Feedback and Information Centre in Camp 13, Cox's Bazar, Bangladesh ©*Margaux Saillard/CARE International*

GUIDANCE FOR CREATING AND MANAGING EFFECTIVE FEEDBACK AND ACCOUNTABILITY MECHANISMS

CONTENT

ACKNOWLEDGEMENTS

INTRODUCTION

CARE is committed to accountable development and humanitarian programming that advances and upholds the rights of the most vulnerable and excluded communities around the world, especially women and girls. CARE believes that, at its root, poverty is caused by unequal power relations that result in the inequitable distribution of resources and opportunities between women and men, and between powerholders and marginalised communities. In our work to overcome poverty, social injustice and humanitarian crises, we recognise that CARE (as an international organisation) and our partners (through their association with us) hold power derived from our resources, influence and connections. The difference in power between ourselves and our project participants can deter those in vulnerable positions from holding us to account. It takes courage to speak truth to power, but we are committed to systematically understanding and removing obstacles in the way of our accountability.

We recognise that our project participants are always the best experts in their condition, context and societies. Their feedback is essential to improve our interventions, to make them more effective and sustainable, to maximize positive outcomes and prevent harm.
We always welcome their expertise and the opportunity to do better through their feedback.

Feedback and Accountability Mechanisms (FAMs) must be in place in all areas where CARE operates (including where we operate through partners), to ensure that the opinions of project participants and members of the communities where we operate – including the most marginalised - inform our programming, irrespective of the duration or nature of the intervention (e.g. humanitarian, development, direct implementation, with partners etc.).

If operated effectively, a FAM will support 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 that we are accountable to those we work with and for, by providing opportunities for participants (of all ages, genders and abilities) and partners to influence decision-making.
- **Our interventions are relevant and appropriate to participants' needs and aspirations**, by identifying changing needs, satisfaction level and inappropriate activities and taking appropriate action.
- **Our interventions are implemented in a way that respects communities and protects their well-being, safety and security**, by identifying activities or behaviours which are causing harm 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.
- **Reports of sexual harassment, exploitation and 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.
- **We continually learn and improve** the technical quality of our interventions through the feedback we receive and analyse, and our sharing of lessons learned.
- **We promote safe stewardship** of the funding entrusted to us by donors and the public.

How to use this guidance

This guidance outlines CARE's standards for setting up and operating a Feedback and Accountability Mechanism (FAM). With the associated resources, this guidance also provides tools and practical examples that CARE teams and partners can use and adapt to their specific context as they develop, implement and manage an effective FAM.

This guidance includes the following types of resources:

1. Tools: practical templates that can be adapted to different operating contexts and used in managing the FAM;
2. Guidance: further suggestions and tips on a specific area related to setting up, using or improving a FAM;
3. Examples: resources already used in one of Care's country offices;
4. Hyperlinks to further readings that can aid some of the processes described in this guidance.

When operationalising the FAM standards provided in this guidance, it is essential to ensure close alignment with other CARE's policies, procedures and legal obligations. In particular, it is important to ensure training for staff, volunteers and partners and protocols for processing feedback (STEP 5) are aligned with CARE's procedures and policies relating to whistleblowing, PSEA (Prevention of Sexual Exploitation and Abuse), fraud, misconduct and protection from harm and GBV.

Whilst we always adapt our interventions to the context where we operate, programmatic realities and constraints, **the FAM standards outlined in this document are applicable universally across all of CARE's interventions, in both development and humanitarian programming.** Whether programming is led by us or by our partners, these standards are applicable across the whole range of our activities. In humanitarian contexts, there may be additional challenges due to the fast pace required and potentially volatile contexts. Accordingly, our Timelines for acknowledging and responding to feedback differ for development and humanitarian programming.

This guidance outlines **nine steps for creating and managing effective feedback and accountability mechanisms** but it is important to remember that these steps do not represent a linear progression but instead **each step reinforces the others in a circular fashion**. Frequently these steps will be conducted in parallel or previous steps will be revisited with the new understanding gained from the other steps.

While Feedback and Accountability Mechanisms are a crucial for building the necessary trust for sensitive concerns (such as sexual exploitation and abuse, corruption, extortion and fraud) to be raised, this guidance does not cover how to process and manage these types of reports. Throughout this guidance it is advised that sensitive reports should be handed over to the designated individuals and committees in the country office with the authority, skills and ability to address them appropriately.

The importance of feedback and accountability

The people whose lives are affected by our work, including women, children and other vulnerable groups **have a right not only to voice their opinions** and raise complaints, they also have a right to be involved in shaping our interventions and in determining the channels we use to communicate with them[1].

CARE supports people to build more **equitable and just communities**, enhancing trust, dialogue and peace. The CARE Approach prioritises three ways of addressing the main underlying causes of poverty and social injustice: strengthening gender equality and women's voice, promoting inclusive governance, and increasing resilience.

A gender equality approach aims to ensure that programming meets the needs and promotes the rights of people of all genders, ages and abilities. With our programmes, we seek to amplify the voices of women and girls and those who, for whatever physical, social or economic circumstance, have less power and less influence over decision-making; in order to promote more equitable societies.

We also recognise that, in humanitarian crises, **we need to be aware of and address new limitations that can be imposed on vulnerable people**. The breakdown of communities and culture can reinforce or exacerbate existing inequalities or give rise to new forms of exploitation and abuse. People living with disability, undocumented migrants, members of the LGBT+ communities, are all examples of people who frequently find themselves in more vulnerable positions, unable to influence the decisions that affect their lives.

Care is also committed to the [Core Humanitarian Standards](#) (CHS) and, more specifically, CHS commitment four: "*Communities and people affected by crisis know their rights and entitlements, have access to information and participate in decisions that affect them*" and CHS commitment five "*Communities and people affected by crisis have access to safe and responsive mechanisms to handle complaints*". Effective Feedback and Accountability Mechanisms (FAM) are central to this commitment and to CARE's duty to preventing sexual exploitation and abuse[2].

Key Definitions

For the purpose of this guidance, we describe **accountability** as the responsible exercise of power. Accountability must be a built-in feature of all our practices - from how decisions are made to how success is defined and measured. CARE defines accountability as explaining, taking responsibility for and hearing the perspectives of others about how we are meeting our commitments, then making changes and improvements based on what we've learned and heard.

Feedback is a positive or negative statement, a concern or suggestion, provided to CARE (or CARE's partners) regarding our activities, or the behaviour of our staff, volunteers or representatives.

A **complaint** is a specific grievance from anyone who is either dissatisfied with any of our activities or the behaviour of staff or representatives; or believes that CARE or its partners have failed to meet a stated commitment or expected standards of behaviour. CARE is committed to always dealing with complaints in an impartial manner.

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[1] [Universal declaration of Human Rights](#), [Convention on the Rights of the Child,](#) [Convention on the Rights of People with Disabilities](#)
[2] [CARE PSEA policy](#)

Complaints can be about either **non-sensitive issues** (such as dissatisfaction with activities) or **sensitive issues** such as:

- sexual and gender-based violence
- sexual exploitation and abuse
- breach of the code of conduct
- corruption, extortion, fraud or any illegal practice

Confidentiality refers to the sensitive and appropriate treatment of information and is an essential component of a FAM. Ensuring that feedback in handled in a confidential manner increases the trust people place in the system and protects them from potential harm[3]. Confidentiality, as well as the limits to what information can be treated confidentially, should be explained to those who provide us with feedback[4].

> *Confidentiality is an ethical principle that restricts access to and dissemination of information when such information, if accessed inappropriately could cause harm (physical, psychological, reputational etc) to either the person who raised the feedback or the person(s) that are the object of the feedback. In investigations on reported breaches of our code of conduct, 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 safe to recount their versions of events and builds trust in the system and in the organisation.*
>
> **CHS ALLIANCE PSEA QUICK REFERENCE HANDBOOK 2017**

Closing the feedback loop refers to the action of responding to feedback received, detailing the findings of our analysis and any action we have taken or intend to take in response. As standard, we will close the feedback loop with the person who has raised the feedback (unless anonymous), and report back publicly (anonymising the information received) on what we heard and any action we have taken in response.

A **Feedback and Accountability Mechanism** (FAM) is a set of procedures and tools, formally established (ideally across programs and linked to other monitoring processes) which:

- solicits and listens to, collates and analyses feedback from members of the community where CARE operates (including through partners), about their experience of CARE and its partners
- solicits and listens to, collates and analyses feedback and complaints from partners and other stakeholders about their experience of working with CARE
- triggers action, influences decision-making at the appropriate level in the organisation and/or prompts a referral to other relevant stakeholders if necessary and appropriate
- provides a response back to the person who raised the feedback (when not anonymous) and also responds to the wider community

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[3] It is advisable to develop a short script to equip staff to explain confidentiality and the obligation that staff must report any instance where we believe a person might be at risk of harm. For example, it is a good idea to define confidentiality at the beginning of group discussions with community members. When informing participants that information disclosed during the discussion will be kept confidential, it is also important to explain that if during the discussion it emerges that someone might be at risk of imminent (physical or psychological) harm, then CARE staff are obliged to report this to make sure everybody stays safe. Equally, staff should roleplay and practice this explanation for if a 1-1 private conversation, in case it moves in the direction of a disclosure. They might say: '*It sounds like what you are about to tell me could be about someone being hurt by another person. In that case, I would be obliged to report this to ensure everybody stays safe. I think it's important you know this before sharing with me.*'

[4] Depending on the nature of the feedback, there are occasions when we are duty bound to report incidents to higher authorities. Human Resources colleagues will be able to advise on the principles and specific cases. These limits should be clarified during the training on the FAM under the guidance of Human Resources colleagues.

Feedback and complaints can originate from any member of the communities where we work, such as project participants, local traditional or administrative authorities, suppliers, CARE and partner staff and even people who are not involved with our activities.

