dialogue and consultation between stakeholders all enhance the credibility of non-profit organizations and fosters trust of stakeholders. FA promotes developmental learning and creates entry to concepts of gender, social justice, environmental sustainability, and community participation.

At CARE Ethiopia FA is an important means to ensure that woman, men, and children affected by CARE's programs are involved in planning, implementation, and evaluation and can provide insight on their felt needs. This helps ensure that the project will have the impact that target communities wish to see realized. FA tools provide systematic procedures to document and understand the needs and aspirations of program participants (beneficiaries) in developing program plans. Program participants are entitled to voice their feedback and reactions to CARE's plans and expected results in any initiative in their community. FA therefore tries to address the pervasive imbalance of power by sharing decision making rights with the communities to ensure they have influence in the assistance provided to them by development and humanitarian organizations.

It is increasingly recognized that FA in all of CARE Ethiopia's operations is important because:

- There is a clear need for tangible evidence of impact in CARE's development and humanitarian interventions
- FA enhances information-sharing and coordination between FOs and within FOs together with CO to support the exchange of technical information, examples of best practices, and the strengthening of preparedness and response capacity.
- FA is essential for CARE Ethiopia's impact group programming to support thorough analysis of UCPV through explicit and ongoing analysis of power, gender, and risk. It also

helps CARE to focus on groups that are marginalized and discriminated against in local societies. By such engagement CARE can facilitate community centered development, including building sustainable capacity to claim rights and to derive decision-making thereby ensuring sustainable change in all practices and procedures.

- FA provides mechanisms to ensure promotion of equity and respect of people's dignity
- CARE Ethiopia and partners who are engaged in the process of poverty reduction should be accountable and build trust by obtaining responses from beneficiary communities based on predesigned questionnaires on impacts, achievements, challenges, and quality of real and practical aspects of projects/programs in order to recommend appropriate remedial actions to CARE's program activities
- When conducted effectively, FA connects CARE staff with communities which they are meant to serve
- FA practices foster a sense of responsibility in target communities in regards t the importance of taking a proactive role in decision making on issues that concern their livelihoods and community development
- Learning and knowledge management: FA helps with improving program/project evaluations and informs future design and implementation.

CARE's Country and Field Offices recognize the need to strengthen FA and have made it a key priority. The establishment of FA Task Forces at the field level and the FAWG at the CO level are an indication of such progress. Many of CARE current and past programs have effectively promoted and integrated FA by using tools such as the Community Reflection and Review Process (CRRP), Community Scorecards (CSC) and Humanitarian Accountability Framework (HAF) Rapid Assessments. These experiences represent CARE's successes in this field which can be used collectively to learn from and improve on the organization's efforts.

CARE Ethiopia believes that high quality FA in the organization can be achieved through:

- Creating staff awareness and knowledge and positive attitudes towards FA;
- Ensuring appropriate and supportive institutional arrangements and organizational systems;
- Promoting active collaboration and experience sharing among all of CARE Ethiopia's offices
- Fostering empowerment of communities and informing them of their entitlement (and responsibility) to participate in design, implementation, monitoring, and assessment of CARE's interventions and other public services
- Engaging in regular dialogue with communities and local government to raise awareness at all levels and break the culture of silence and dependency.

It is the overall goal that through these guidelines and other related activities such as FA training and ongoing support by CARE's Program Quality and Learning (PQL) unit that all of CARE Ethiopia's employees, offices, and partners will move towards achieving:

- A comprehensive understanding of the importance and integral nature FA systems and mechanisms for ensuring FA success.
- Operational FA implementation plans designed to strengthen and monitor FA, including a Complaints and Response Mechanism (CRM) system for all programs/projects.
- Agreement on key focus areas for FA strategies in order to address communities' basic needs and meet accepted standards for community feedback.

## IV. Implementing FA Successfully

Five key areas for successful FA implementation are as follows: ***transparency and information sharing, working with partners and local social structures, community participation in decision making, establishing complaints and response mechanisms, and promoting positive and appropriate attitudes among, partners and staff***. FA efforts should also have a

system to measure whether these focus areas are being addressed and are achieving the desired results (impact).

The strengthening and comprehensive integration of FA and the specific focus areas listed above at the field level requires the following steps:

1) Establish a Forward Accountability Task Force drawn from M&E staff, Program and Operations Manager and Project Managers in order to start the process and designate responsibility for leading the preparation of the work plans and coordination of the overall implementation and leadership, facilitation and management of the FA Plan.
2) Development of individual FO/PO FA Plans and identify tools to support the realization of the plan. The FA Plan must include, build on and reinforce other existing activities and activities related to accountability. Agree on a clear timetable for implementation of the FA Plan.
3) Specify overall goal(s) and activities that address internal and institutional ownership and commitment to FA.
4) Specify program/project based goal(s) and activities related to FA.
5) Ensure that FA exercises include discussing, listening to, and reporting back to communities/beneficiaries and specify activities that give beneficiaries an opportunity to voice any complaints or concerns about CARE Ethiopia's work in a safe space.
6) Designate set times to evaluate success and challenges and review and revise the FA Plan accordingly.

## V. FA Focus Areas

As listed above in section IV, there are five key areas which CARE has identified as crucial in the successful implementation of FA. They are described in more detail below. Section XI includes a table which discusses these areas further with related actions in addition to other key FA elements.

### A. Transparency and Information Sharing (Providing Information Publicly)

- Provide information to beneficiaries and other stakeholders about all field/project office plans and performance.
- Information should be provided in an accessible manner, using appropriate and available means (e.g. verbally as well as on posters, whiteboards, radio, and newspapers)
- Information should be comprehensive, relevant, timely, and accurate
- Information should be presented in a concise, easy-to-understand manner in local languages
- Where possible, the information should be presented in person by a CARE staff member at different events (e.g. community meetings)

### B. Working with partners and local social structures

CARE Ethiopia's fourth strategic of Partnership and Facilitation as per the revised strategic framework of December 2010 calls for the following: *"Programs will form and nurture partnerships with a range of compatible and complementary organizations, with a deliberate capacity building agenda and an openness to learning from others."*

This strategic direction reflects CARE Ethiopia's aim to facilitate and build the capacities of local entities for the direct implementation of development and emergency interventions. The organization will gradually evolve its role from that of implementer to facilitator, and it will develop policies and guidelines for partnership, graduation strategies and responsible turn over to local partners and counterparts, in the context of ensuring local ownership and sustainable improvements in the underlying causes of poverty. Under the FA program, this means that CARE:

- Needs to ensure that partners understand their role so that they contribute to common goals
- Assesses the progress and the difficulties of partners in the achievement of goals related to the implementation of programs
- Includes all partners in the consultation of the development of program plans, implementation and review (and shares final outputs) to directly influence local and community level planning in the aim to increase benefits.
- Additionally, with development partners who are operating at the grass roots level, CARE encourages and promotes the application of indigenous knowledge adaptation for efficiency and effectiveness and for better mobilization of community members.
- Identify representatives from specific community groups and CBOs that CARE is seeking to assist (women, youth, disable, etc) to be involved in FA activities.
- Design FA activities to make it easy and safe for people from marginalized groups to get involved and to strengthen their influence in local decision-making.

**C. Community Participation in Decision Making**

- This directly refers to how much beneficiaries and their community representatives are involved in making decisions which affect their livelihoods and community development.
- Any group of people affected by CARE Ethiopia's activities should have a role in making decisions about those activities. This normally means working with representatives of different groups in the beneficiary community in needs assessment and prioritization as well as program implementation, monitoring, evaluation and impact measurement.
- Conduct ongoing consultation with the beneficiaries and stakeholders. This should occur as soon as possible at the beginning of operation, and continue regularly throughout it. 'Consultation' means exchange of information and views between CARE staff and the beneficiaries and other community members and representatives.
- Feedback is a two way process-CARE is not only responsible to collect information from beneficiaries, but also to provide timely information and response to their complaints/concerns.

