

Guidance Note: Feedback and Complaints Mechanisms

1. What is a Feedback and Complaints Mechanism?

A **feedback and complaint mechanism** (FCM) is a set of procedures and tools formally established (ideally across programs and linked to other monitoring processes) which:

- a) solicits and listens to, collates and analyzes feedback and complaints from members of the community where CARE works about their experience of an intervention provided by CARE and its partners;
- b) solicits and listens to, collates and analyzes feedback and complaints from partners about their experience of working with CARE;
- c) triggers action, influences decision-making at the appropriate level in the organization and/or prompts a referral to other relevant stakeholders if necessary and appropriate;
- d) provides a response back to the feedback or complaint provider and if appropriate, the wider community.

In some contexts, particularly in humanitarian responses or when working in consortia, an **inter-agency or joint mechanism** may exist. It is always preferable for CARE and partners to utilize joint mechanisms where they exist rather than setting up a separate FCM. CARE must ensure that joint mechanisms meet CARE's minimum standards which may require following-up with the lead agency (if not CARE) and may necessitate that the minimum standards are included in agreements with other agencies.

2. Key Definitions

Feedback is a positive or negative statement, a concern or a suggestion on a non-sensitive issue about an intervention provided by CARE or its partners or the behavior of CARE or partner staff.

A **complaint** is a specific grievance from anyone who has been negatively affected by an organisation's action or who believes that an organisation has failed to meet a stated commitment. Complaints can be about either non-sensitive issues (such as dissatisfaction with activities) or sensitive issues (such as fraud, corruption, sexual exploitation and abuse).

"CARE defines **accountability** as explaining, being held responsible for and hearing the perspectives of others about how well we are meeting our commitments – and then actively making changes and improvements based on what we've learned and heard."

CARE International

The terms feedback and complaints may not be culturally appropriate or similarly understood in all contexts. Other words may need to be found in local languages to ensure understanding and that people feel comfortable and safe voicing their opinions and concerns.

Feedback and complaints can be shared by any member of the communities where we work, such as project participants, other crisis-affected populations, local traditional or administrative authorities, suppliers and even CARE and partner staff.

3. Why do we need Feedback and Complaints Mechanisms?

If operated effectively, a feedback and complaint mechanism supports CARE and its partners to meet the organization's goals, values and commitments by ensuring that:

- **Initial steps are taken towards redressing power imbalances and we are accountable to those we work with and for** – by providing opportunities for participants (of all ages, genders and abilities) and partners to participate in and influence decision-making.
- **Our interventions are relevant and appropriate to participants' needs and aspirations** – by identifying changing needs and inappropriate activities and taking appropriate action.

- **Our interventions are implemented in a way which respects communities and protects their well-being and safety** – by identifying activities or behavior which are causing harm and taking appropriate action.
- **The integrity of our interventions is upheld** – by identifying situations in which assistance is being diverted for personal or political gain and taking appropriate action.
- **Gender equality and women’s voice are supported** – by identifying what is working and not working for women, men, boys and girls and providing opportunities for marginalized community members to voice their opinions and feed into decision-making.
- **Trust with community members is built and maintained** – facilitating implementation and creating a solid relationship with the community upon which to intervene at a deeper level in the future.
- **Actual and potential cases of sexual harassment, exploitation abuse are identified and addressed** – acting as an early warning system and allowing us to respond and prevent further sexual misconduct or other sensitive issues.

4. How to set up and operate a Feedback and Complaints Mechanism

CARE divides the process of setting up and operating a feedback and complaint mechanism (FCM) into three main stages: **I) Plan, II) Act, III) Improve.**

For each stage and related steps defined in the **minimum operating standards** below, specific roles and responsibilities need to be clearly defined. Roles and responsibilities should be assigned to appropriate staff members working in the following types of functions:

- **Senior Management** are ultimately accountable for the establishment and performance of the FCM, as well as ensuring organisational commitment and encouraging a culture supportive of accountability.
- The **Program Director** should be a champion of accountability and hold the Program Team to account for effectively operating the FCM and using data in decision-making. This person is responsible for the inclusiveness and effectiveness of the FCM with a focus on learning and improvement.
- **Program Team / Project Managers** provide programmatic-level support to the implementation and operation of the FCM. They should create a demand for feedback and complaints data and use that data in decision-making.
- The **MEAL Manager in the country office** (or whoever leads on MEAL) has oversight of the running of the FCM across all areas on a day-to-day basis, including coordinating with field office and partner staff to ensure consistent understanding, to build capacity and provide tools and guidance. This person takes a lead on quality control and data analysis.
- **MEAL/Accountability staff at the field office** (which could include Officers or Community Engagement staff) are responsible for the day-to-day operation of the various channels, including directly receiving and processing feedback and complaints.

Sensitive complaints such as sexual exploitation and abuse should be escalated to the designated manager who has been assigned responsibility for handling and response.

When working with partners, CARE’s role should cover the following:

- Ensuring partners have a clear understanding of CARE’s expectations and minimum standards;
- Providing technical support, capacity building, resources and tools as required (e.g. training on PSHEA);
- Providing quality control during field monitoring visits;
- Regularly reviewing analysis of feedback and complaints data and supporting partners to use this for decision-making;
- Regularly participating in reviewing the effectiveness of the FCM and contributing to efforts around learning and improvement.