Feedback channels are the different platforms which people can use to communicate their feedback to CARE. A FAM should always include several different channels to promote access for all community members. **CARE makes the distinction between:**

COLLECTIVE CHANNELS	INDIVIDUAL CHANNELS
Used to consult or solicit the feedback and opinions of several people together publicly.	Designed to enable people to share their feedback individually and confidentially or raise their concerns in a safe and private manner.

STATIC CHANNELS	ACTIVE CHANNELS
Rely on individuals taking the initiative to raise their feedback and: ▪ are always open and are reached by a wide audience ▪ individuals can access whenever they choose Static channels are typically preferred by individuals who wish to remain anonymous or who wish to raise sensitive concerns.	Opportunities created by an agency (CARE or other) to directly solicit feedback on a regular basis and which: ▪ rely on staff or partners to actively reach out to a targeted group of people ▪ are rarely anonymous and do not typically receive sensitive concerns ▪ can be representative and quantitative (surveys, scorecards, assessment and monitoring data) and may give a more holistic picture.

Working with partners

CARE often works in partnership with local and national organizations. Most of the steps outlined here remain the same whether CARE or a partner is operating the FAM, but a few will require additional considerations. When working with partners who have developed their own processes and standards, it is likely we would find many similarities between their procedures and standards and CARE's. In those cases, we can be flexible, accommodating differences in terminology or sequencing of activities (or steps); however, **CARE remains accountable to applying all its own FAM standards.**

When we are part of Working with partners or we are not the lead in a consortium, we should still **always be in a position to access the feedback that relates to our activities** (even if anonymised) in order to learn and improve. This should be agreed at the onset of our programming and feedback received should be discussed in coordination meetings (see Analyse feedback data).

CARE should also be involved in the investigation and processing of sensitive reports and should review feedback data as part of regular project supervision and monitoring. When a FAM for a CARE project or set of activities is operated by a partner, CARE will be responsible for:

- Ensuring partners have a sound understanding of CARE's expectations and standards
- Ensuring partners have the capacity[5] to deliver our standards or providing technical support to enable this
- Providing quality control for the FAM
- Regularly reviewing feedback data and analysis, and supporting partners to use feedback data to improve and learn
- Participating in reviewing the effectiveness of the FAM

The feedback box, heading in the field to a coupon distribution in Haiti. The banner says "Here we receive complaints" © Nancy Farese/CARE International

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[5] Frequently dedicated technical know-how and resources will be necessary. These may include the use of software, data analysis ability, facilitation of group discussions etc. As discussed later, an effective FAM should allow for feedback to be received by both male and female representatives of CARE/partners and in a language easily understood by members of the community. When working with partners, CARE should verify that such capacity is available and adequately resourced. These considerations should be factored in the selection of partners and, where necessary, capacity building plans should be put in place and resourced.

FEEDBACK AND ACCOUNTABILITY AT CARE

CARE divides the process of setting up and operating a FAM into the following stages and steps:

PLAN

STEP 1: COMMIT
STEP 2: UNDERSTAND
STEP 3: CONSULT

ACT

STEP 4: DESIGN
STEP 5: PROCESS
STEP 6: MAKE SENSE

IMPROVE

STEP 7: RESPOND
STEP 8: ADAPT
STEP 9: LEARN

These steps do not represent a linear progression but instead **each step reinforces the others in a circular fashion**. Frequently these steps will be conducted in parallel or previous steps will be revisited with the new understanding gained from the other steps.

Feedback and Accountability Mechanism: Full Guidance

CARE'S FEEDBACK AND ACCOUNTABILITY MECHANISM STANDARDS

PLAN	ACT	IMPROVE
▪ We will ensure **adequate resourcing** (budget and staff) to set-up, run, utilise and continually improve the FAM. ▪ We will **foster an organizational culture** that promotes transparency and accountability to communities. ▪ We will ensure our partners **uphold our values and standards for FAMs,** understand and are committed to accountability. ▪ We will always **base our FAM on a deep understanding** of the local operational and cultural context and power dynamics, paying particular attention to needs and preferences of programme participants, especially women, children and people with disabilities. ▪ We will **never place the burden** of identifying which organisation or programme is responsible for a particular activity or behaviour, on those seeking to provide feedback. ▪ We will identify **suitable agencies** able to respond to requests of assistance we are unable to provide and to support us with competencies we don't possess. ▪ When developing the FAM, we will aim to consult with the **full spectrum of community members,** paying particular attention to different levels of ability and inclusion and holding **separate**	▪ We create opportunities for all community members to provide feedback regardless of age, gender and ability, including the most marginalised, **across of CARE's full geographic presence within one month** of starting activities (humanitarian) **or three months** (development). ▪ We will develop FAMs that include at **least one collective (public)** channel and **one individual (private/confidential) channel** and **at least one static** channel **and one active** channel accessible to all. ▪ We will develop and share procedures, **assign roles and responsibilities** to ensure all feedback is processed according to our standards. ▪ We will **widely publicise the FAM across CARE's full geographic presence, including timelines and modalities for responding** to feedback. ▪ We will **always acknowledge and respond** to feedback according to the established modalities and timelines and ensuring that confidentiality is maintained throughout. ▪ We will **record, categorise and systematically track all feedback** and complaints from receipt through to response and adaptation, always recoding and storing separately sensitive complaints in a secured database.	▪ We will always acknowledge and **respond to the provider** of the feedback (unless anonymous) explaining what we intend to do in response. ▪ We will **publicly inform the community** of feedback received and the actions we have taken in response by sharing an anonymised summary of the main themes. ▪ We will aim to **complete investigations on sensitive reports within two months and keep those personally affected abreast** of progress always according to their preferences. ▪ We will **make concerted effort to adapt** our activities in response to feedback when relevant, especially to **increase safety, participation and equitability.** ▪ We will **monitor the adaptations** we make to our activities to learn and improve. ▪ When appropriate, we will **involve project participants** in developing adaptations and solutions we will make to our activities. ▪ We will **review and use the analysis** of feedback data to inform our programmatic decisions – **every month** (humanitarian) or **every three months** (development). ▪ We will ensure that program adaptations and analysis of feedback data are **documented and shared** with technical

- **consultations** with people who hold different levels of power.
- We will consult on both the preferred ways **to communicate with us AND for us to respond** for **BOTH sensitive and non-sensitive** feedback and complaints.
- We will **repeat consultations at regular intervals and at least once per year.**

- We will take every step necessary to **protect individuals** who provide feedback and complaints in good faith from retaliation, whether or not their complaints are upheld after investigation.
- We will aim to process the majority of feedback **within two weeks (humanitarian) or one month (development)** – total time from receipt to response.
- We will always analyse feedback to understand the **perspectives of different groups**, especially women, girls and disadvantaged groups, and share that analysis with decision-makers.
- We will triangulate and **disaggregate feedback data** (by sex, location, channel etc.) **and identify themes and patterns in our analysis** to reach an accurate understanding of the feedback.
- We will aim to **involve project participants** in making sense of the feedback received and in defining responses when appropriate.

- teams and relevant colleagues to feed into the design of new programs.
- We will review the FAM's effectiveness and relevance **every 3 months** (humanitarian) **or every 6 months** (development) including through consultation with community members.

PLAN

STEP 1 ▶ COMMIT

OUR STANDARDS

- We will ensure **adequate resourcing** (budget and staff) to set-up, run, utilise and continually improve the FAM.
- We will **foster an organizational culture** that promotes transparency and accountability to communities.
- We will ensure our partners **uphold our values and standards for FAMs,** understand and are committed to accountability.

As a first step it is important to ensure the necessary resources to set up and safely operate the FAM are allocated and that there is organisational support for developing an organisational culture committed to accountability and incorporating feedback into programming. Both of these elements will be necessary to support and maintain the FAM. When senior leadership models behaviours that encourage transparency and accountability, staff and volunteers will be confident raising concerns and proposing solutions, while adequate resourcing will ensure the FAM is run and managed with impartiality.

Organisational culture

Our staff and our partners' staff should perceive the culture and environment they work in as a place where:

- transparency, giving and receiving feedback are valued across all levels and all functions
- feedback is seen as an opportunity for the organisation to learn, adapt and improve, not as a mean to criticise, demean or threaten staff or volunteers

It is important for staff and communities to understand the FAM is not:

- a tool to assess and control staff performance
- a tool for potential programme participants to register for assistance

☑ Practical tips: creating a culture that values feedback

✓ Implement an open-door policy and ensure management is approachable.
✓ Set up a feedback box in the office and organise for at least two staff to open the box and summarise it on a flip chart. Present the flipcharts at regular staff meetings and annotate it with management's response. Leave the flipchart in a common area for everyone to see.
✓ Ensure that staff on temporary contracts and volunteers feel safe they will not be penalised or fear retribution for raising concerns.
✓ Ensure that senior management prioritise and use feedback in decision-making.

Resourcing

Country Offices (CO) should ensure sufficient resources – **funds and staff** – are allocated for feedback and accountability at project design stage. Where CARE is already present, the existing FAM should be extended to include the new activities, new partners, new locations etc. Where appropriate, we can consider pooling funding from different projects to have a harmonised FAM across all projects in which CARE is involved. This may require staggering the funding for the FAM across different grants/contracts, rather than apportioning a fixed percentage to each project.

Below we highlight some consideration to guide the appropriate inclusion of costs for setting up and running FAMs when designing project budgets; however the nature of the intervention, the context and our ability to shape the feedback and accountability systems together with our partners will be the main guide in deciding the resources required.

Budget considerations

Consulting and Communicating
- Budget for **periodic consultations** with stakeholders and community members (step 3), for example, staff and transport costs.
- **Raising awareness about the FAM** (Activate the FAM and Raise Awareness) will also have costs such as national or local radio, print media, posters, signs etc. and staff time.