**Some of the required components of such participation are as follows:**

- Beneficiary communities and partners must have an opportunity to express their needs and aspirations in order to influence the program/project plans of the FO before implementation.
- CARE should provide information to beneficiaries and partners about their entitlements and rights to give CARE feedback and receive response.
- CARE should explain program methodology and limitations to all partners and stakeholders in an honest, transparent and objective manner
- Beneficiaries should have the chance to inform CARE staff whether programs are meeting their needs and any difference to their lives (results and impact)
- CARE should use the information gathered from beneficiaries and partners to proactively improve programs on a regular basis and explain to all partners/stakeholders the changes made and/or why change was not possible.
- CARE should respond, adapt, and evolve its core programs in response to feedback received
- CARE should track any changes to programs and develop a way to monitor agreed upon changes with communities and partners
- CARE should share all evaluation and assessment findings with the community and partners

### D. Establishing a Complaints and Response Mechanism (CRM):

- All beneficiaries should be able to make official complaints to CARE through a systematic and appropriate CRM to voice concerns/complaints about project/program activities or any abuse/misconduct by staff/other stakeholders in order to receive appropriate redress.
- This means they must be aware of the CRM as well as feel safe and empowered to use it.
- This feedback can be used to improve the intervention as well as to ensure that any abuse/misconduct is handled in a timely and appropriate manner
- As there are many options and modalities for CRMs, each FO/PO must decide on a specific CRM and how it will deal with such feedback and complaints
- The CRM must be able to deal with serious complaints such as allegations of untimely response, poor implementation, fraud, or sexual exploitation.

### E. Promoting positive and appropriate attitudes among staff and Partners

- Staff must recognize the importance of FA and their role and responsibility in CARE's FA implementation
- Staff must interact with beneficiaries/communities and partners in a respectful and approachable manner
- Staff should place beneficiary/community interests and needs first when collecting feedback and information
- Staff must understand the importance of a CRM and value it over the defence of their own performance.
- Staff should be motivated to communicate with communities regularly and collect and document feedback to improve project/program design and implementation.

## VI. Key FA Principles

When implementing any FA activity and addressing the specific focus areas described above, the following are key principles that should always be observed.

**A. Address marginalization and vulnerability**:
Provision of services should seek to prevent marginalization in all forms. Implementation of these guidelines should focus on maximizing program benefits and minimizing vulnerability for communities in an integrated and consistent manner. Programs should strive for consistent application of the standards with agreed up on dimensions. In order to enhance the inclusiveness of the marginalized groups, various strategies may be adopted such as: creating a safe space for marginalized groups to participate, ensuring community input and decision making when implementing projects/programs, and facilitating consistent and continued participation of the beneficiaries and all partners.

**B. Evidence Based:** CARE's projects/programs aim to address the needs of beneficiaries/communities and thus should be evidence based in order to know where these needs are being met and make necessary improvements. Staff should

collect and document evidence regularly therefore emphasizing the importance of monitoring and data collection and integrating this into project/program planning in order to generate such evidence is absolutely crucial.

**C. Gender Equity:** Ensuring gender equity in service delivery and governance is an important principle that is central to CARE's work. According, these guidelines promote this principle and that programs must ensure all services meet the special individual needs of girls and boys, men and women, and account for differences in gender roles and related risks of vulnerability and discrimination.

D. **Respect**: Project staff should treat beneficiaries and stakeholders with due respect to preserve and promote their dignity. Beneficiaries should feel empowered as active participants in CARE's programming, not passive recipients. Respectful staff interaction is key to fostering this.

E. **Results Oriented:** As with CARE projects/programs, FA activities should be results oriented. These guidelines are meant to enable program implementers to improve their accountability systems to achieve maximum results. Therefore, FA processes must be planned with results in mind and reviewed and adjusted in order to ensure such activities are reaching the intended outcomes and impact.

F. **Coordination:** While each individual has an important role to play in CARE's poverty reduction efforts, maximum impact can only be achieved through collaboration and coordination. In order to achieve CARE's objectives related to FA, other partners and stakeholders should identify be involved in the process and CARE must coordinate their efforts.

## VII. FA Strategies

FA strategies and tools require a 'bottom-up' process, in which beneficiary community collectively "assert their rights to receive what has been promised" and express satisfaction or dissatisfaction with services. A credible process of community-driven change requires that all FA tools implemented by user representatives (such as CARE staff) or Community Based Organizations should aim to *facilitate user engagement* rather than to *speak on users' behalf*. Consequently, those wishing to act as facilitators of FA mechanisms must strike a fine balance between establishing a healthy relationship of trust with users, and retaining a non-partisan position in their communication with service providers. The following strategies should be used by program implementers to apply these guidelines.

**A. Capacity Building**: All CARE staff and stakeholders involved in CARE's operational area should be trained in the application of these guidelines and related tools. CARE should support all staff and service providers to build their technical capacity to successfully practice FA. Therefore a first step is to sensitize staff on the importance of the document and how to best integrate the components into all phases of project cycle management.

**B. Use Existing Institutional Mechanisms**: There are a number of existing structures that support FA activities at the CO and FO level These guidelines are designed to complement and build on these existing structures (rather than establish new ones) to promote the successful implementation of FA at all levels.

**C. Participation**: Empowering communities to mobilize and utilize existing resources will help generate ownership and sustained action. Programs should ensure that communities have the necessary support to take responsibility for addressing the needs of their locality. Such an approach will work towards ensuring ownership of development activities and enhance sustainability of programs.

**D. Partnership**: Strong participatory assessment with partners and beneficiaries is at the core of this forward accountability guide line. Yet other means of listening to a wide range of stakeholders and seeking independent assessments are also required in order to ensure robust external challenge, scrutiny and accountability. Our partnering and collaboration with other actors should focus on the ability to apply the "all-in-one principle" with an intention of program objective achievement. This will enable to achieve maximum impact through linkage and integration with partners. CARE recognizes that the organization cannot achieve goals of poverty reduction and empowerment independently, FA promotes the facilitation of linkages and referrals with other actors (non-CARE) in order to fill any service gaps that are identified. Development and humanitarian intervention gaps can be overcome through appropriate linkages and integration.

**E. Mainstreaming:** Mainstreaming of forward accountability interventions is mandatory in the identified impact groups expanding the scope of program intervention. Once mainstreaming is achieved, all actors should ensure that the guidelines are applied by actors to ensure quality of our program intervention per the quality characteristics on the impact group.

**F. Protection:** CARE must ensure issues of protection are incorporated into all programming efforts and external engagement. In particular, CARE seeks to increase protection of communities in areas of:

**Gender-Based Violence (GBV):** GBV both reflects and reinforces inequities between men and women and compromises the health, dignity, security and autonomy of its victims. It encompasses a wide range of human rights violations, including sexual abuse of children, rape, domestic violence, sexual assault and harassment, trafficking of women and girls and several harmful traditional practices. Any of these abuses can leave deep psychological scars, damage the health of women and girls in general, including their reproductive and sexual health, and in some instances, results in death. The following are core to ensuring protection against GBV:

- Ensuring that women are treated with due care during emergency period
- Ensuring that emergency contraception is available for victims of sexual violence
- Strengthening advocacy on gender-based violence in all country programmes, in conjunction with other United Nations partners and NGOs
- Integrating messages on the prevention of gender-based violence in to information, education and communication projects.
- Ensuring that emergency contraception is available for victims of sexual violence
- Strengthening awareness on gender-based violence in all our programs
- Integrating messages on the prevention of GBV in to information, education and communication programs
- Conducting assessments and reviews on gender-based violence through coordination, assessment and monitoring and information and communication
- Ensuring that all trainings and other program activities are gender-sensitive and responsive to the needs and issues of women
- choosing the most appropriate option for a particular facility;
- developing planning and monitoring tools, information materials and forms;
- re-routing clients, providing continuity of care and follow-up mechanisms;
- Educating staff through sensitization, training and supervision and educating the community.

