**This Staff interview & survey guide** provides the framework & questions for involving especially frontline staff (CARE & partners) within a **Rapid Accountability Review (RAR).** The questions are organized against the commitments established by CARE’s Humanitarian Accountability Framework (HAF); which are aligned with the commitments of the Core Humanitarian Standard (CHS). **Certain indicators are considered as core and therefore should be applied in any RAR** whereas other indicators are likely to be applied only in more or less comprehensive RARs. **For prioritising the indicators in this tool, the following three categories of RARs apply:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **RAR type** | **Timing** | **Lead****(involved)** | **LOE RAR preparations** | **LOE RAR workshop** | **Relevant HAF-commitments** | **Performance targets (HAF)** |
| **LIGHT** | Anytime | Response TL (CCG, CO-ERT) | Based on strategy and related documents (e.g. Analysis, Proposals); Sitreps, reports | ½ - 1 day;Internally facilitated | Mainly Key Actions; esp. commitments 1-5 | Scale & Scope |
| **BASIC** | During 1st month of response | CO-ERT (CCG, involved CMPs) | Light RAR + analysis of existing feedback, complaints received; if possible complement with surveys | 1-2 days;Internal + external facilitator if possible | Selected key actions & org. responsibilities from all commitments | Scale, Scope & quality markers |
| **COMPRE-HENSIVE** | 2-3 months into the response | Lead member (CO-ERT, CMPs) | Basic RAR + field investigations (incl. FGD, scorecards etc.) | 3-7 days;independent reviewer; external facilitation | Key actions & organisational responsibilities; all commitments | Scale, Scope, quality markers & management requirements |

This questionnaire can be used as interview guide with key informants (KI), as guide for a focus group discussion (FGD) or as a basis for a survey. **Questions are kept open to allow for a broad range of answers and (in case of interviews) for further probing questions and thus to reflect in adequate details the understanding and perception of the KIs.** In a light RAR the KIs would be mainly the Emergency Response Team (ERT) whereas for basic and comprehensive RARs they can include staff of CARE and partners in various field locations. **Especially for the staff survey but potentially also in FGD using the performance scoring applying a range from 0 to 4 based on the following criteria:**

| **Score** | **EXTENT of ALIGNMENT** |
| --- | --- |
| L:\Self-assessment\Self-assessment tool\Self-assessment tool v1.2\Score 0.JPG**0** | * Operational activities and actions systematically contradict the intent of a CHS requirement.
* A systemic issue threatens the integrity of a CHS Commitment
 |
| L:\Self-assessment\Self-assessment tool\Self-assessment tool v1.2\Score 1.JPG**1** | * Some actions respond to CHS commitment but significant elements do not reflect it even if relevant policies & procedures are in place.
* Policies exist but incomplete and/or are not monitored and/or not accompanied with sufficient guidance / staff orientation.
 |
| Description: L:\Self-assessment\Self-assessment tool\Self-assessment tool v1.2\Score 2.JPG**2** | * Procedures & actions at operational level are broadly in line with the intent
* Implementation of commitment varies and is driven by people rather than organizational culture.
* Policies and procedures are not always accompanied with sufficient guidance and/or monitoring
 |
| Description: L:\Self-assessment\Self-assessment tool\Self-assessment tool v1.2\Score 3.JPG**3** | * Actions of projects and programmes reflect the requirement throughout programme sites.
* Relevant policies and procedures exist, are accompanied with guidance and their implementation is monitored and staff are made accountable for their application of relevant policies and procedures. Staff are familiar with relevant policies and can provide several practical examples.
 |
| Description: L:\Self-assessment\Self-assessment tool\Self-assessment tool v1.2\Score 5.JPG**4** | * Field and programme staff act frequently in a way that goes beyond CHS requirement
* External stakeholders are particularly satisfied with the work of the organisation
* Policies and procedures are innovative and go beyond the intent of the CHS requirement.
 |