Operationalizing the FAM
- One-off and ongoing **operational costs** to set-up and run feedback channels such as construction of suggestions boxes, tablets for collecting feedback, telephone contract etc.
- **Transport costs** to access the field for collecting and responding to feedback (closing the loop).
- Set aside funds or ensure sufficient flexibility in the budget to **address feedback raised** (i.e. by changing our activities). This may include making some small changes to our activities, including people previously left out or supporting referrals to other services for example.
- Consider **training needs and capacity building for staff and partners** on how to collect feedback and operate the FAM, including how to operate the different channels.

Human Resources
- Experience has shown that a very effective way to ensure a well-functioning FAM is to establish dedicated roles, such as Accountability Officers, so you may choose to budget for dedicated staffing.
- When defining the number of staff to include in a budget in regards to the FAM, you should consider if the context analysis (step 2) shows a need for **both male and female staff** to receive feedback as well as a **sufficient number of staff** to accept feedback in **different languages**.
- The person(s) responsible for receiving and making sense of feedback should be granted sufficient **independence** from those implementing and managing the project they receive feedback on. The design of the project team and budgeting should reflect this (i.e. independent line management of those staff).
- **Oversight of the FAM's impartiality** is also necessary and might require resourcing.
- Processing feedback (recording, responding etc) will also require human resources.
- Consider any costs or resources (time) needed to **make sense** (step 6) and interpret the feedback including additional information gathering, triangulation etc.

- Ensure there is **sufficient additional capacity** to deal with urgent and sensitive feedback if the designated person must be exonerated due to conflict of interest or is unavailable.
- Human resources will be necessary to run **each of the channels** (a variety of channels); for example, if a telephone helpline is set up, it will require one or more people available to answer the phone calls.

The resources allocated for the FAM should remain as flexible as possible throughout the lifetime of the project to allow for:

- Changes to the FAM to ensure its continued relevance (review the FAM's effectiveness)
- Continuous engagement with communities (step 3)

Consultation with communities about feedback and complaint channels © CARE Myanmar

STEP 2   UNDERSTAND

OUR STANDARDS

- We will always **base our FAM on a deep understanding** of the local operational and cultural context and power dynamics, paying particular attention to needs and preferences of programme participants, especially women, children and people with disabilities.
- We will **never place the burden** of identifying which organisation or programme is responsible for a particular activity or behaviour, on those seeking to provide feedback.
- We will identify **suitable agencies** able to respond to requests of assistance we are unable to provide and to support us with competencies we don't possess.

To ensure the FAM is effective and inclusive we must take time to fully understand the context in which we operate. This includes both the organisational and operational contexts.

Organisational Context

We will need to develop an understanding of how CARE and partners are operating. It is important to understand:

- Staff presence in the area and the consistency of their presence and their ability to build a rapport with particular communities, including the **sex and language of the staff regularly present** in each community.
- The community's awareness and opinion of CARE and partners' brand and track record. We will need to understand the **community's previous experience of CARE** and partners; or in the same or neighbouring communities, the presence of other NGOs and their reputation; and the community's attitudes towards aid.
- Partners' organisational context, their limitations, capacity, perceived association with particular values, previous exposure of the communities to the partners and the **community's acceptance of CARE**.

If the analysis reveals that only one or two CARE or partner staff have contact with a community (and particularly if they appear to have very close ties to that community) it is good practice to ensure that community members have access to private channels and to other staff since they may prefer to **bypass these individuals to provide feedback**. For example, if one of these staff members acts inappropriately, community members need to feel confident that they can safely and confidentially provide a complaint to someone else in the organisation.

Working in consortia or multi-agency response

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 FAM. This is also true in cases where CARE operates several interventions in the same area. Even when joint mechanisms are not possible, it is always important to ensure coordination. In no circumstances should vulnerable populations be expected to bear the burden of **identifying which organisation or programme is responsible for a particular activity or behaviour**, when seeking to provide feedback. However, we will always intended to communicate

effectively with the community to ensure they are informed about who is providing the assistance ([Activate the FAM and Raise Awareness](#)).

Whether directly implementing, or through partners in a consortium, **CARE must ensure** that any **joint feedback mechanisms meet CARE's standards.** This may require coordination with the lead agency (if not CARE) as part of the sound management of any project. It may also be necessary to include CARE's Standards for Feedback and Accountability in agreements with other agencies.

Identify who can help

Understanding the context in which we operate includes exploring the needs CARE will not be able to address and **mapping suitable partners or institutions** who possess the skills, expertise and resources to address those needs. We need to be aware of which agencies (government, NGOs etc) operate in the area where we are operating and the services they provide. Understanding the extent to which these agencies are trusted and function well in the views of community members, will also help us **ensure the relevance** of sharing information on their services and contact details with feedback providers. We will always leave **the choice of making contact** with other organisations or services with each individual.

Understanding **other organisations or programmes operating in the same area** will also help us redirect feedback and complaints received through our FAM which actually relates to other agencies' activities. We are committed to **never placing the burden** of identifying which organisation or programme is responsible for a particular activity or behaviour, on those seeking to provide feedback.

Defining the boundaries of the FAM presents a good opportunity to reflect on areas where we might **lack expertise** to support and reach particularly marginalised groups. We should consider reaching out to specific groups or associations that represent groups traditionally disadvantaged (i.e. LGBT+ advocacy groups or disability groups) to request their advice on how create a FAM that would make such groups more **comfortable speaking to us**.

> 🔗 [Tool 2.1 – Mapping of Service Providers](#)

Operational Context

Understanding the operational context, including constraints placed on our activities and project participants by the local geography, political, social and cultural context, is paramount to creating an effective FAM. We need to understand:

- The territory of our project (rural, urban etc) and any restrictions on movement (permanent, seasonal etc.);
- The nature of our intervention, (humanitarian, sudden onset or protracted crisis, development, advocacy etc.) and its duration;
- The diversity or homogeneity of our project participants (adults, children, displaced etc.) and connections among those groups;
- Security risks, sudden changes to security, perceived risk;
- Legal constrains, obligations and opportunities in relation to targeting, data collection, data storage, reporting and privacy etc.;
- The costs associated with providing feedback for members of the community, including the **opportunity cost** of taking time to attend meetings and follow up discussions.

Additionally, where an emergency leads us to change the nature of our programming from development to humanitarian it is important to take into account the changed circumstances in reshaping any pre-existing FAM.

Cultural Context

We will need to understand:

- Languages spoken and literacy levels;
- Access to technology by different groups;
- Physical and social restrictions placed on certain groups (movement, participation etc);
- Existing channels of communication: established channel of communicating with authorities or service providers that might be expanded;
- How feedback is perceived and seen culturally; different groups' confidence level to provide feedback without fearing reprisal.

It is important to note that the terms "*feedback*" and "*complaints*" may not be culturally appropriate or understood in all contexts. Other words may need to be found in local languages to ensure people understand and feel comfortable voicing their opinions and concerns.

Understanding Power Dynamics

To ensure fair and equitable access to the FAM, it is important to understand the power dynamics and the barriers disadvantaged groups face in voicing their opinions.

Some groups may feel less welcome or confident voicing their opinions in front of others (for example women may not speak openly in front of men). Understanding who faces these barriers will help us devise strategies to improve their access to the FAM. To ensure less-powerful groups are able to candidly voice their preferences or concerns, it might be necessary to **hold separate consultations**, for example consulting men and women separately.

It is also important to understand **norms and expectations regarding particular groups or situations**[6]. For example, there could be groups expected to hide themselves from public view (e.g. people with mental health conditions). It is equally important to understand whether particular issues that affect a specific group, are considered taboo or inappropriate for discussion (e.g. menstruation). Understanding all this will enable us to design activities that truly respond to everyone's needs and preferences.

Identifying who the communities in general, and disadvantaged groups in particular, trust or distrust can help us decide who we associate with and how. This should also guide any additional efforts we undertake to **build trust and acceptance**, especially among the most vulnerable[7]. Finally, we should remember that power dynamics evolve overtime, sometimes quickly. We will need to **maintain this awareness** throughout the duration of our presence in each community as power dynamics evolve overtime.

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[6] Additional reading: Interagency Standing Committee: Guidelines on inclusion of people with disabilities in humanitarian action, DFID ageing and disability in humanitarian response, Understanding Non-Binary People: How to Be Respectful and Supportive, Care Australia Disability and Inclusion Framework
[7] Conducting a Power and Vulnerability Analysis (https://insights.CAREinternational.org.uk/in-practice/rapid-gender-analysis) or similar assessment may be highly beneficial.

OUR STANDARDS

- When developing the FAM, we will aim to consult with the **full spectrum of community members,** paying particular attention to different levels of ability and inclusion and holding **separate consultations** with people who hold different levels of power.
- We will consult on both the preferred ways **to communicate with us AND for us to respond** for **BOTH sensitive and non-sensitive** feedback and complaints.
- We will **repeat consultations at regular intervals and at least once per year.**

Community ownership of feedback mechanisms is essential to ensure they are practical and utilised. We should always consult community members to understand their **preferences for channels to provide feedback and receive a response**, including preferences for raising sensitive concerns. All possible efforts should be made to include in these consultations the full spectrum of community members, paying particular attention to **different levels of ability**, **inclusion and power dynamics**. In these consultations, if appropriate, we should separate groups with unequal power to ensure those most disadvantaged can honestly voice their opinions. We should, for example, consider consulting with community members without their leaders present or talking to women and girls separately from men and boys. Moreover, we should probe less powerful groups on their individual access (rather than household access) to different channels such as mobile phones, before concluding that a channel is accessible.

In some cases, **community leaders or elders will expect** to be asked to represent their communities. Consultations with local leaders or official bodies or relevant organizations are always recommended, but they **never replace the need to consult targeted populations directly.**

A mapping (identify who can help) of groups representing disenfranchised minorities (e.g. undocumented migrants or LGBT) can help progress an inclusion agenda on **two fronts**: by encouraging disadvantaged groups to participate in our programmes alongside the majority, and by enabling them to speak to us through means that might feel safer to them.