**Child Protection:** Child Protection is the contribution of CARE's to the national efforts to fulfill children's rights to protection and to achieve the Millennium Development Goals. Preventing and responding to violence, exploitation and abuse against children is essential to ensuring children's rights to survival, development and well-being. The following are core to ensuring child protection:

- Efforts in our program area and beyond that should target children more directly by leveraging the supports rendered to them to stage efforts at the community level
- Information dissemination should be conducted prime time for maximum results.
- Activities should be extended beyond kebeles and woredas and surrounding areas, reaching into more rural areas where trafficking and exploitation are more prevalent.
- Despite various discussions and other activities, knowledge and awareness of the problems pertinent to children are relatively low. It is recommended that efforts continue to increase awareness and fight perceptions in a concerted manner.
- Taskforces should continue to develop work plans, clearly identifying priority issues for their areas and carrying out activities using existing resources, including the collaborative relationships developed between stakeholders during their course of action.

## VIII. Roles and Responsibilities at different levels of CARE Ethiopia

The application of these guidelines requires concerted efforts by all stakeholders at various levels. Specific roles and responsibilities for each level are summarized below.

**Country Office (Addis Ababa):** CO staff, in particular the Forward Accountability Working Group (FAWG) members and senior leadership should:

1. Develop a FAWG action plan and meet on a quarterly basis to review progress and adjust planning as required
2. Provide consistent and regular guidance and leadership on issues of FA
3. Create conducive environment for staff to implement and strengthen FA
4. Ensure necessary resource mobilization and allocation for FA activities
5. Support in the development of overall program strategies (three impact group programs) for planning, implementation, and M&E
6. Create FA partnership networks and coordinate key partners and stakeholders at the CO level
7. Oversee the provision of quality services through effective application of these guidelines
8. Provide FA capacity building to FO staff and other stakeholders
9. Monitor and evaluate FO/PO service delivery in regards to FA
10. Compile documented best practices and lessons learned from the FO/POs and disseminate them to all staff and stakeholders

The CO Accountability Adviser guides the FO/POs and provides direct feedback to the FATFs on their performance on monthly basis The FAWG must create appropriate linkages with the FATFs through the Accountability Adviser. The FAWG tracks key results of the FATF's on a weekly or fortnightly basis. The FAWG should provide feedback on a regular basis and guidance on meeting their FA deliverables successfully.

**Field and Project Offices**: Each FO/PO has an important role to play and should create a strong linkage with Accountability Adviser in particular and the FAWG in general, to ensure alignment and receive guidance and support for FA implementation. Specifically, FO/PO staff, in particular the FATF have the responsibility to:

1. Assess the FO/POs capacity in regards to FA and current efforts to strengthen FA
2. Create an FA Plan in accordance with these guidelines (the five focus areas and key principles) and CARE Ethiopia's accountability objectives.
3. Specify activities that the FO will conduct to meet its FA Plan and goals and communicate these activities internally and externally as necessary in order to secure wide commitment and participation.
4. Directly monitor progress against the FA Plan and organizes regular FATF meetings
5. Under take continuous follow-up with communities through field visits and discussions.
6. Ensure FO/PO plans and program information is posted/provided publically and accessibly in appropriate formats.
7. Create a common understanding of FA concepts among staff and stakeholders
8. Organize CRRP dates with community groups, partners, and other stakeholders to review progress in terms of FA.
9. Share the results widely with colleagues (especially the FAWG) for comments and feedback.
10. Facilitate stakeholder and empowerment processes with CBOs available in the area
11. Create an institutional environment in which community members, especially women and other marginalized groups are empowered, claim their rights, and participate equally in the FA process.

12. Communicate progress with other FO/POs and the CO (FAWG and CO Accountability Advisor) and ask for guidance as required.

**Meetings:** In order to enhance performance and attain learning from best practices and failures, each FO will have scheduled FOLT meeting monthly and all staff meeting each quarter with a specific agenda item focused on achievements, performance and challenges related to FA under the coordination of FATFs. At the CO, the FAWG will conduct similar meetings at least once a quarter with the objective of evaluating the FAWG's progress in regards to FA as well as to discuss the FO/POs progress and plan how to best provide any required support.

## IX. FA Resources

Although there are various tools that could be employed for FA implementation, CRRP, CSC and the HAF are tools which CARE has employed successfully and promotes widespread use of CRRP and CSC guidance are annexed at the end of these guidelines.

In addition, the following websites and resources provide staff with more information on FA and are listed below:

- Humanitarian Accountability Framework (HAF) (http://www.care-international.org/Download-document/489-CI-Humanitarian-Accountability-Framework-Pilot-version.html)
- Humanitarian Accountability Partnership (HAP) (http://www.hapinternational.org/)
- CARE Emergency Toolkit (http://www.careemergencytoolkit.org/)
- Accountability Page on the CI Website (http://www.care-international.org/Accountability/
- Report on CARE Ethiopia Governance (documents experience with CRRP and CSC tools)
- CARE Ethiopia's Revised Strategic Framework for 2011-2021 (December 2010)
- CARE Ethiopia Governance Experience Report (February, 2011)
- CI Aid Effectiveness Update, February 2011
- CI Framework for Accountability in Development (AID) (draft, February 2011)

To access any of these documents, please contact Accountability Advisor Biresaw Sime (biresaws@care.org.et), Humanitarian Accountability Advisor, Alix Carter (acarter@care.org.et) or any of the Program Quality and Learning Staff in the Addis Ababa office.

**FA Guidelines:** These guidelines will be amended and revised at least once every three years unless the SLT requires otherwise.

## X. Tips for FA Success

1. **Stay focused:** CARE"s commitment to beneficiaries is the underlying principle and staff at all levels should be focused on achieving the accountability goals of CARE Ethiopia's strategic directions 1 and 2 as well as activities outlined in the individual FAWG and FATF action plans. The FAWG and FATF are responsible to support this focus on FA through regular communications and information sharing, however all staff have an important role to play.

2. **Be proactive**: All staff have a responsibility to contribute to CARE's FA. If a staff member is unclear of the expectations in this regard, they should be proactive to seek advice and support from focal colleagues (FATF or FAWG members). Ignorance is not an excuse!

3. **Develop straight forward messages and communicate them clearly:** CARE should avoid overloading people with too much information. Staff should avoid jargon in community communications and deliver messages clearly in local languages. There must be clear communication strategy to reach all stakeholders, especially marginalized and vulnerable members of society.

4. **"Walk the Talk":** Communities value what they see. CARE staff must practice the principles of FA that the organization values and teaches to others. To promote change, we must show communities the positive achievements in FA we have made by working with them.

5. **Listening and inclusiveness:** involve all stakeholders (including marginalized groups) in the process so that they can take ownership and be accountable to commitments made. Arrange regular meetings with community leaders to promote FA as a community priority.