Feedback and Complaints Mechanisms: Minimum Operating Standards

I) PLAN

Step 1. Secure organisational commitment

- ✓ Build an organizational culture which is supportive of accountability to communities and ensure that CARE staff, consortium members and local partners understand and are committed to CARE's FCM minimum operating standards.
- ✓ Secure budget and resources (including staff time) to set-up, run and continually improve the FCM.

Step 2. Define the scope and scale of the FCM

- ✓ Decide the geographic scope of the FCM.
- ✓ Define and create referral pathways for feedback and complaints which are beyond the scope of what CARE and its partners can address.

Step 3. Consult with communities and analyse context

- ✓ Consult with community members to understand their preferences for channels to provide feedback and complaint and receive responses, including preferences around how to provide sensitive complaints, particularly for women, children and other vulnerable groups.
- ✓ Make all possible efforts to include the full spectrum of community members paying particular attention to different levels of ability, inclusion and power dynamics.
- ✓ Take into account contextual information arising from other project implementation processes such as monitoring, community scorecard activities and gender analyses as well as broader contextual knowledge. Analyse the context considering logistical, cultural and organizational factors which will impact on how well different channels will work for different types of feedback and complaints.

CRITICAL:

Be mindful of the power dynamics and the barriers which marginalised groups face in voicing their opinions within the community. **Conducting a Power and Vulnerability Analysis is highly recommended.**

Step 4. Select a variety of channels

- ✓ Using the results from Step 3 and prioritising the channels preferred by community members, select multiple channels to ensure that *all community members* (regardless of age, gender and ability, including the most marginalized) will have safe and easy access to provide all types of feedback and complaints and receive a response. Take into account physical, social and cultural access barriers identified in the consultations such as mobility, literacy, gender norms etc.
- ✓ For sensitive complaints, such as sexual exploitation and abuse, consider how you can use existing activities to pick up concerns, such as work with women's groups or outreach work on gender-based violence.
- ✓ **At a minimum** select at least 1 collective (public) channel and 1 individual (private/confidential) channel.
- ✓ **At a minimum** select at least 1 static channel (which require the participant to initiate the dialogue) and 1 active channel (in which CARE or partners solicit feedback). Static feedback channels are in place over a long period of time and generally allow a stakeholder to report whenever they choose. Active channels are rarely anonymous and do not typically receive sensitive claims. They are more likely than static channels to receive positive feedback

Static channels	Active channels
<p>Individual:</p> <ul style="list-style-type: none"> ▪ Face-to-face with field staff ▪ Suggestion, Feedback & Complaints Boxes ▪ Hotline Managed In-House or externally ▪ Help Desk in the field ▪ Designated Drop-In Hours in the Office ▪ SMS, WhatsApp, Facebook, Twitter ▪ Letters / E-mails / other Online / digital system ▪ Voice Recorder / Interactive Voice Response <p>Collective:</p> <ul style="list-style-type: none"> ▪ Community committees ▪ Radio Show with Call-In Service ▪ Billboards 	<p>Individual:</p> <ul style="list-style-type: none"> ▪ Micro feedback surveys (e.g. Constituent Voice) ▪ Individual / HH questionnaire <p>Collective:</p> <ul style="list-style-type: none"> ▪ Dedicated Focus Group Discussions ▪ Public Community Meetings ▪ Meetings with community leaders / representatives

Step 5 Define roles and responsibilities and prepare tools and guidance for operating mechanism

- ✓ Edit, adapt and translate available resources and tools to create the FCM Standard Operating Procedure (SOP). The SOP should include: feedback and complaint categories; steps and timelines for processing each category (including referrals, sensitive complaint procedures and response pathways); Frequently Asked Questions (FAQs) for common feedback and complaints; and a standard script for introducing the FCM to community members; and links to all relevant tools and the FCM data management system.
- “**Confidentiality** is an ethical principle that restricts access to and dissemination of information. In investigations on sexual exploitation, abuse, fraud and corruption, it requires that information is available only to a limited number of authorised people for the purpose of concluding the investigation. Confidentiality helps create an environment in which witnesses are more willing to recount their versions of events and builds trust in the system and in the organisation.”

CHS Alliance PSEA Quick Reference Handbook 2017
- ✓ Design hardcopy and digital forms for logging feedback and complaints.
 - ✓ Design data management system for managing feedback and complaints.
 - ✓ Crucially the FCM should be designed and managed in a way that does not cause harm.
 - ✓ Establish roles and responsibilities for staff from CARE, partners and consortium members (if applicable).
 - ✓ Provide training for staff on the FCM Standard Operating Procedure.

CRITICAL:

STEPS 3 to 5 should happen in the design stage of a development programme or the detailed assessment phase for a humanitarian response as well as during any critical review of the programme/response strategy.