Consultations on the most appropriate channels for feedback **must be repeated at regular intervals (at least once a year)** since conditions can change quite significantly over short periods of time. For example, mobile phones may become less trusted or particular locations to hold meetings may become less safe or associated with a particular group. Repeated consultations will also help us **include people or groups left out** from our initial consultations, especially when the creation of the FAM was done rapidly following a sudden onset emergency.

Our reviews of the FAM's and each channel's effectiveness, should also inform our **periodic consultations** (review the FAM's effectiveness).

Guidance 3.1 - Focus Group Discussion Guide - Consulting with Community Members on Feedback and Accountability Mechanisms

Consulting with communities about appropriate channels for the FAM, could be combined with the following processes:

✓ Other planned data collections like needs assessments, situational analyses or baselines, Household questionnaires, or post distribution monitoring: see Menu of AAP questions for Needs Assessments
✓ As part of a more comprehensive Rapid Information Communication and Accountability Assessment (RICAA)

PLAN: Do and Don't

Do	Don't
✓ Ensure resources are available (both funds and staff) ✓ Remember resources are needed not only to collect but also to process the feedback and to respond ✓ Identify suitable partners to redirect cases we are not equipped to deal with ✓ Consult with different groups (men, women, etc) SEPARATELY about how they would like to provide feedback and also ✓ Ask how they would like to hear back from us ✓ Understand which agencies can provide technical skills or services we cannot offer	✖ Don't be caught off guard by staff leave or staff exonerating themselves due to conflict of interest –allow for bypass loops ✖ Don't accept partner or consortia feedback procedures without checking they meet CARE standards ✖ Don't assume everyone can access the same channels (even within the same home) ✖ Don't assume everyone knows about CARE and can distinguish between our projects and those of other agencies ✖ Don't confuse confidentiality with secrecy ✖ Don't have only male staff/volunteers able to collect feedback

ACT

STEP 4   **DESIGN**

Having secured organisational commitment and consulted with community members on the most appropriate ways to receive and respond to feedback, you will be ready to create the FAM. This will require defining the scope and scale of the FAM, selecting and activating a variety of channels, defining feedback categories and protocols for responding. Once the channels are created, you should ensure staff (CARE and partners) are trained and capable of operating the FAM ([human resources](#)). Finally, we will raise awareness of the different channels and our protocols for responding with the community.

Creating the FAM

The FAM should be accessible **across the full geographic of CARE's presence** and **to all community members** regardless of age, gender and ability, including the most marginalised. Where CARE operates through partners or is in a consortium, it is important that **CARE keeps oversight** of the accountability mechanisms in the area where CARE is operating. While partners may sometimes prefer to use their own guidance and follow slightly different sequencing of steps, **CARE still is accountable to all of the organisation's FAM standards**.

It is important that the FAM is not launched before resources have been committed and consultations with a variety of groups have taken place (all the previous steps).

Although it is possible to open different channels at different times (for example starting with one or two initially and then gradually expanding to the full planned range of channels), it is imperative that **as soon as we start our activities** communities have the opportunity to provide feedback on what we are doing.

It is also paramount to always **establish a clear plan, timeline and roles** ([Timelines for acknowledging and responding](#)) **for closing the feedback loop** for each channel as soon as that channel is opened. For example, as we set up and raise awareness of feedback boxes, we should also explain who is responsible for collecting the feedback, at what frequency and when and how a response will be provided (including actions taken in response to the feedback received). If appropriate, we should take the opportunity to publicise the process and timeline for closing the feedback loop at the point of accessing each channel. For

example, display a poster explaining the whole process next to each feedback box or play a pre-recorded message when the helpline is accessed etc.

We should also bear in mind that often people will feel more comfortable accessing informal and/or traditional mechanisms based on personal relationships. This is particularly true for sensitive concerns. For example, people may prefer reporting sensitive concerns to a member of staff they already trust, even if that person is not designated by CARE for receiving such feedback. It is important that our systems are sufficiently flexible to accommodate this and that all personnel are capable of accepting this type of feedback and safely[8] referring it to the appropriate person.

A variety of channels

It is always necessary to put in place a variety of channels to ensure everyone can have safe and easy access to provide all types of feedback and receive a response. It is also always necessary to review the appropriateness and use of channels available to ensure they continue to remain relevant and accessible to all (step 9). At a minimum, we expect that the relevance of selected channels is **reviewed annually** in light of feedback received and usage statistics.

The FAM should always include **both collective and individual channels and both static and active** channels, examples of which are listed below:

Static Channels	Active Channels
Individual	
▪ Face to face with staff/volunteers or consultants working for CARE ▪ Suggestion boxes ▪ Hotline managed in-house ▪ Hotline with external service provider ▪ Help desk ▪ Designated drop-in hours or open-door policy at the office ▪ SMS / WhatsApp / Facebook / Twitter ▪ Letters / E-mails / messaging system ▪ Voice Recorder ▪ Interactive Voice Response	▪ Micro feedback surveys (e.g. Constituent Voice) ▪ Individual / HH questionnaire
Collective	
▪ Community committees ▪ Radio show with call-in service	▪ Focus group discussions ▪ Public community meetings ▪ Regula consultations

🔗 Guidance 4.1: Overview of Feedback Channels – Strengths, Weaknesses & Tips

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[8] All staff members and volunteers should know who the safeguarding focal point is in the team and how to contact them; they should carry their phone number with them at all times when visiting communities. All staff members should be aware of bypass mechanisms in place and who the alternative contacts are when a staff/partner must be exonerated from handling a feedback/complaint or when the main focal point is on leave.

Categories of Feedback

Before opening the feedback channels, we will need to create and resource a protocol for receiving and responding to different types of feedback. A categorisation of the type of feedback we are likely to receive will help us create these protocols. Different categories of feedback will present different levels of urgency and determine who will be processing it.

Below is an example of a categorisation often used in CARE. This categorisation is not mandatory and different COs or projects can create their own categorisation. When working through partners or in consortia, we may be flexible on the number and types of categories, if our partners are using different procedures to our own, however **CARE still is accountable to our FAM standards**

Informing project participants about the suggestion box if they have any comments. Food distribution Basey municipality, Samar region. Philippines. Typhon Haiyan Response © Darcy Knoll CARE International

	Category	Description
1	Expression of gratitude	A positive expression or appreciation about the assistance received
e.g. A young woman leaves a 'thank you' note in the box after receiving NFI kits		
2	Suggestions for improvement	An idea or plan put forward for consideration on how to make a service, good or activity better in the future
e.g. A woman recommends including menstrual items in the hygiene kits		
3	Request for information	A question asked to the organisation to get more information about services available
e.g. A woman asks the opening hours of the CARE's Women Friendly space		
4	Request for assistance	Someone expresses a need for support from the organisation
e.g. A man requests to enter a CARE cash for work program		
5	Minor dissatisfaction with services/ aid provided	An expression of discontent that does not have serious implications or long-term consequences for a person or group of people
e.g. A family reports that an item was missing from their hygiene kit		
6	Major dissatisfaction with services/ aid provided and security issues	Expression of discontent or report of a situation that can have serious negative impact, pose safety threats or generate serious longer-term consequences for a person or group of people
e.g. Community leaders report chaos during a distribution that potentially caused danger to some community members		
7	Report of violence, protection concern	An allegation or suspicion of violence, intimidation or protection issue that occurred within the community we work in, not involving CARE or partners staff or volunteers.
e.g. Reports a teacher hits students who are late for class		
8	Sensitive Concerns	An allegation of misconduct by CARE or its partners including sexual harassment, exploitation and abuse, fraud, corruption and other breaches of the Code of Conduct.
e.g. A woman reports that a CARE staff member asked her for a bribe in exchange for including her in the cash assistance programme		
0	Out of Scope	Feedback or requests for assistance that fall outside the activities of CARE or where CARE can realistically intervene. Feedback regarding other NGOs should be accepted and systematically referred. Where no possible referral path exists, this should be explained and regularly reinforced.
e.g. A headteacher asks CARE to build new classrooms for the school which is not within CARE's scope		
NOTE: Out of scope does not apply to feedback about a CARE partners – whether related to a CARE funded program or not. Those issues must be assigned one of the categories above and processed accordingly.		

Whether using the categories above or not, all feedback received must be **logged and categorised** according to the nature and sensitivity of the issue raised. Each category must have a clear and [transparent timeline for responding and a designated person for doing so](#).

Sensitive concerns or reports relating to the behaviour of a CARE staff/volunteer or partner staff can be processed through the FAM but sensitive concerns which concern the behaviour of anyone who does not work for CARE or a partner of CARE cannot be processed in the

FAM. In such cases (e.g. corruption by a local council official or a case of domestic violence/GBV within the community), the complaint should be logged under category 0 – out of scope. For sensitive concerns of this type, all information must be anonymised to protect the identity of the complainant. CARE must **re-direct the complainant to other actors who can help**, providing their contact information.

☑	**Practical Tips on using Frequently Asked Questions (FAQs)**

It can be helpful to think about the specific questions and concerns that will be frequently raised, and to write scripts for standard answers which staff and partners can give in response. Such scripts can also be used by operators of telephone/email helplines. Identifying frequently asked questions can be done either when designing the FAM or by analysing the most common questions received if the FAM is already operating (Analyse feedback data). Preparing a list of FAQs (along with answers) and training staff and volunteers on how to answer these questions will also enable us to respond immediately when these same questions are raised, thus reducing the volume of feedback that needs to be processed (although it should still be logged for analysis purposes). It will also help us ensure that staff share consistent messages which can help to increase trust.