6. **Openly accept feedback**: Learning and progress happens more quickly and easily when there is confidence and trust. Rather than be immediately defensive, all staff should listen to feedback, consider constructive criticism, adjust actions accordingly, and move forward.

## XI. Action Steps to Implement these Forward Accountability Guidelines

To provide accountable and quality services to beneficiaries/communities, CARE staff with its stakeholders should practice and take account of the key elements and related action points presented in the table below.

| Key Element | Explanation and Action Points |
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| **Transparency and Information Sharing (Provide Information Publicly)** | The availability and accessibility of information and the transparency of practices play a crucial role in increasing FA as well as forming the basis for forward accountability tools. Such transparency also facilitates the identification of low-performance areas while helping to ensure the equitable distribution and sustainability and efficiency of services. Importantly, transparency increases users' trust in the provider and creates a foundation for partnership. Decisions made by CARE in targeting, programming, etc may not always be understood therefore the basis of all decisions needs to be explained. Without complete and timely information, the ability of beneficiaries to make decisions about interventions and demand a quality service is greatly restricted. Information is supplied on the basis of what the community has a right to know and is interested in (issues which affect their community).<br><br>**Actions:**<br>1. Each FO/PO should provide public information to beneficiaries and other stakeholders about CARE (mission, vision, values, etc) as well as specific information about their respective office (program/project plans, beneficiary targeting criteria, distribution dates and process, and performance).<br>2. Providing information in accessible places (publically used space and project distribution sites), through appropriate mediums and media such as posters, whiteboards, radio, and newspapers.<br>3. Information should be presented in local languages<br>4. Information should be complete, relevant, timely, and accurate<br>5. Iinformation should be presented in a concise, easy-to-understand way (no jargon or acronyms)<br>6. Information should be presented by a member of staff in person (at community meetings and events) in verbal form as literacy levels are low in many places CARE works.<br>7. CARE should provide copies of any brochures, special reports, case studies and pamphlets directly to the community, especially those which the information was taken from. |
| **Information Communication (IEC) and Capacity Building at the local level** | Communities should be aware of CARE's commitment to FA and CARE staff can act as stewards that seek to influence such practices at the local level (formal and informal institutions). As such, there needs to be awareness raised at the local level about FA in general.<br><br>**Actions:**<br>1. Each FO/PO should organize and celebrate an "Accountability Day" once a year in the target communities and arrange presentations and distribute materials about FA.<br>2. Promotional activities that inform communities about opportunities are one mechanism to promote FA. Staff should |

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| | arrange community discussions alongside regular program activities on FA with key leaders and representatives to ensure that FA becomes part of a continuous dialogue.<br>3. Creating targeted IEC materials for communities to raise awareness that they are entitled to being informed and playing an active role in their community's development and related services. |
| **Community Participation in Decision Making throughout the Project/Program Cycle** | This directly refers to how much beneficiaries and their community representatives are involved in making decisions which affect their livelihoods and community development. Any group of people affected by CARE Ethiopia's activities should have a role in making decisions about those activities. This normally means working with representatives of different groups in the beneficiary community in needs assessment and prioritization as well as program implementation, monitoring, evaluation and impact measurement. CARE must conduct ongoing consultation with the beneficiaries and stakeholders. This should occur as soon as possible at the beginning of operation, and continue regularly throughout it. 'Consultation' means exchange of information and views between CARE staff and the beneficiaries and other community members and representatives. Feedback is a two way process-CARE is not only responsible to collect information from beneficiaries, but also to provide timely information and response to their complaints/concerns.<br><br>**Actions:**<br>1. A community survey and needs assessment should be carried out before any intervention is planned. Beneficiaries/communities must have an opportunity to express their needs and aspirations in order to influence the program/project plans of the FO before implementation. This should include focus group discussions with different groups (women, men, youth, disabled, and elderly).<br>2. Community development action plan should be performed with facilitation by CARE where all the different groups meet together to go over the pressing issues and communities can prioritize what needs to be worked on.<br>3. Training and capacity building comes in play once the action plan is approved. In this step, local community leadership teams are trained to implement the project by giving them the knowledge and skills required for a community-led development project.<br>4. In order to encourage community mobilization and support, CARE should provide information to beneficiaries about their roles in the intervention and their entitlements and rights to give CARE feedback and receive response.<br>5. CARE should explain program/project methodology and limitations to all stakeholders in an honest, transparent and objective manner<br>6. Beneficiaries should have the chance to inform CARE staff whether projects/programs are meeting their needs and any difference to their lives (results and impact)<br>7. Implementation, monitoring, and remediation are the steps where the actual "building" takes place. During this process, the implementation of the project is under constant supervision to ensure the efficient, effective and timely operations. Throughout this process, community meetings are held on a regular basis to ensure the accountability and transparency of the project.<br>8. CARE should use the information gathered to proactively improve projects on a regular basis and explain to all stakeholders the changes made and/or why change was not possible.<br>9. CARE should respond, adapt, and evolve its core programs in response to feedback received |

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| | 10. CARE should track any changes to projects/programs and develop a way to monitor agreed upon changes with communities<br>11. Evaluation and follow up is the final step during which CARE works with all local stakeholders on evaluating the project in regards to sustainability and maintenance.<br>12. CARE should share all evaluation, research, assessment findings with the community |
| **Ownership** | A sense of joint ownership of the change process by service providers, users and government authorities enhances accountability while improving services, thus benefiting users and providers alike. This is strengthened when those facilitating this process – be they providers, CSOs or user associations – are seen as credible and representative by all involved.<br><br>**Actions:**<br>1. Establishment of joint task forces and managing the process by community members and partners<br>2. Invitation conducted by community members and partners<br>3. Community led identification of problems and solutions<br>4. Shared responsibilities of all stakeholders |
| **Partnership** | Successful initiatives to in poverty reduction efforts to extend resources and services to poor communities, particularly for marginalized groups requires a partnership in which the partners and community members act not only as advisors and monitors of services and plans, but also as co-actors. Ownership of development projects will also be enhanced when beneficiary community are seen as users (with related rights) and partners (with related responsibilities), rather than simply the passive recipients of services. The use of user-generated information in service-monitoring strengthens the view of people as partners, thus achieving service improvements not by strengthening agencies but by making them more responsive to users.<br><br>**Actions:**<br>1. Establishment of committees to managing the process by community members and partners<br>2. Community led identification of problems and solutions<br>**3.** Shared responsibilities of all stakeholders |
| **Effectiveness and Efficiency** | CARE's programming emphasizes important principles of effectiveness and efficiency to ensure all resources are used to the greatest extent possible with maximum quality and impact. Such principles also apply to the practice of FA. In order to truly achieve CARE's strategic directions related to FA, the CO and each FO/PO must consider these principles when developing and implementing their FA Plans.<br><br>**Actions:**<br>1. Set SMART (Specific, Measurable, Attainable, Realistic and Timely) goals for the FA Plan. These should be written not only as activities, but the plan should also identify what results these activities are meant to achieve and the degree to which desired results or outcomes will be achieved.<br>2. Plan the detailed activities and identify the milestones the FA TF should reach in order achieve its goals, including |