Step 6. Raise awareness with community

- ✓ Share information with *all community members*, including the most marginalized, about: CARE and its partners; the projects; behavior to be expected from staff and volunteers; available channels for providing feedback and complaints (how and when to use them); what CARE and partners will be able to respond to and how feedback and complaints will be processed and responded to (with timelines); and principles of anonymity and confidentiality.
- ✓ Ensure that awareness raising reaches people of all genders, ages and abilities in all locations where CARE will operate. Consider literacy levels, local context, vulnerability, multiple languages, cultural as well as linguistic translation when designing information sharing materials.

II) ACT

Step 7. Activate the mechanism

- ✓ Staff receive and log feedback and complaints using the standardised formats.
- ✓ Establish systematic tracking of feedbacks and complaints from all channels in a data management system.

Step 8. Process feedback and complaints

- ✓ Following the steps and timelines outlined in the SOP, ensure feedback and complaints are processed or referred. Ensure that regular feedback and complaints are processed (from receipt to response) within two weeks in humanitarian contexts or 1 month in development contexts.
- ✓ Provide a response to the individual who provided the feedback or complaint (if not anonymous), explaining what has been done, what will be done and/or what could not be done.
- ✓ Ensure that receiving and processing of sensitive complaints links closing to safety and support options in place for survivors within any given context.
- ✓ For sensitive complaints, investigation processes should be completed within the timeframe specified in the relevant investigation protocols.
- ✓ Ensure that when providing a response it is done in a conflict-sensitive and gender-responsive manner and above all does not cause harm to the complainant.
- ✓ At least every three months provide an update to the community summarising the types of complaints and feedback received (respecting anonymity) and what has been done. Use this as an opportunity to raise awareness on available channels for providing feedback and complaints (how and when to use them) and behavior to be expected from staff and volunteers.
- ✓ Update the data management system by entering the date the feedback or complaint was referred or closed (i.e. response provided).

CRITICAL:

Handling and investigations of **sensitive complaints** (e.g. fraud, corruption, abusive behavior, sexual exploitation or child abuse) require individuals with **specific expertise** and must be managed according to the **specific procedures and standards** defined by the CARE Member responsible for managing the office and programmes. They should be escalated to the designated manager or committee which has the authority to investigate. Separation of Duties and full confidentiality need to be observed at all steps of the process. The protection of whistleblowers, complainants and other people affected must have the highest priority.

III) IMPROVE

Step 9. Provide analysis of feedback and complaint data to decision-makers

- ✓ Analyze feedback and complaint data disaggregated by sex, location, partner, sector, category, channel etc.
- ✓ Triangulate analysis with other data such as monitoring reports.
- ✓ Share analysis with CARE and partner teams and support decision-makers to make course corrections to improve programming as required.
- ✓ Track and follow up on action points.
- ✓ This step should happen every month in humanitarian programs or every 3 months in development programs.

Step 10. Learning & improvement

- ✓ Monitoring, learning and improvement of FCM should include a review of:
 - How effectively the FCM is operating in terms of number of feedback and complaints received and average processing times.
 - The effectiveness of different channels and review accessibility for people of different genders, ages and abilities.
 - The effectiveness of the referral pathways with partners and other agencies at least once a year to ensure they continue to serve the needs of the communities
 - The type of feedback and complaints received. For example, if the complaints channels are not picking up reports of SEA, explore possible reasons for this (e.g. Does the community feel comfortable using the mechanism? Does the mechanism put people at risk?).
 - Successes and challenges related to the FCM, identifying solutions and sharing learning within CARE and beyond.
- ✓ Renew community consultations regularly and establish additional channels if required. Flexibility within budgets is needed to allow for this.
- ✓ Contribute to wider learning on CARE's progress on accountability to affected communities.
- ✓ This step should happen every 3 months in humanitarian programs or every 6 months in development programs.

This guidance note on setting up and operating feedback and complaints mechanisms (FCMs) has been produced by the Humanitarian MEAL Working Group. This group, established at the end of 2018, is mandated to strengthen CARE's approach to humanitarian MEAL by producing standard guidelines, templates and tools and disseminating rolling-out these resources. This recognizes that support and guidance at the global level on humanitarian MEAL has been lacking in the past. The group, consisting of a small core of MEAL technical staff who work in humanitarian programming across multiple contexts, identified FCMs as the first priority to be addressed. This was based on reviews of CARE's humanitarian responses which recurrently identify significant gaps in CARE's work on accountability, including the CHS self-assessment (2017) in which CARE scored extremely low (1.4) on CHS 5 (complaints are welcomed and addressed) putting us far behind peer agencies.

This guidance note will feature within the new MEAL Minimum Package – a resource which will outline CARE's minimum standards across all aspects of MEAL which the MEL Working Group is currently working on. The Humanitarian MEAL Group also plans to expand on this guidance note by developing additional tools and resources, by capturing lessons learned and examples of good practice from CARE's existing FCMs in its operations across the world, and offering capacity building and technical support. The group welcomes feedback and suggestions on how to move forward on this work and encourages input from colleagues across the CARE world through the [Feedback & Complaints Workplace](#) or by contacting Victoria Palmer (victoria.palmer@care.ca) or Uwe Korus (korus@careinternational.org)