Defining Roles and Responsibilities

Many different people will be involved in the operation of the FAM, so it is important to establish clear roles and responsibilities for CARE staff, partner staff and consortium members (if applicable) and ensure that they are understood. Some of the key roles and responsibilities are outlined below, although this will vary by context:

- Ensuring organisational commitment, a culture of accountability and use of feedback data in decision-making (senior management);
- Acknowledging and responding to feedback - there must be a person designated to each feedback category (program staff);
- Oversight of the overall process for acknowledging and responding to feedback, including coordinating across team when feedback demands a response across different teams (MEAL or accountability staff);
- Ensuring that feedback channels are operating effectively at field-level and through analysis and learning (MEAL or accountability staff);
- Collecting feedback (all staff, especially program staff, volunteers, outreach teams etc.);
- Investigating sensitive concerns (designated committee).

Experience has shown that a very effective way to ensure a well-functioning FAM is to establish dedicated roles, such as accountability officers. It will also be necessary to ensure that all staff and volunteer job descriptions include clear responsibilities around receiving, processing and responding to feedback. Job descriptions for management positions should also include the responsibility to review feedback data and analysis.

The person(s) responsible for receiving and making sense of feedback should be granted sufficient **independence** from those implementing and managing the project they receive feedback on, for example through independent line management.

For each feedback type there must have always a **designated person** charged with acknowledging and responding. The person in charge of this might be different for different types of feedback but there should always be a person responsible for the process including

for handling feedback that requires coordination across different teams. Remember to plan some **additional capacity** so that the FAM can still operate effectively and in particular so that feedback can be acknowledged and responded to within the established timelines even when the designated person is on leave or if they have to **exonerate themselves** due to conflict of interest.

Based on a context analysis ([Understanding Power Dynamics](#)), it might be necessary to have **both male and female staff** available to accept feedback, particularly for face to face or confidential channels and in some contexts, we will need to be able to accept feedback in **different languages** to ensure community members feel entirely comfortable speaking to us. Choices around staffing must reflect these requirements.

> 🔗 [Guidance 4.2 FAM Roles and responsibilities](#)

> ☑ **Practical Tips on gender considerations for receiving feedback**
>
> Other practical considerations for preparing feedback collection processes:
>
> ✓ Both male and female staff must be available to collect feedback
> ✓ If a female community member approaches a male staff member, he should offer the option of arranging for her to speak to a female member of staff
> ✓ Be mindful of **other traits** that might create a barrier to openness, for example age, ethnicity or if our staff member/volunteer is associated with a particular position in society like a religious group or a political party etc.

Creating a SOP

Once the FAM is designed, feedback categories defined and roles and responsibilities are clear, a Standard Operating Procedure (SOP) should be developed to guide the overall operation of the mechanism and provide access to tools. The SOP should include the following:

- The objective and scope of the FAM including categories of feedback and complaints.
- The feedback channels available to share feedback, how they function and who is responsible for each.
- Access to hardcopy and digital forms for logging feedback and complaints.
- A data management system for managing feedback and complaints.
- Step-by-step process for solving, acting on and responding to each feedback category with timelines.
- Indicators and timelines analysis of feedback data and the effectiveness of the FAM.
- Clear description of roles and responsibilities (including between CARE, partners and consortium members if applicable).

Those responsible for dealing with sensitive reports may choose to develop a separate Standard Operating Procedures (SOP) for receiving and processing of sensitive reports and this must be aligned closely to safety and support options in place for survivors.

Training and Capacity Building

The SOP form the basis of training for CARE staff, partners and consortium members (if applicable) to ensure that everybody involved in the project understand their role in relation to the FAM. Training will likely be required in several locations (e.g. field offices and country office) and tailored to different levels (e.g. senior management, project staff and volunteers). Other ways to ensure that all staff understand the FAM and are regularly reminded of their responsibility include displaying posters on noticeboards in the office and providing a short presentation in the induction pack for new staff. In particular, every member of staff and every volunteer whether working for CARE or partners must be confident **identifying the focal points for sensitive complaints and reports**. There may also been a need for ongoing capacity building and refresher trainings.

> Guidance 4.3 – Tips for Receiving Feedback and Complaints
> Example 4.1 FAM Presentation for Community Awareness Raising
> Example 4.2 FAM Poster for Community Awareness Raising

Activate the FAM and Raise Awareness

Once the channels for receiving feedback have been created and the protocols for responding developed, we will need to raise awareness of the FAM so that community members know about it and how to use it. There are different ways to share this information, such as:

- Make an announcements at community meetings;
- Display a poster or information on **information boards** in the community or at services run by CARE or partners**;**
- Identify **community focal points** for particular marginalised groups (e.g. widows) to spread the information among their peers (e.g. complaint committees, leaders, etc);
- Include information on CARE's website or social network pages;
- Share messages on the radio or other public communication networks;
- Send SMS or WhatsApp messages to beneficiaries periodically

Orienting community members on the FAM is a key opportunity to inform them about the organisation, our work, our aims, the selection criteria for participants, and other key aspects of the project/s. We should regularly share information with all community members, including the most marginalised, about the following:

- Our vision and mission (including partners if applicable)
- Our programmes: sectors, projects, locations, timeframe, activities, funding, participation mechanisms (including partners if applicable)
- Key elements of the **Code of Conduct**, the PSEA policy, the humanitarian principles (if applicable)
- The Feedback and Accountability Mechanism:
    - How to feedback (orientation about different channels)
    - How feedback will be processed and the **timeframe** for us to respond
    - What we might not be able to change in our projects and issues we will need to defer to other organisations
    - Our commitment to **anonymity and confidentiality and non-retaliation**

When raising awareness of the FAM we should take the opportunity to explain the difficulties of responding to anonymous feedback. We should explain that often we will require more

information to [make sense](#) of the feedback (e.g. which particular activity or location) and that we will be unable to respond directly to the person if the feedback was anonymous.

Key messages must include:
1. Information about CARE, our mandate and our programmes
2. Our expected **standards of behaviour** (appropriately worded: e.g. "we will never ask you for money in return for including your name in the list of beneficiaries.")
3. Our commitment to **give protection** to those who raise issues and that we will never penalise them for complaining
4. The selection criteria and goal of our projects
5. Explain the feedback channels available, the timeline for responding for each channel
6. Our **commitment to respond** to all the feedback received publicly, and to the individual who raised it (if not anonymous) explaining:
   a. The **difference between 'responding' and 'enacting'**. We will always respond to feedback received, but there are times when we are not able to put in practice what has been asked ([not able to adapt](#)).
   b. We will **always respond** publicly as well as directly (where possible) to every feedback raised but we will do so sensitively. We will summarise the feedback received without mentioning who raised it or in which community, nor mention any individual; then we will **explain our actions** in response.
   c. We will do our best to **understand the feedback received**. In order to do this, we may ask more information from the person who raised it or from others. We will always do so in a sensitive manner.

The key messages should be updated regularly, taking into consideration the questions we often receive. The key messages should be prepared in the local language which is spoken by all/ most of the people in the target area. Translations should be both linguistically and culturally comprehensible. In communities where literacy is low, pictures can be used to increase accessibility and understanding.

We should also welcome feedback on the way we explain these processes and regularly [review](#) the use of the different channels to verify they **continue to remain relevant and accessible**.

🔗 [Tool 4.1 - Example of key messages](#)

We should **proactively reach out to groups** who would find it harder to participate (for example, more remote communities) to raise awareness of the channels for providing feedback ([identify who can help](#)).

STANDARDS

- We will **always acknowledge and respond** to feedback according to the established modalities and timelines and ensuring that confidentiality is maintained throughout.
- We will **record, categorise and systematically track all feedback** and complaints from receipt through to response and adaptation, always recoding and storing separately sensitive complaints in a secured database.
- We will take every step necessary to **protect individuals** who provide feedback and complaints in good faith from retaliation, whether or not their complaints are upheld after investigation.
- We will aim to process the majority of feedback **within two weeks (humanitarian) or one month (development)** – total time from receipt to response.

Timelines for acknowledging and responding

Experience shows that outlining from the onset the **timeline for acknowledging and responding to feedback helps effective budgeting.** This relates not only to acknowledging and responding to the person who raised the feedback but also presenting a summary of feedback received and actions taken in response with the wider community.

Below are CARE's standards for acknowledging and responding for each feedback category. These standards can be adapted to the operating context, but consideration of the **importance and urgency of the feedback should always determine** the timeline for responding.

Complains and suggestion boxes were distributed around Al-Maglaf district in Yemen © *CARE International*

	Category	Timeline	Person Responsible
1	Expression of gratitude	Acknowledge **within four weeks**	Person responsible for non-sensitive feedback (e.g. Accountability Officer)
2	Suggestions for improvement	Acknowledge **and** respond within **six weeks (hum) eight weeks (dev)**	Person responsible for non-sensitive feedback (e.g. Accountability Officer)
3	Request for information	Acknowledge and respond **within four weeks**	Person responsible for non-sensitive feedback (e.g. Accountability Officer)
4	Request for assistance	Acknowledge and respond within **two weeks (hum), six week (dev)**	Person responsible for non-sensitive feedback (e.g. Accountability Officer)
5	Minor dissatisfaction with services/aid provided	Acknowledge and respond within **four weeks (hum), within six weeks (dev)**	Person responsible for non-sensitive feedback (e.g. Accountability Officer)
6	Major dissatisfaction with services/aid & security issues	Acknowledge and respond within **two weeks (hum), within four weeks (dev)**	Person responsible for non-sensitive feedback (e.g. Accountability Officer)
7	Report of violence, protection concern	Acknowledge and respond within **two weeks (hum), within three weeks (dev)**	Depending on sensitivity of report and staff competence
8	Sensitive complaint	Acknowledge within **three days**, respond (update) **every two weeks until conclusion**	Person responsible for sensitive feedback
0	Outside of Scope	Acknowledge within 4 weeks (hum) or six weeks (dev); Referral if appropriate	Person responsible for non-sensitive feedback (e.g. Accountability Officer)

Suggestion or feedback boxes must be opened, and feedback collect by at least two authorised people **at least every 14 days** in humanitarian programmes and **once a month in development** programmes. Feedback received through feedback boxes should be recorded and processed according to the categories above.