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| | target start and end dates. The TF determines the activities or tasks that will need to get done.<br>3. Ensure the inclusion and well articulation of Forward Accountability in the DIP of each program<br>4. During implementation of the FA Plan, the FATF should regularly on follow up (aim for twice a month) to review progress/challenges and provide feedback on the process<br>5. As part of the FA Plan, each FO/PO should undertake the CRRP at least three times a year for each project/program or unit level (i.e. during the preparation of the next annual plan, during launching of a new program/project, mid-way through program/project implementation, and at the end of the year to evaluation of annual performance). If the participants are similar for different projects, (i.e. if different projects are being implemented in the same community/locality) a joint CRRP can be undertaken on the same gathering and date(s). |
| **Sustainability** | Demonstrate the mutually reinforcing relationship between forward accountability, sustainability and efficiency, which forms a 'virtuous cycle' in which the participatory extension of services to poor areas and users increases their social and economic power and thus their ability to further extend service coverage and quality on a sustainable basis.<br><br>**Actions:**<br>1. The development of access, which refers to the ability to use, access and receive information,<br>2. The integration – coordination of services, through the operation of multi-centre's and service networks to avoid fragmented response, and<br>3. Control and accountability for the proper functioning of services and for ensuring the active participation of citizens |
| **Working with local partners and social structures** | Local social structures are representatives of groups of community members with strong social bonds in spite of all its defects had great inbuilt advantages for all the members such as **(**community based organizations, cooperative neighborhood associations), traditional birth attendants (TBAs), elders and traditional leaders etc...) in which the social embeddedness, as a characteristic of public networks offering a normative perspective for members, addressing local needs for the network itself having its normative framework. Local social structures are representatives of groups of community members will be asked as to who are the community groups they represent, what are their needs, aspirations and problems. The representatives will be asked on possible ways of mobilizing these groups for development participation and for community related discussions and dialogue such as CRRP /CSC etc They will serve as a bridge to access the groups they represent and provide information on their lively hood and social capital so as to take as an input for intervention. The overall purpose of the local social structures is that the marginalized groups they represent lack trust and confidence to come up to voice their interests and hence these representatives will at least provide basic issues pertinent to these groups and create ways to reach these groups and assist practitioners to identify representatives from specific community groups that CARE is seeking to assist (women, youth, disable, etc) to be involved in FA activities. They also assist in ddesigning FA activities to make it easy and safe for people from marginalized groups to get involved and to strengthen their influence in local decision-making.<br><br>**Actions:**<br>1. Ensure that partners understand their role so that they contribute to common goals |

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| | 2. CARE staff to assess the progress and the difficulties of partners in the achievement of goals related to the implementation of programs and feedback to them<br>3. Include all partners in the consultation of the development of program plans, implementation and review (and shares final outputs) to directly influence local and community level planning in the aim to increase benefits.<br>4. Encourage and promote the application of indigenous knowledge adaptation for efficiency and effectiveness and for better mobilization of community members.<br>5. Identify representatives from specific community groups and CBOs that CARE is seeking to assist (women, youth, disable, etc) to be involved in FA activities.<br>6. Design FA activities to make it easy and safe for people from marginalized groups to get involved and to strengthen their influence in local decision-making. |
| **Establish Systematic Feedback Mechanisms** | Beneficiaries must have the opportunity to inform CARE staff at all levels whether programs/projects are meeting their needs and any differences the project has made to their communities and lives. Beneficiaries should be able to express their needs and aspirations in order to influence the program/project plans of the FO/PO with full knowledge of their entitlements give feedback and receive response. Several different feedback mechanisms can be set up according to what works best for the community and staff to respond to feedback.<br><br>**Actions:**<br>1. It is important to establish systematic feedback mechanisms by doing things such as creating a schedule in all project/program plans to report to beneficiaries on project progress and process will ensure that staff are aware of any issues and can adjust programming as required in a timely manner.<br>2. Communities must be clearly informed about the type of issues they can o provide feedback or complaints as there are some things which CARE is not able to change/solve.<br>3. Use the information gathered to improve projects regularly and proactively adapting in response to feedback received and explain to all stakeholders the changes made or why change is not possible.<br>4. Track all changes and put in place a way to inform the community of all agreed upon changes (feedback is a two way process).<br>5. Explain program/project methodology (such as targeting) and limitations to all stakeholders, honestly, transparently, and objectively.<br>6. Trends in feedback and complaints are regularly analyzed by staff and the learning fed into program management<br>7. The capacity of community members is built to undertake basic monitoring activities themselves. The findings from accountability tools employed (such as CRRP) must be fed back to the community |

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| **Promoting positive and appropriate attitudes among staff** | The establishment of trust, respect and responsiveness is achieved through ethical practices, effective communication and appropriate social-emotional interactions. It is CARE's responsibility to create an environment where beneficiary and community members feel comfortable and safe to express their feelings and ideas openly. Staff must recognize the importance of FA and their role and responsibility in CARE's FA implementation<br><br>**Actions:**<br>1. Staff must interact with beneficiaries/communities in a respectful and approachable manner that reinforces the dignity of the people CARE serves.<br>2. Staff should place beneficiary/community interests and needs first when collecting feedback and information<br>3. Staff must understand the importance of a CRM and value it over the defence of their own performance.<br>4. Staff should be motivated and committed to communicate with communities regularly and collect and document feedback to improve project/program design and implementation. |
| **Checks and balances at the community level** | In enhancing transparency and developing trust (for example in the procurement of project materials and services), there are mechanisms to safeguard against creating a situation where decision making powers are concentrated in only a few people or one person. CARE should allow communities to manage public resources geared at creating community assets, and institute mechanisms that allow for openness and broader participation. Communities should assume greater responsibility over the creation and maintenance of the assets.<br>**Actions:**<br>1. Participatory planning<br>**2.** Community based budget formulation<br>**3.** Care-taking of community assets<br>4. Constant dialogue on common issues |
| **Complaints and Response Mechanism (CRM)** | This is related to systematic feedback but it is different in that it deals with complaints specifically and must follow a strict procedure to handling such complaints. In an environment where there are increasing tendencies towards poor openness involving collusion, the introduction of a CRM and performance-based culture for the project staff and some form of community auditing would be key to enhancing performance and accountability. All beneficiaries should be able to register official complaints to CARE about the project/program activities or staff abuse/misconduct and receive appropriate redress. This means they must be aware of the CRM as well as feel safe and empowered to use it. This feedback can be used to improve the intervention as well as to ensure that any abuse/misconduct is handled in a timely and appropriate manner. The process of responding to complaints should consistent and clear and can at time be undertaken by community members themselves with the right support.<br><br>**Actions:**<br>1. As there are many options and modalities for CRMs, each FO/PO must decide on a specific CRM and how it will deal with such feedback and complaints. CRM can be difficult and complex to implement so staff should carefully consider what the best means for receiving and responding to complaints should be based on the local context and capacity.<br>2. Accountability Advisors at the CO should be used as a resource to develop the CRM. The FO/PO FA Plan must |

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| | establish a clear goal and related activities specific to CRM development.<br>3. The CRM must be able to deal with serious complaints such as allegations of untimely response, poor implementation, fraud, or sexual exploitation. |
| **Technical performance** | Technical performance refers to the degree to which tasks are carried out in accordance with program standards and intended results. CARE is accountable to meeting different standards in programming depending on the sector (SPHERE, etc) – it is up to each individual to know which standards apply to their particular program/project.<br><br>**Actions:**<br>1. Develop a list of activities which defines roles and responsibility in regards to ensuring technical standards are being met. In many cases, confusion arises because either too many different people have assumed responsibility for this or no one has assumed responsibility.<br>2. The FATF coordinator and the POM should complete a plan detailing what tasks will be delegated to the TF and others and by when which helps ensure that tasks are not dumped on the TF too soon in its development. |
| **Documentation and Learning** | FA practices and FA Plan implementation is an iterative process which requires continuous monitoring, evaluation and adjustment. Areas for development and improvement can only be identified if FA is considered as an integral part of CARE's documentation and learning practices.<br><br>**Actions:**<br>1. Organize reflection sessions for staff at the project/program level once a month and every quarter at FO?PO level<br>2. Establish a documentation system (with designated staff member(s) responsible) and ensure recording of activities and events for learning and capturing lessons<br>3. Community members are assisted to identify what should be monitored and evaluated in a program, and what the indicators of success are. CRRP findings should be reviewed regularly with the community and consequent changes to the program are discussed between staff and the community. |

**Annex 1: Community Review and Reflection Process (CRRP)**

In the spirit of increasing CARE's Accountability to the beneficiary communities, partners, and other key stake holders, the Community Review and Reflection Process (CRRP) is a very useful and practical tool which can be used at the community level. In essence the process requires CARE to work with stakeholder groups to:

(a) Assess what CARE has achieved with the community
(b) Learning from these achievements and challenges
(c) With this analysis, articulate what can be done differently in the future.