**All informants should be briefed in advance on the RAR process, its purpose as well as the value and use of their input. When applicable, the Interviewer should prepare by reviewing relevant documents especially in order to further investigate and verify the evidence related to the organisational responsibilities. SECTION 1: General information**

|  |  |  |  |
| --- | --- | --- | --- |
| ***CARE Office*** |  | ***Country*** |  |
| ***Crisis Name*** |  |
| ***Response Name*** |  |
| ***RAR facilitator*** |  | ***RAR Date*** |  | ***RAR Type*** |  |
| ***RAR rapporteur*** |       | ***RAR report date*** |       | ***Report Version*** |       |
| ***RAR scoring team*** |       |

Summarizing findings and scoring will be done either directly by the ERT (in case of a light RAR) or by a small team or an external reviewer. In any case senior management (e.g. Lead member, Crisis Coordination Group (CCG) or country representative) should ensure the integrity of the process by assigning a process manager with adequate level of independence.

**SECTION 2: Sources Log**

In this Summary Report you do not need to provide detailed information on evidence used as basis for findings and scores of indicators. We do however request you to summarize the sources you have used. Depending on the selected RAR process the sources of information will be more or less comprehensive.

In order to decide which sources to use, you should review the indicators under each commitment in section 3, select those relevant to the stage in the response cycle and to the type of RAR you want to conduct. **Review core elements expected in CARE under each indicator, refine and adapt them to the context before establishing which sources to seek for each indicator.** Combine as much as possible oral (people) and written (documents) sources.

|  |
| --- |
| ***Sources for findings and for basis of scores*** |
| ***Location***  | *Indicate locations relevant to the response(s) covered by this review* |
| ***Staff*** | *List all the internal stakeholders (functions/positions/teams) consulted for this review and the method of consultation* |
| ***Partners & other stakeholders*** | *List all the external stakeholders consulted for this review and the method of consultation; specifically identify partners* |