Recording and classification of feedback

Having activated the FAM, we are ready to receive and process feedback according to the protocols developed. Feedback received, regardless of the channel, should be **stored in a central database**[9] under the oversight of a designated person responsible for ensuring the quality and confidentiality of the data stored. When this is not possible because we are part of joint-feedback mechanism or we are not the lead in a consortium, we should still **always be in a position to access the feedback that relates to our activities** (even if anonymised) in order to learn and improve.

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[9] At minimum this would be a password-protected excel sheet but there are online management alternatives that can be explored (e.g. Feedback commons used in Ghana and Tanzania, Zoho used in Lebanon, CARE4U on vocaCARE used in Rwanda, Immap used by CARE Syria).

Creating a form to collect feedback face-to-face and enter it into the database will ensure that we gather all the information needed to process the feedback. We can create the form in both paper format and digitally to use with data collection software (e.g. ODK, Kobo). Using digital devices will save time and prevent inaccuracies. Whether using paper forms or digital device, we must always be mindful of keeping the information confidential.

A database will enable systematic processing, monitoring, response and referral. The staff member in charge of accountability will be responsible for ensuring all feedback is included in the database, and for monitoring the progress of each feedback received until a response is provided and the feedback entry is closed. Even when feedback is received without interacting directly with staff (i.e. through boxes or SMS) and might be incomplete, it should still be formally recorded and processed. If feedback is responded to immediately (i.e. if received face-to-face or on a hotline) it must still be logged in the database for analysis purposes.

In addition to details of the person[10] providing the feedback, the type of feedback, the location and activities it relates to, our database should also include:

- Focal point/Care staff to whom the feedback was referred for action
- When the feedback was acknowledged
- Timeline for responding to the individual (can be automatically calculated based on feedback category and timeline)
- Response type and date
- Any follow up actions required
- Status (Open or Closed) and date of closing
- Notes on triangulation carried out to validate the information received
- Resolution / action and date

CARE (and partners) should ensure the database is well-maintained allowing each feedback to be tracked from start to finish. Files must be confidential and accessed only by those authorised to do so.

Processing and investigating sensitive reports (e.g. fraud, corruption, abusive behaviour, sexual exploitation or child abuse) requires individuals with specific expertise and must be managed according to the procedures and standards defined by the CARE Member responsible. Sensitive concerns and reports must be **immediately escalated to the designated manager or committee**. The protection of whistle-blowers, complainants and other people affected must be given the highest priority.

TOOL 5.1: Feedback Form
TOOL 5.2: Feedback and Accountability database for non-sensitive feedback

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[10] Even when receiving feedback face to face we should always offer the person providing us with feedback the option to remain anonymous, explaining we will not be able to answer them directly. When collecting contact details from a person providing us with feedback, we should check that they would welcome us contacting them with a response and ask their preferred way and time for doing so. We should also check whether they would prefer we didn't leave a message if we contact them at a time when they are not available, for example at home or on the phone.

STEP 6 ▸ MAKE SENSE

STANDARDS

- We will always analyse feedback to understand the **perspectives of different groups**, especially women, girls and disadvantaged groups, and share that analysis with decision-makers.
- We will triangulate and **disaggregate feedback data** (by sex, location, channel etc.) **and identify themes and patterns in our analysis** to reach an accurate understanding of the feedback.
- We will aim to **involve project participants** in making sense of the feedback received and in defining responses when appropriate.

Before deciding on a response, it is important we truly understand the feedback received. The person in charge of accountability (e.g. Accountability Officer), should lead efforts to make sense of the feedback received. It is essential that this person is equipped with the skills and independence necessary to fulfil this role.

Often, we will need **more information**. This may require asking the person who raised the feedback some questions or conducting a small investigation.

In order to decide how we are going to respond to each feedback, we must also understand the extent to which the feedback represents a **shared opinion** or if it is a view held only by some. If, for example, we receive feedback that the location we use for agricultural training is difficult for farmers to reach, we will need to verify if all farmers feel this way or just some, before deciding to change the location.

Triangulating information is a useful way to improve our understanding. For instance, we can cross-reference feedback collected through surveys or suggestion boxes in conjunction with feedback collected during community meetings or monitoring activities. In some settings, seeking input from other agencies or from coordination groups or clusters (in humanitarian contexts) can also add perspective to our analysis. Staff, partners and volunteers can also provide valuable insights into the feedback, reasons behind it and practical changes we might be able to do in response.

Since members of more powerful groups are often more confident speaking out, we should be vigilant about the risk of **elite capture**, whereby we adapt our activities in response to the feedback from the most articulate, confident and outspoken members of the community. To avoid this, we may need to reach out to specific disadvantaged groups, before making changes to our activities, to verify the proposed changes would not adversely affect them.

To help us make sense of feedback data, we should look out for **proportions, themes and patterns**. We need to understand if an opinion is held by a majority or large **proportion** of people, and if so, which group and how this group relates to our target participants and programmatic objectives.

Often feedback by different individuals, may vary substantially and even appear contradictory, but it is normally possible to extract **themes**. For example, people may complain about inclusion in different activities like VSLAs, cash for work etc. A deeper look might help us understand that they are concerned about earning opportunities, more than the

selection process for individual activities. Analysing themes will enable us to better respond to the issues raised.

Marginalised people are frequently minorities, therefore looking just at proportions (e.g. percentage of people reporting a particular feedback) will not allow us to identify exclusions. We need to be able to spot **patterns** among the feedback received. Comments and opinions that are recurrent under particular conditions, (for example, only where a partner is present, or at a particular time of the year) should always be examined even if they only represent a minority opinion. Disaggregating data in many different ways will help us gain this understanding. Identifying patterns in our feedback can greatly help us be more inclusive and improve the effectiveness of our programmes.[11] Where safe to do so, it is advisable to **include project participants** in our sense-making exercise or to verify our conclusions.

ACT: Do and Don't

Do	Don't
✓ Choose at least one public and one confidential channel accessible to all	✗ Don't fail to respond when we can't act on the feedback received
✓ Choose at least one static and one active channel accessible to all	✗ Don't decide on the best response by yourself without involving those who raised the feedback
✓ Raise awareness of the available channels repeatedly	✗ Don't wait till you are able to open all the channels to allow for feedback
✓ Be prepared for feedback coming from outside the established channels (through personal trust with staff)	✗ Don't forget to explain how information will be used, who will have access to it and the timelines for responding
✓ Activate channels as soon as activities start	✗ Don't assume raising awareness on the FAM at the start of a project is enough
✓ Publicise response schedule for different categories of feedback	
✓ Ensure everyone (staff and partners) understand their role and responsibilities in relation to feedback and provide training	

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[11] Tool 5.2 - FAM Database for Non-Sensitive Feedback, discussed in the Analyse feedback data section, is created to already generate some standard analysis and reports automatically, however, this should only be considered a starting point: it's always appropriate to adapt the tool for different contexts and activities

IMPROVE

<table>
<tr><td>STEP 7</td><td>RESPOND</td></tr>
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STANDARDS

- We will always acknowledge and **respond to the provider** of the feedback (unless anonymous) explaining what we intend to do in response.
- We will **publicly inform the community** of feedback received and the actions we have taken in response by sharing an anonymised summary of the main themes.
- We will aim to **complete investigations on sensitive reports within two months and keep those personally affected abreast** of progress always according to their preferences.

We will **both acknowledge and respond to each feedback** we receive both to the individual who raised it and the entire community. Even confidential feedback should be **transparently and appropriately acknowledged and addressed** with the broader community.

Sometimes it might be possible to acknowledge and respond to feedback immediately when it is received, for example with issues which are frequently raised such as timings of activities or selection criteria. At other times, understanding feedback, considering appropriate action, and potentially adapting our activities in response will require concerted effort and planning which can take some time. Depending on the feedback channel used to provide the mechanism, it may be necessary to close the feedback loop in **two stages**. **Firstly**, by acknowledging the feedback we received (if we have not acknowledged at the time of receipt, i.e. if face-to-face or on a hotline) and informing them that we are exploring solutions. **Secondly**, once a solution been identified, we will report on the chosen solution and implementation plan.

Publicly responding by sharing a summarised and anonymised presentation of feedback received presents an additional opportunity to go over the organisation's key messages and show how we are putting our principles into practice. It also serves as an encouragement to other project participants and stakeholders to raise any issues and better understand the boundaries of what we can and cannot do. It also gives us the opportunity to raise awareness again of the channels open for feedback and our **timelines for responding**.

At times we might receive feedback from someone who has witnessed something they feel has put someone else at a disadvantage while the person (or group) believed to have suffered from this action has not provided this feedback themselves. When the person providing feedback and the person or group who are the object of the feedback are not the same, we will not be bound to respond to the individual who raised the feedback (about someone else) nor we will keep them informed of the progress or outcome of any investigation.

The willingness of community members, especially those most vulnerable, to report breaches of our code of conduct (including bribery, fraud, sexual exploitation and abuse etc.) will also be influenced by their experience of the fairness, transparency and consistency of our processes for handling these reports. While it is important to publicly address these reports and actions taken as result of investigation, **protecting the anonymity and confidentiality**

of all persons involved will always be paramount in these cases. Irrespective of their nature (corruption, theft, sexual misconduct etc), sensitive complaints should not be recorded alongside non-sensitive feedback and should be investigated by the designated staff following COs' protocols.

Every six months, staff responsible for publicly responding to feedback should collect **minimal and redacted information** on any such cases from the designated manager or committee, in order to inform the broader community about the type of feedback received and explain any action taken, always ensuring complete anonymity.