Purpose: To learn and document program achievements and challenges with the community in order to improve the responsiveness and quality of ongoing work. It also helps to increase CARE's accountability and transparency to partners and beneficiary communities.
Process:

1. CRRP is facilitated by CF;s and FATF's together with community representatives and partners
2. A series of Key questions will be developed to assess different elements of Forward Accountability based on the identified five key areas of transparency/information sharing, working with local structures, communities' participation in decision making, CRM, and staff attitudes and interactions (see Annex II for questions).
3. A reflection session will be held amongst the FO/PO team, community focus groups and partners in which these questions will be asked, discussed, and responses documented
4. After the completion of the CRRP session, a validation and feedback session will be organized by the FO to present preliminary findings and to facilitate buy in from any implementing partners

**Forward Accountability Focus Area #1- Transparency and Information Sharing**

Most community members will be asked whether they are aware of the program related to the following issues (eradicating FGM, basic education and economic livelihood). Community members will reflect their knowledge of the content of the program as per their engagement level and understanding. The community will reflect whether they are aware of staff members (mostly community Facilitators) who work with them and other project staff. They will be asked whether there are mechanisms specific to sharing information in a timely and accessible manner to the community based on the criteria identified in the table in section XI.

**Forward Accountability Focus Area #2- Working with Partners and Local Structures**

Local social structures are representatives of groups of community members will be asked as to who are the community groups they represent, what are their needs, aspirations and problems. The representatives will be asked on possible ways of mobilizing these groups for development participation and for community related discussions and dialogue such as CRRP /CSC etc.
They also will serve as a bridge to access the groups they represent and provide information on their lively hood and social capital so as to take as an input for intervention. The overall purpose of the local social structures is that the marginalized groups they represent lack trust and confidence to come up to voice their interests and hence these representatives will at least provide basic issues pertinent to these groups and create ways to reach these groups and assist practitioners to identify representatives from specific community groups that CARE is seeking to assist (women, youth, disable, etc) to be involved in FA activities. They also assist in ddesigning FA activities to make it easy and safe for people from marginalized groups to get involved and to strengthen their influence in local decision-making.

**Forward Accountability Focus Area #3- Community Participation in Decision Making:**

*Planning Process:* here the community will be asked whether they were part of the planning, or design process such as baseline assessments, power and gender analysis and if the findings were shared

*Implementation Process:* This refers to community participation in the implementation of activities on regular basis. CRRP wants to identify whether such participation was proactive and centred on creating ownership. This also refers to the quality of participation not just the existence of it.

*Monitoring and Evaluation:* This refers to whether there are systematic mechanisms in place for the community to forward their feedback about CARE's performance other than regular review and annual meeting which are already in the agenda set by CARE and/or partners.
Opportunity: The CRRP process can be utilized to also provide a venue where community can assess CARE's performance as well as to gain insight on gender and power roles in the community.

**Forward Accountability Element #4-CRM**

The community members will be given an opportunity to explain how they forwarded their complaints, who they could approach (if they felt safe/comfortable) and how easily and adequately they received response/redress.
*Opportunity:* The CRRP session can be used as a time to establish a mandated tripartite complaints committee consisting of CARE staff, community responsiveness, and partners to follow-up on any outstanding issues of concern and to serve a linkage to all relevant stakeholders.

**Forward Accountability Element #5- Promoting positive and appropriate attitudes among staff:**

The community will be given an opportunity to state their perception of how CARE staff interacted with them (respect, equality, etc). The community will have the chance to describe the attitude and character of the program staff based up on their experiences of interaction stating the staff's level of respect, equal treatment and dignity.

## Annex II. CRRP Focus Group Discussion Questions

Key Questions asked during the CRRP should are aiming to find the answers to the following broad questions:

- How well is CARE practicing forward accountability (based on the five focus areas)?
- Where is CARE in terms of practicing and reflecting values of FA?
- How do others see CARE (communities, government, and partners)?
- What does CARE still need to do to enhance FA practices?
- How well has CARE integrated the organization's programming principles in to implemented activities
- How well is CARE integrated the organization's programming principles in to the implemented activities
- How well is CARE reflecting core values(Courage, Accountability, Respect and Excellence)

The table below provides a series of potential questions to be used in the CRRP to obtain a sense of the answers to these questions.

| Area of Inquiry | Key Questions | Probing Questions | Indicators |
|---|---|---|---|
| **Transparency & Information Sharing** | -Is information provided in an accessible way?<br>-Is information provided in a timely manner?<br>-Can all project beneficiaries easily access information?<br>-What mechanisms does CARE use to sharing information? (E.g. is there an information board in local language?<br>-Is the information presented in a jargon free, easy-to-understand manner?<br>-Is the information presented by a CARE staff verbally at community gatherings/meetings? | - What are the name, duration, activities, goal, and criteria for beneficiaries, and budget for the project?<br>-Who are the community staff and program manager of the project?<br>-Who do you contact if you have concerns about the project? | - Knowledge about Care's structure, values, programming principles, staff, CARE's role and responsibilities in the community<br>- Awareness about CARE's project plans and budget allocated for each project |
| **Community participation in Decision-making** | *Planning and Design:*<br>-What is your involvement in the initial assessment and design of the project?<br>-What is your involved in targeting criteria, beneficiary selection, goal and objective setting, design of activities (content, timing, etc)?<br>*Implementation:*<br>-Was the community regularly involved during implementation?<br>-Did you play an active role in project/program activities?<br>-Were women and marginalized groups involved in every phase of the project cycle?<br>*M&E:*<br>Did you participate in reviews of CARE's performance?<br>Did you receive information on the results of evaluations, assessments, etc? | - When did you first become aware of this project?<br>- How do you see you role in this project?<br>- Is your role important to the project?<br>- What are the current mechanisms used to ensure your participation?<br>- Do you feel you have the power to influence CARE's decisions about the project? How? | - Care has an established system that enables the community or their representatives to participate in planning/implementation and monitoring of CARE projects<br>- There is current mechanism in place to ensure participatory decision-making |
| **CRM** | - Are there any systematic mechanisms in place for forwarding complaints about CARE?<br>- Is there a set protocol/policy to handle community complaints? | -Do you feel safe and comfortable to use the CRM?<br>-Are you aware of a mechanism you can use to | - We are able to comment on all cycles of implementation<br>-Care actively seeks our concerns and responds in a timely manner |

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| | -Did you or anyone you know use this system? How was it handled? Did they get redress? | forward you complaints and get answers?<br>-Are you aware of the types of issues the community is entitled to voice complaints about? | - There is a protocol we can use to forward our complaints |
| Promoting positive and appropriate attitudes among staff | - How are/were you treated by CARE staff?<br>- What type of behavior do CARE staff model? | - How often do you interact with CARE staff? | -Behavior is reflective of core values<br>-Incidence of misconduct/abuse |

**Annex III: Community Scorecard (CSC)[1]**

**1. INTRODUCTION**

The community score card (CSC) process is a community based monitoring tool that is a hybrid of the techniques of social audit, community monitoring and citizen report cards. Like the citizen report card, the CSC process is an instrument to exact social and public *accountability* and responsiveness from service providers2. However, by including an *interface meeting* between service providers and the community that allows for immediate feedback, the process is also a strong instrument for *empowerment* as well.