**SECTION 3: Questions & Scoring**

| ***Ref [[1]](#endnote-1)*** | ***Indicators*** | **Light RAR** | **Basic RAR** | **Com. RAR** | **Score** |
| --- | --- | --- | --- | --- | --- |
| ***1. Communities and people affected by crisis receive assistance appropriate and relevant to their needs.*** |
| ***1.1******1.2******GM******GD******SEA*** | *To what extent does CARE’s interventions respond to impartially identified and clearly defined needs, risks, vulnerabilities & capacities?*  | **X** | **X** | **X** |  |
| *Summarise your findings here.* |
| ***1.3******GM*** | *To what extent CARE adapts its response to changing needs & context?*  |  | **X** | **X** |  |
| *Summarise your findings here.* |
| ***1.4******1.5******1.6******GD*** | *To what extent do you find CARE policies and procedures supportive of impartiality, contextualisation, gender & diversity sensitivity and adaptability of the response?*  |  |  | **X** |  |
| *Summarise your findings here.* |
| **2. Communities and people affected by crisis have access to the humanitarian assistance they need at the right time.** |
| **2.1****2.4****GM****SEA** | *To what extent are CARE’s interventions safe, accessible to affected communities (women & girls in particular)?* | **x** | **x** | **x** |  |
| *Summarise your findings here.* |
| **2.2** | *To what extent is CARE’s response effective and timely?* | **x** | **x** | **x** |  |
| *Summarise your findings here.* |
| **2.6****8.4** | *To what extent does CARE’s response reflect organisational capacities and priorities?*  |  |  | **x** |  |
| *Summarise your findings here.* |
| **2.5 2.7****GM** | *To what extent do the existing monitoring, evaluation, and decision making systems and mechanisms allow CARE to adapt and improve its response in a timely and effective manner?* |  | **X** | **x** |  |
| *Summarise your findings here.* |
| **3. Communities and people affected by crisis are not negatively affected and are more prepared, resilient and less at-risk as a result of humanitarian action.** |
| **3.2****3.6-8****2.1****GM****GD****SEA** | *To what extent do existing CARE policies & procedures guide and support efforts to identify and act upon negative effects on the crisis affected population?* | **x** | **x** | **x** |  |
| *Summarise your findings here.* |
| **3.1****3.3****3.4****3.5****GD****Loc** | *To what extent does CARE’s response enhance local capacity and enable local leadership with appropriate representation of marginalised / disadvantaged groups?* |  | **x** | **x** |  |
| *Summarise your findings here.* |
| **4. Communities and people affected by crisis know their rights and entitlements, have access to information and participate in decisions that affect them.** |
| **4.1****4.2****4.5****GM****GD****SEA****Loc** | *To what extent has CARE policies, procedures & systems in place to disseminate information about the organisation, its partners, its principles, staff behaviour, programme plans & deliverables?* | **x** | **x** | **x** |  |
| *Summarise your findings here.* |
| **4.3****4.4 4.6****GM****GD****SEA** | *To what extent has CARE policies, procedures & systems in place that insure inclusive representation, participation and engagement of people and communities are ensured at all stages of the work paying**particular attention to the gender, age and diversity?* |  | **x** | **x** |  |
| *Summarise your findings here.* |
| **5. Communities and people affected by crisis have access to safe and responsive mechanisms to handle complaints.** |
| **5.1****GM****SEA** | *To what extent does CARE involve communities and people (esp. women & girls) affected by crisis are consulted on a) design, b) implementation, and c) monitoring of complaints handling processes.* | **x** | **x** | **x** |  |
| *Summarise your findings here.* |
| **5.2****5.3****5.4****5.5****5.7****SEA** | *To what extent does CARE manage complaints in a timely, fair and appropriate manner that prioritises the safety of the complainant and those affected at all stages.* | **x** | **x** | **x** |  |
| *Summarise your findings here.* |
| **6. Communities and people affected by crisis receive coordinated, complementary assistance.** |
| **6.1-6.5****Loc** | *To what extent does CARE coordinates and collaborates with different stakeholders complementing roles, responsibilities, capacities and interests?* |  | **x** | **x** |  |
| *Summarise your findings here.* |
| **6.6****Loc** | *To what extent are CARE’s relationships with other actors governed by clear and consistent agreements that respect each partner’s mandate, obligations and independence, and recognises their respective constraints and commitments.* |  |  | **x** |  |
| *Summarise your findings here.* |
| **7. Communities and people affected by crisis can expect delivery of improved assistance as organisations learn from experience and reflection.** |
| **7.1****7.2** | *To what extent are CARE’s programmes designed based on lessons learnt and prior experience as well as results from monitoring and evaluation, and feedback and complaints?* |  | **x** | **x** |  |
| *Summarise your findings here.* |
| **7.4****7.5****7.6** | *To what extent does CARE have policies, mechanisms and means in place to ensure sharing of experience and improving practices internally and with peers?* |  |  | **x** |  |
| *Summarise your findings here.* |
| **8. Communities and people affected by crisis receive the assistance they require from competent and well-managed staff and volunteers.** |
| ***Key actions*** |  |
| **8.1****8.2****8.3****8.6****8.8** | *To what extent are CARE Staff equipped and supported to work safely, to fulfil their responsibilities and to act according to CARE values & policies?* |  | **x** | **x** |  |
| *Summarise your findings here.* |
| **8.5****8.7****8.9****GD****SEA** | *To what extent are staff policies and procedures fair, transparent, non-discriminatory, compliant with local employment law, and in line with internationally recognised Codes of Conduct?* |  | **X** | **x** |  |
| *Summarise your findings here.* |
| **9. Communities and people affected by crisis can expect that the organisations assisting them are managing resources effectively, efficiently and ethically.** |
| **9.1****9.2****9.3** | *To what extent does CARE design, implement and manage responses and related resources efficiently, balancing quality, cost and timeliness to achieve their intended purpose and minimise waste?* |  |  | **x** |  |
| *Summarise your findings here.* |
| **9.4****Loc** | *To what extent does CARE use local and natural resources taking their actual and potential impact on the environment into account.* |  |  | **x** |  |
| *Summarise your findings here.* |
| **9.5****SEA** | *To what extent does CARE manage the risk of corruption and takes appropriate action when corruption cases are identified.* |  | **X** | **x** |  |
| *Summarise your findings here.* |
| **Any other reflections, comments and questions regarding CARE’s response performance?** |
|  |
|  |
|  |

1. Numbers = CHS indicators,

GM = relevant for CARE Gender Marker ;

GD = relevant for CHS Gender & Diversity marker;

SEA = relevant for CHS PSEA marker;

loc = relevant for CHS localisation marker. [↑](#endnote-ref-1)