> *"The credibility of our processes and procedures for dealing with feedback and complaints are reinforced by people's consistent experience of confidentiality being maintained, a timely response, an effective and transparent investigation process, and fair and consistent communication."*
>
> **EIGHT PRINCIPLES FOR BUILDING TRUST THROUGH FEEDBACK - BOND**

☑ **Practical Tips for responding to feedback publicly**

✓ When reporting to the broader community **sensitive reports** received, we should take great care to anonymise the information, concealing the identity, location, sex of the person who raised the complaint (or any other characteristic that might lead to their identification). It is important to discuss these complaints with the community as they might encourage others to come forward. (Consider saying '*In a community not far from here we heard … this behaviour is in breach of CARE's code of conduct and if you witness anything like that…*' Then continue with '*In that case we did…*'

✓ When responding publicly, we can take opportunities to also share feedback that **was incomplete, and we were not able to action** for lack of sufficient information. This will help community members understand how the system works and provide more actionable feedback in the future.

Community members in Boston municipality / Mindanao / Philippines using scorecard to assess Accountability in CARE response to Cyclone Bopha ©2013 Uwe Krous/CARE International

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Closing the loop

A feedback mechanism is seen as effective if, at a minimum, it supports the collection, acknowledgement, **processing and response** to the feedback provider, thus forming a closed feedback loop. If the feedback loop is left open, the mechanism will not be fully effective but more importantly trust in the system will decline. Closing the feedback loop ought to be both **systematic and predictable**. Community members should come to expect a response to every feedback raised and be able to anticipate when and how the response will come.

Any feedback received must be acknowledged and answered systematically, even if our response simply states that there is nothing we can (or will) do as a result, and our reasons for saying so. People who provide feedback to us **may not necessarily be satisfied with our response, but they should always be satisfied that we responded**.

We must **close the feedback loop** for every feedback received both to the person who raised it (if not anonymous) and, as a summary, with the entire community (anonymising the information to maintain confidentiality). The predictability of how we close the feedback loop will be the foundation of our relationship with communities and project participants.

When reporting back to communities we must withhold all information that could lead to the identification of the feedback provider. Usually we will only share a summary of the feedback received by grouping feedback in broader topics and note any actions taken in response to each topic.

As communities learn to trust the predictability of our response, they will gain trust in the system and in us. Publicly responding to the feedback received will also help us reinforce clarity on our work and our approaches by explaining the boundaries of what we are able to act on. Moreover, it will help us **reiterate our standards** and prompt further feedback particularly from disempowered groups, helping us unearth 'blind spots'.

Community members' increased trust in the FAM often results in **more critical feedback** because people have learned it is worthwhile to give us feedback. When this happens, we will recognise this as a sign of increased trust (not as an indicator of the worsening of our work!) and we will prepare the team for this possibility, to avoid reductions in staff morale.

To increase the **predictability**, reporting back on feedback received and actions taken, can be made into a regular item at community meetings or periodic monitoring visits. To enhance trust that feedback will be answered, you can consider a symbolic gesture such as tying a piece of string to a tree, 'binding' your promise that you will come back to respond and untie the string with the response.

- ✓ When feedback asks us to make changes to our activities, all reasonable efforts should be made to resolve the issue. While we put in place the changes, the person designated to respond (based on feedback category) must contact the person who provided the feedback to **notify them of progress** and advise when we expect to resolve the issue.
- ✓ Occasionally the process of resolving issues might take a while. In those cases, the designated person should contact the person who raised the feedback **every two weeks**, to notify them of progress, until the matter is resolved.
- ✓ If CARE requests additional information from the person who raised the feedback but receives **no response within three weeks**, we can consider the matter closed. However, if further information is presented, after the case was closed, it will be necessary to reopen the case at that point.

Aisha Barbar, 75, with Miriam Darwish, 30, a hygiene promoter with CARE in Lebanon. After distributions, Miriam visits families in their home, ensuring water filters are operating and collecting feedback. © Mary Kate MacIsaac/CARE International

STANDARDS

- We will **make concerted effort to adapt** our activities in response to feedback when relevant, especially to **increase safety, participation and equitability.**
- We will **monitor the adaptations** we make to our activities to learn and improve.
- When appropriate, we will **involve project participants** in developing adaptations and solutions we will make to our activities.

The ultimate proof of the usefulness and effectiveness of our accountability mechanisms will be in the extent to which we **adapt our activities and approaches** in response to feedback. We may not always be able to make large-scale changes to a project design or approach, but we should always make changes to ensure our activities are inclusive, accessible and do no harm. The limitations imposed on us by our contracts, operating environments, budgets and donors should be transparently explained, when we are unable to bring the requested changes to our projects.

The analysis of the feedback data will guide us in prioritising changes taking into account the **urgency and importance** of the feedback.

At times we might choose **not to adapt** our activities in response to feedback (e.g. if a privileged group, aiming to maintain their power, asks to be included in activities intended for the economic empowerment of a disadvantaged group). Whether we choose to adapt our activities or not, we should always **transparently respond** and take the opportunity to document the changes and the learning. We should always **monitor** the extent to which the changes made helped us achieve our project objectives. This will enable the development more effective projects in the future and help future teams.

Once changes and adaptations have been decided upon, it might be necessary to change the budget, workplans and monitoring plans. A common barrier to adaptation is the fear that changes will be rejected by donors. However, donors are often open to allow changes that will improve project outcomes or impact. Occasionally, seeking approval for larger scale changes to our plans and budgets may take time. Whilst we should not be deterred from making changes that will enhance our effectiveness, we should transparently communicate with the community about timelines and reasons for delays.

Once adaptations have been identified, we should take the opportunity to again close the feedback loop (two stage process) and once again acknowledge the feedback received and inform project participants of the changes we are implementing.

Inclusive change-making

To ensure we correctly understood the feedback and that we implement sensible adaptations that reflect the needs and aspirations of our project participants, it is often advisable to involve community members in defining the changes we should make. This is especially important in cases where individuals felt harmed by our activities or behaviours. **Shared ownership of solutions** will also foster a greater sense of agency and contribute towards their empowerment.

OUR STANDARDS

- We will **review and use the analysis** of feedback data to inform our programmatic decisions – **every month** (humanitarian) or **every three months** (development).
- We will ensure that program adaptations and analysis of feedback data are **documented and shared** with technical teams and relevant colleagues to feed into the design of new programs.
- We will review the FAM's effectiveness and relevance **every 3 months** (humanitarian) **or every 6 months** (development) including through consultation with community members.

A FAM cannot be considered effective unless we are able to learn from the feedback we received and the adaptations we make, to continually improve our programmes. Regular monitoring of the functioning of the FAM is key to ensuring it is inclusive and effective. The feedback and our experiences with adaptations and new solutions can be used strategically to inform future programming.

Analyse feedback data

The lead person responsible for the FAM should provide a synthesis and analysis of the feedback received (anonymised) to program teams and senior management. The synthesis should disaggregate data and be organised in categories to guide our programmatic response[12]. Our analysis should include, among others: an assessment of response time against standards; the type of feedback received disaggregated by gender, sector, project, location and partner.

This analysis should be a regular part of project performance review meetings (these could be team meetings, staff meetings or senior management meetings etc). This synthesis can also be shared with senior management, sector leads or other stakeholders particularly if it has the potential to inform future decision making on new policies or projects or increase inclusiveness. Tool 5.2 - FAM Database for Non-Sensitive Feedback is designed to generate some standard analysis and reports automatically, however it is suggested to adapt the tool for different contexts and activities.

Analysis on feedback data can also be shared with donors, and other relevant stakeholders - especially the communities who provided the feedback.

🔗   Tool 9.1 - FAM Monthly Report

Review the FAM's effectiveness

The analysis of the FAM data over time will help us **assess the effectiveness and accessibility of the FAM**. Statistics compiled about the use of the different channels (how

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[12] The sample database already includes basic analysis embedded in the template.

frequently they are accessed and by whom)) should inform our review of existing mechanisms. If, for example, a particular channel is rarely used, we may choose to abandon it or have further consultations to understand how to make it more accessible. If a particular group is underrepresented among those who provide feedback, more efforts and consultations may be needed to ensure they feel comfortable coming forward. Understanding which channel enables a particular type of feedback to surface will also help us direct our future efforts especially in relation to empowering the most marginalised to voice their concerns.

Reviewing data regarding our handling of feedback can also help us identify if there are aspects of our work that require strengthening. The extent to which we are able to abide by our Timelines for acknowledging and responding will provide useful insights into the appropriateness of our operating procedures and resourcing, for example.

The effectiveness of the FAM should be **reviewed every 3 months** in humanitarian programmes and **every 6 months in development programmes**; with oversight from the leadership team and with the support of the monitoring and evaluation function. The composition of the leadership team will vary depending on the portfolio of projects and activities covered by the FAM. The person(s) in charge of monitoring and evaluation for the portfolio or projects covered by the FAM, should provide technical leadership in the analysis of the FAM data and put forward recommendations for the system's improvement.