The CSC process uses the "community" as its unit of analysis, and is focused on monitoring at the local/facility level. It can therefore facilitate the monitoring and performance evaluation of services, projects and even government administrative units (like district assemblies) by the community themselves. Since it is a grassroots process, it is also more likely to be of use in a rural setting.

Using a methodology of soliciting user perceptions on quality, efficiency and transparency similar to citizen report cards, the CSC process allows for:
(a) Tracking of inputs or expenditures (e.g. availability of drugs),
(b) Monitoring of the quality of services/projects,
(c) Generation of benchmark performance criteria that can be used in resource allocation and budget decisions,
(d) Comparison of performance across facilities/districts,
(e) Generating a direct feedback mechanism between providers and users, (f) building local capacity and (g) strengthening citizen voice and community empowerment.

[1] This note was prepared by Janmejay Singh and Parmesh Shah of the Social Development Department at the World Bank. It is derived in large part from the work by CARE's work in monitoring the performance of Health Services in Malawi through a community scorecard.

As with any instrument of social and public accountability, an effective CSC undertaking requires a skilled combination of four things:

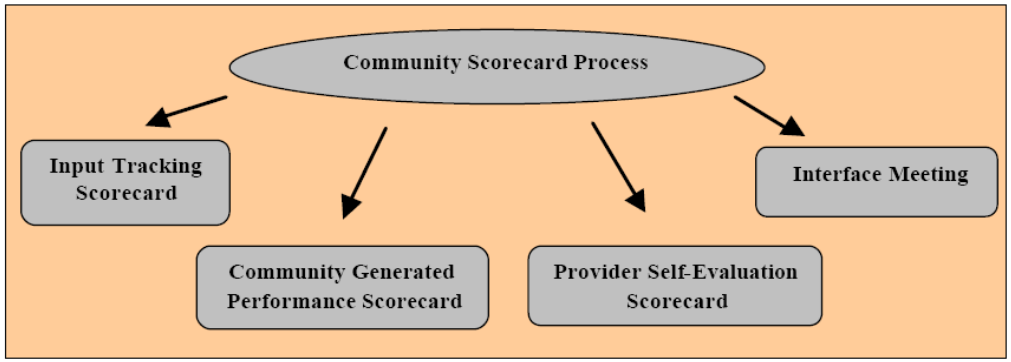
i) understanding of the socio-political context of governance and the structure of public finance at a *decentralized level*,
ii) technical competence of an intermediary group to *facilitate* process,
iii) A strong publicity campaign to ensure maximum participation from the community and other local stakeholders, and
iv) iv) steps aimed at institutionalizing the practice for iterative civic actions.

## 2. THE COMPONENTS OF THE CSC PROCESS

As such the CSC process is not a long-drawn and can even be carried out in one public meeting. However, the purpose of the exercise is not just to produce a scorecard, but to use the documented perceptions and feedback of a community regarding some service, to actually bring about an improvement in its functioning. For this reason the implementation of a comprehensive CSC *process*, does not stop at just the creation of a CSC *document* that summarizes user perceptions. Instead, the CSC process that we envisage involves ***four components****:*

(i) The input tracking scorecard,
(ii) The community generated performance scorecard
(iii) The self-evaluation scorecard by service providers, and last but certainly not least,
(iv) The interface meeting between users and providers to provide respective feedback and generate a mutually agreed reform agenda

**Figure 1: The Four Components of the Community Scorecard Process**




## 3. THE STAGES INVOLVED IN IMPLEMENTATION

The above four components of the CSC process require a fair deal of preparatory groundwork as well as follow-up efforts towards institutionalizing the process into governance, decision making and management of service provision at the local level. Thus, all in all, we can divide the CSC process into

***Six key stages:***

(i) preparatory groundwork,
(ii) developing the input tracking scorecard,
(iii) generation of the community performance,
(iv) generation of the self-evaluation score card by facility/project staff,
(v) the interface meeting between community and providers, and
(vi) the follow-up process of institutionalization. These stages and the tasks involved in them are described below.

**3.1 Preparatory Ground Work**

*First,* identify the scope of the monitoring or performance evaluation – which sector (health, education, etc…) is going to be evaluated. The fact that the methodology of the CSC is most useful in monitoring performance of services that come in close contact with communities, should be kept in mind. The sample space of village clusters that will be used for the exercise must also be defined. These clusters should be cohesive, so that defining the members of different villages as a 'community' does not become unrealistic

*Second,* given the high degree of facilitation and mobilization required in the CSC process it is important to find people or groups within the sample area who can help with the implementation of the scorecard. These can include traditional leaders, members of local governments, and workers at the service facilities in the region, community volunteers, and staff from local/international NGOs.

*Third*, as the process of drawing out community perceptions is done via a community meeting, one must ensure that the latter has broad participation from all parts of the community in the village cluster. For this purpose, the meeting must be preceded by full-scale mobilization of people in the community through an advocacy/awareness generating campaign that informs people about the purpose and benefits of the CSC. If a large segment of the community participates in the process, the first step towards success would have been achieved. Therefore it is useful if the facilitators have a history of work with the community so that trust has been built.

*Fourth,* since the data collection during the community gathering is done on the basis of *focus groups*, a preliminary stratification of the community based on usage of the service that is being evaluated needs to be undertaken. This includes finding out first who uses what, how much, and what the demographic and poverty distribution of usage is. This initial stratification can done by two means:

(a) Either through field visits and informal interviews by the facilitating team, or
(b) By using existing social/poverty mapping data collected by previous participatory exercises.
The stratification will also give a first glimpse at the usage issues and performance criteria that one can expect to generate through the exercise.

**3.2 Development of the Input Tracking Scorecard**

*First,* in order to be able to track inputs, budgets or entitlements one must start by having data from the supply side about these. Therefore, the first job is clearly to *obtain this supply-side data*. This can be in the form of :

(a) Inventories of inputs like drugs, textbooks, furniture, etc.,
(b) Financial records or audits of projects,
(c) Budgets and allocations of different projects, or
(d) Entitlements based on some kind of national policy (e.g. one textbook per child).

*Second*, take this information to the community and the project/facility staff and tell them about it. This is the initial stage of letting the community know their 'rights'5 and providers their 'commitments.' For instance, are workers' wages supposed to be 100 Kwachas per day, are households entitled to 10 kg of food ration per week, or are there supposed to be 1000 capsules of a certain drug available in the health center?

*Third,* one needs to divide participants into focus groups based on their involvement in the service/project – e.g., are they workers, aid receiving households, facility staff, users, etc…Usually one needs to separate the providers from the community, and then sub-divide each group. The resulting sub-groups should have sufficient numbers of respondents from each aspect of the project (users, workers, aid recipients, etc…) and should ideally also be mixed in terms of gender and age. They will then be able to provide information regarding different inputs.

*Fourth,* using the supply-side information above, and the discussions in the sub-groups one needs to finalize a set of *measurable input indicators* that will be tracked. These will depend on which project or service is under scrutiny. Examples include the wages received for different work programs, food rations or drugs received, sources of procurement under a project (were the cheapest sources used, was a friend/relative given a contract, etc.). In each case the aim is to come up with an indicator for which a variance between actual and entitled/budgeted/accounted data can be compared.

*Fifth,* with the input indicators finalized the next step is to ask for and record the data on actual for each input from all of the groups and put this in an input tracking scorecard as shown in table-1 below. Wherever possible each of the statements of the group member should be substantiated with any form of concrete evidence (receipt, account, actual drugs or food, etc.). One can triangulate or validate claims across different participants as well.

*Sixth,* in the case of physical inputs or assets one can inspect the input (like toilet facilities) to see if it is of adequate quality/complete. One can also do this in the case of some of the physical inputs – like number of drugs present in the village dispensary – in order to provide first hand evidence about project and service delivery.

**Table-1 An exampleof what an Input Tracking Score Card Looks Like**

| Input Indicator | Entitlement | Actual | Remarks/Evidence |
|---|---|---|---|
| Textbooks per child | | | |
| Children per class | | | |
| Sanitation Facilities | | | |
| Furniture per classroom | | | |

| | | | |
|---|---|---|---|
| Wages of Teachers | | | |

### 3.3 Generation of the Community Generated Performance Scorecard

*First,* once the community has gathered, the facilitators (both local and external) face the task of classifying participants in a systematic manner into focus groups. The most important *basis for classification must be usage*, in order to ensure that there are a significant number of users in each of the focus groups. Without this critical mass, no useful data can be solicited. Each group should further have a heterogeneous mix of members based on age, gender, and occupation so that a healthy discussion can ensue.

*Second,* each of the *focus groups must brainstorm to develop performance criteria* with which to evaluate the facility and services under consideration6. The facilitators must use appropriate guiding or 'lead-in' questions to facilitate this group discussion7. Based on the community discussion that ensues, the facilitators need to list all issues mentioned and assist the groups to organize them into measurable or observable performance indicators8. The facilitating team must ensure that everyone participates in developing the indicators so that a critical mass of objectives criteria are brought out.

*Third*, the set of community generated performance indicators need to be finalized and prioritized. In the end, the number of indicators should not exceed 5-8.

*Fourth*, having decided upon the performance criteria, the facilitators must ask the focus groups to give relative scores for each of them. The scoring process can take separate forms – either through a consensus in the focus group, or through individual voting followed by group discussion. A scale of 1-
5 or 1-100 is usually used for scoring, with the higher score being 'better'.

*Fifth*, in order to draw people's perceptions better it is necessary to ask the reasons behind both low and high scores. This helps explain outliers and provides valuable information and useful anecdotes regarding service delivery.
*Sixth,* the process of seeking user perceptions alone would not be fully productive without asking the community to come up with its own set of suggestions as to how things can be improved based on the performance criteria they came up with. This is the last task during the community gathering, and completes the generation of data needed for the CSC. The next two stages involve the feedback and responsiveness component of the process.

**Table 2: A sample of Community Generated Performance Score Card for Health from Malawi**

| S.No | Indicators | Score out of 100 | Score After 6 Months | Scores After 12 Months |
|---|---|---|---|---|
| 1 | Positive Attitude of Staff | 40 | | |
| 2 | Management of the Health Centre | 50 | | |
| 3 | Quality of Services Provided | 35 | | |
| 4 | Equal Access to Health Services for all Community Members | 25 | | |

**Table -3: Another Example of What a Community Score Card With in a Focus Group Looks Like**

| | Score | | | | | |
|---|---|---|---|---|---|---|
| Community Generated Criteria | 1 very bad | 2 Bad | 3 OK | 4 Good | 5 V. Good | Remarks |
| Availability of Staff | Score % | | | | | |
| Availability Ambulance | | | | | | |
| Availability Drugs | | | | | | |
| Availability Furniture | | | | | | |
| Attitude of Staff | | | | | | |

### 3.4 Generation of Self-Evaluation Scorecard by Facility Staff

*First,* in order to get the perspective of the providers, the first stage is to choose which facilities will undertake the self-evaluation. This choice depends to a large extent on the receptiveness of the staff at the facility, and so there is perhaps the need for some advocacy to them as well about the purpose and use of the CSC process.

*Second*, as with the community, the facility staff need to go through a brainstorming session to come up with their own set of performance indicators. These should then be classified in a manner that is easily comparable with the indicators chosen by the community.

*Third*, as in the community gathering, the staff of the facility (be it a school, or health clinic) need to fill in their relative scores for each of the indicators they came up with. These are again averaged to get the self-evaluation score card.

*Fourth*, the facility staffs too need to be asked to reflect on why they gave the scores they did, and to also come up with their own set of suggestions for improving the state of service delivery. One can even for the record ask them what they personally consider would be the most important grievances from the community's perspective, and then compare and see the extent to which the deficiencies are common knowledge12.

### 3.5 Interface Meeting between Community and Facility Staff

*First*, both the community and providers need to be prepared for the interface meeting. This final stage in the CSC process holds the key to ensuring that the feedback of the community is taken into account and that concrete measures are taken to remove the shortcomings of service delivery. To prepare for this interface, therefore, it is important to sensitize both the community and the providers about the feelings and constraints of the other side. This ensures that the dialogue does not become adversarial, and that a relationship of mutual understanding is built between client and provider. The sensitization task can be done through a series of training sessions with members of both sides, and through sharing the results of the two scorecards.

*Second,* a major task for the implementing team will then be to ensure that there is adequate participation from both sides. This will require mobilization at the community level, and arrangements so that facility staff are able to get away from their duties and attend the meeting. One can further involve other parties, like local political leaders, and senior government officials in the interface meeting to act as mediators, and to give it greater legitimacy.

*Third,* once both the groups have gathered in a meeting, the implementing team has to facilitate dialogue between the community and the service providers and help them come up with a list of concrete changes that they can implement immediately. This will give credence to the entire process from both the community's and provider's perspectives, and make it easy to undertake such exercises in the future. Senior government officials and/or politicians present can also endorse the reforms.

### 3.6 Follow-up and Institutionalization

*First,* CSC initiatives, especially those that arrive as one-off experiments will serve little long-term purpose unless implementation is followed through on a sustained basis. Both demand and supply side measures can be undertaken to ensure this institutionalization. From the supply side, the key is to get local governments and district assemblies to create forums for feedback from communities via the CSC so that performance based policy action can be taken.

*Second*, the regional and national governments can integrate CSC findings in their decentralization program, by making the results of the scorecards the basis for allocation of resources or performance based incentives across local governments, sectors, and/or facilities.

*Third,* from the demand side, community based organizations can train their staff on how to conduct a CSC, so that they become the institutions responsible for undertaking the exercise on a sustained basis.

*Fourth*, links can also be made with existing community organizations such as PTAs, or health committees, so that they get involved in facilitating and implementing CSC processes. This will reinforce the sustainability and legitimacy of the process.

*Fifth*, various indirect uses of the data and findings of CSCs can be promoted by ensuring that the information contained in them is disseminated into the public domain. This can be done via grassroots media like community radio, or through the national press and television.

## 4. FURTHER REFERENCE

For further reference on the methodology and results of community score card initiatives, please consult:

- SPACO (Gambia): Draft Operational Manual on Community Based Monitoring of the Strategy of Poverty Alleviation (SPA-II), April 2003. Available at www.worldbank.org/participation
- CARE Malawi: Report on "*Outputs from the Community Scorecard on Performance of Health Services",* 2002

**Figure-2: Flowchart of Stages in Comprehensive Community Score Card Process (Provider Self-Evaluation Separate)**