> Tool 9.2: Feedback Mechanism Scorecard (adapted from UNICEF by Plan International)
> Tool 9.3: Standardised questions about the FAM for surveys
> Tool 9.4: Scorecard for community assessment of FAM

IMPROVE: Do and Don't

| Dos	Don't
✓ Always close the feedback loop both publicly and privately (when feedback is not anonymous) ✓ Collate and store feedback confidentially ✓ Analyse feedback data to ensure it is used ✓ Review the effectiveness of the FAM considering usage data ✓ Adapt activities in response to feedback ✓ Involve project participants in creating solutions ✓ Explain our duty to respond (not to enact) on all feedback received	✖ Don't assume a consultation at the start is sufficient; consultations must be repeated throughout ✖ Don't focus your analysis of feedback only on how many people gave a particular feedback ✖ Don't forget to share learning with technical and proposal development teams ✖ Don't be upset if feedback becomes more critical overtime – it's a sign of trust! ✖ Don't allow the response time to become unpredictable

NINE ESSENTIAL STEPS FOR CREATING AND MANAGING EFFECTIVE FEEDBACK AND ACCOUNTABILITY MECHANISMS
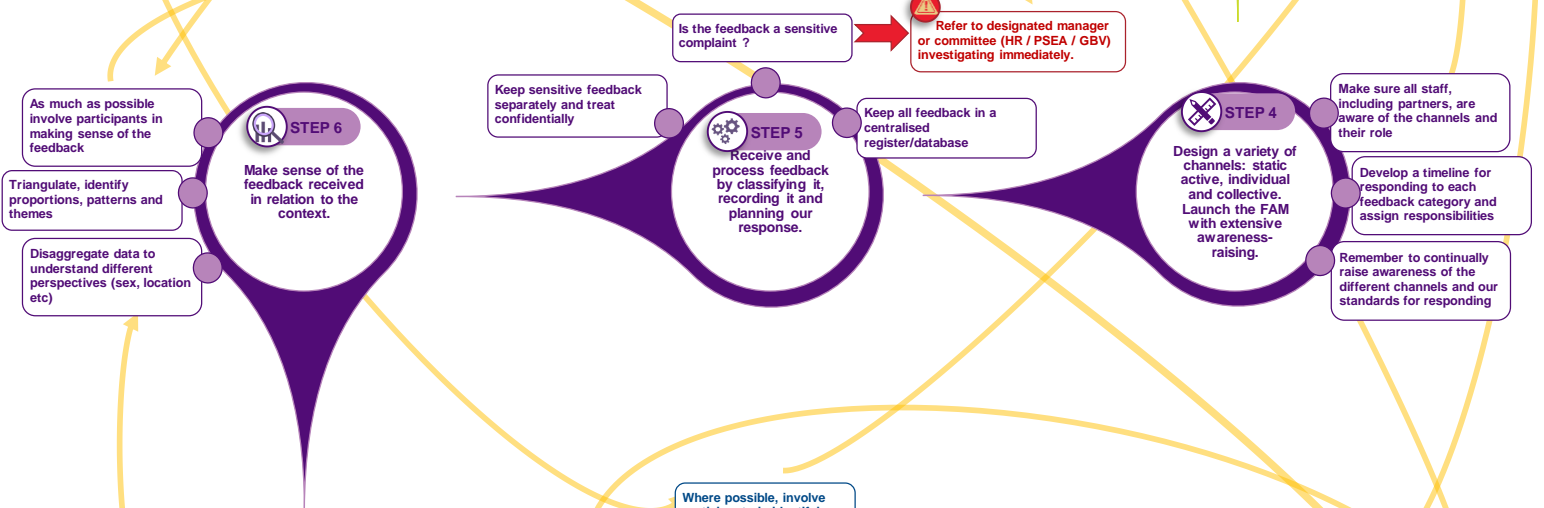
PLAN

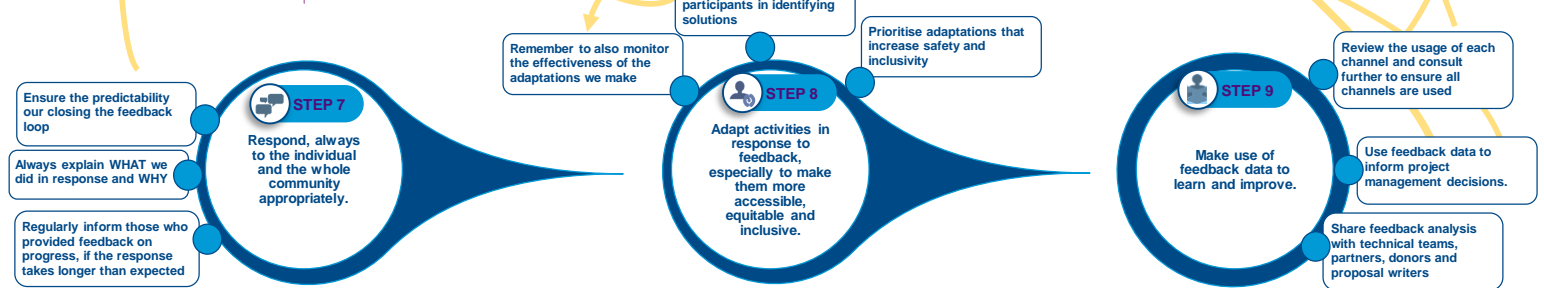- **STEP 1** — COMMIT
- **STEP 2** — UNDERSTAND
- **STEP 3** — CONSULT
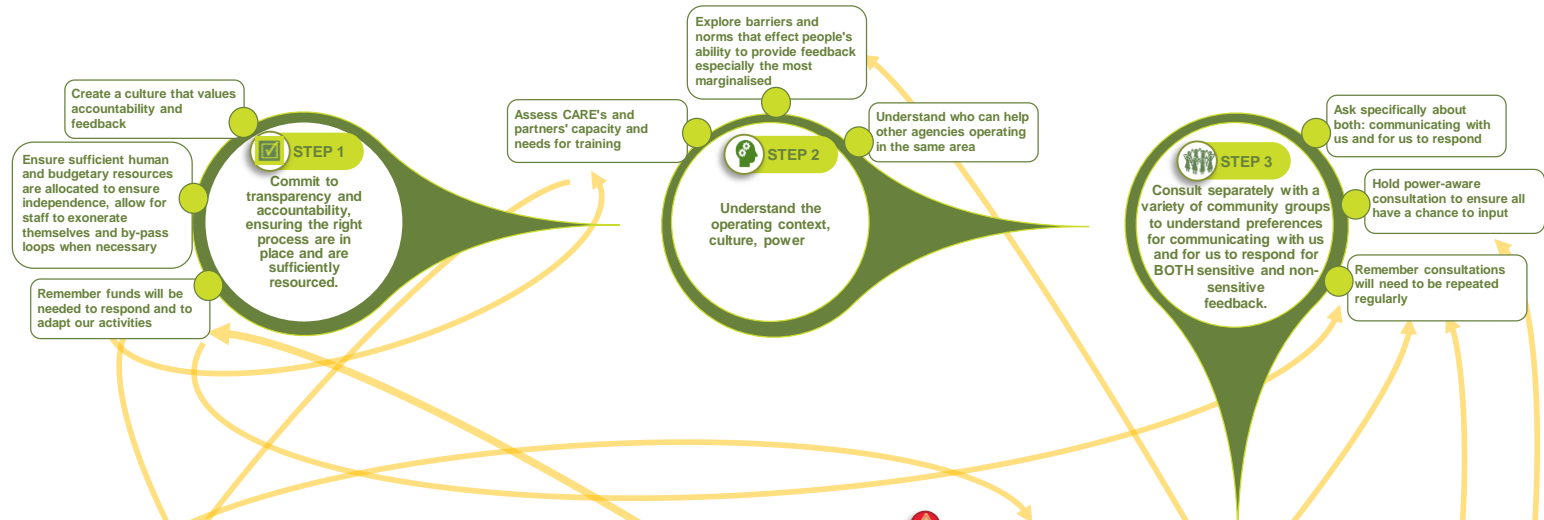
ACT

- **STEP 3** — DESIGN
- **STEP 4** — PROCESS
- **STEP 5** — MAKE SENSE

IMPROVE

- **STEP 7** — RESPOND
- **STEP 8** — ADAPT
- **STEP 9** — LEARN

STEP 1 — Commit to transparency and accountability, ensuring the right process are in place and are sufficiently resourced.

- Create a culture that values accountability and feedback
- Ensure sufficient human and budgetary resources are allocated to ensure independence, allow for staff to exonerate themselves and by-pass loops when necessary
- Remember funds will be needed to respond to and to adapt our activities

STEP 2 — Understand the operating context, culture, power

- Assess CARE's and partners' capacity and needs for training
- Explore barriers and norms that effect people's ability to provide feedback especially the most marginalised
- Understand who can help other agencies operating in the same area

STEP 3 — Consult separately with a variety of community groups to understand preferences for communicating with us and for us to respond for BOTH sensitive and non-sensitive feedback.

- Ask specifically about both: communicating with us and for us to respond
- Hold power-aware consultation to ensure all have a chance to input
- Remember consultations will need to be repeated regularly

STEP 4 — Design a variety of channels: static active, individual and collective. Launch the FAM with extensive awareness-raising.

- Make sure all staff, including partners, are aware of the channels and their role
- Develop a timeline for responding to each feedback category and assign responsibilities
- Remember to continually raise awareness of the different channels and our standards for responding

STEP 5 — Receive and process feedback by classifying it, recording it and planning our response.

- Is the feedback a sensitive complaint ? → **Refer to designated manager or committee (HR / PSEA / GBV) investigating immediately.**
- Keep sensitive feedback separately and treat confidentially
- Keep all feedback in a centralised register/database

STEP 6 — Make sense of the feedback received in relation to the context.

- As much as possible involve participants in making sense of the feedback
- Triangulate, identify proportions, patterns and themes
- Disaggregate data to understand different perspectives (sex, location etc)

STEP 7 — Respond, always to the individual and the whole community appropriately.

- Ensure the predictability our closing the feedback loop
- Always explain WHAT we did in response and WHY
- Regularly inform those who provided feedback on progress, if the response takes longer than expected

STEP 8 — Adapt activities in response to feedback, especially to make them more accessible, equitable and inclusive.

- Where possible, involve participants in identifying solutions
- Prioritise adaptations that increase safety and inclusivity
- Remember to also monitor the effectiveness of the adaptations we make

STEP 9 — Make use of feedback data to learn and improve.

- Review the usage of each channel and consult further to ensure all channels are used
- Use feedback data to inform project management decisions.
- Share feedback analysis with technical teams, partners, donors and proposal writers