# WASH and Accountability to Affected Populations (AAP)

## Tip-sheet for clusters



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# Contents

# Section 1: Introduction to AAP and coordination

The Inter-Agency Standing Committee (IASC) defines AAP as a commitment by humanitarians to use power responsibly: to take account of, give account to, and be held to account by the people we seek to assist. In more practical terms, AAP is about using power and resources ethically and responsibly. It is about putting the needs and interests of the people and communities that organizations serve at the centre of decision-making and ensuring the most appropriate and relevant outcomes for them, while preserving their rights and dignity and increasing their resilience to face situations of vulnerability and crisis[1].

## AAP and Coordination

Putting people at the center of humanitarian coordination is essential to an effective response. Cluster coordinators are responsible for ensuring that the cluster fulfills its role of coordinating the work of partners in maximizing quality and coverage, closing gaps, minimizing duplication and generating results for affected people. The terms of reference for Humanitarian Coordinators (HCs), and the Humanitarian Country Teams (HCTs) include responsibilities to support AAP, including through clusters. Other reference documents like the Reference Module for Cluster Coordination at Country Levels also reinforce the responsibility of cluster coordination teams to support partners to ensure AAP in any humanitarian response.

Based on the evolving nature of the cluster approach, there is also a recognized need, as part of the delivery of the 6+1 core functions, to increase focus on cross-cutting themes, including AAP, Protection Mainstreaming, GBV Risk Mitigation and Disability Inclusion. For WASH more specifically, AAP is recognized as part of the "enabling environment" for effective WASH coordination in the People-Centered approach in the GWC Strategic Plan 2022-25.

## Actions to Achieve the integration of AAP in WASH Clusters

This section outlines possible actions for WASH clusters to take in integrating AAP into their work. It may not be possible to take all of these on board and clusters should adopt what they believe are the most meaningful actions, given their contexts, in bringing the voices and priorities of affected communities into their decision-making processes. Supporting AAP at the cluster level is not a tick-box exercise, so focusing on doing a few activities well will have a greater impact than trying to cover everything.

Note that all actions outlined in this tip sheet reflect the Global WASH Cluster's 5 minimum Commitments for the Safety and Dignity of Affected Populations. The achievement of these commitments reinforces the accountability of WASH partners to affected populations, through participation, inclusion, safety, and feedback. The commitments are as follows:

1. Consult separately girls, boys, women, and men, including older people and those with disabilities, to ensure that WASH programs are designed to provide equitable access and reduce risks of violence.
2. Ensure that girls, boys, women, and men, including older people and those with disabilities, have access to appropriate and safe WASH services.

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[1] For more information on the IASC AAP definitions and commitments please see
https://interagencystandingcommittee.org/strengthening-accountability-affected-people

3. Ensure that girls, boys, women, and men, including older people and those with disabilities, have access to feedback and complaint mechanisms (CFMs) so that corrective actions can address their specific protection and assistance needs.
4. Monitor and evaluate safe and equitable access and use of WASH services in WASH projects.
5. Give priority to girls (particularly adolescents) and women's participation in the consultation process.

The minimum commitments are a tool generating a reflection of how efficient partners' responses are at addressing the diversified WASH assistance and protection needs of the users. The GWC has tools and monitoring processes to support the achievement of these commitments. To monitor the quality, safety, accessibility, participation, inclusion, and feedback of the response, in line with the 5 commitments, you can also refer to the (People-Centred Programming Module indicators).

In addition to supporting cluster partners' *individual efforts* to implement the 5 minimum commitments through their response, cluster coordinators should support partners to work towards a more *collective approach* to AAP to reduce the burden on the affected population of dealing with multiple and duplicate systems and processes. This guidance note outlines how to achieve more collective processes at cluster levels. It is structured by the outcomes of the IASC April 2022 Collective AAP Framework, which was developed to prioritize actions to strengthen response-wide AAP for HTCs (resource 1).

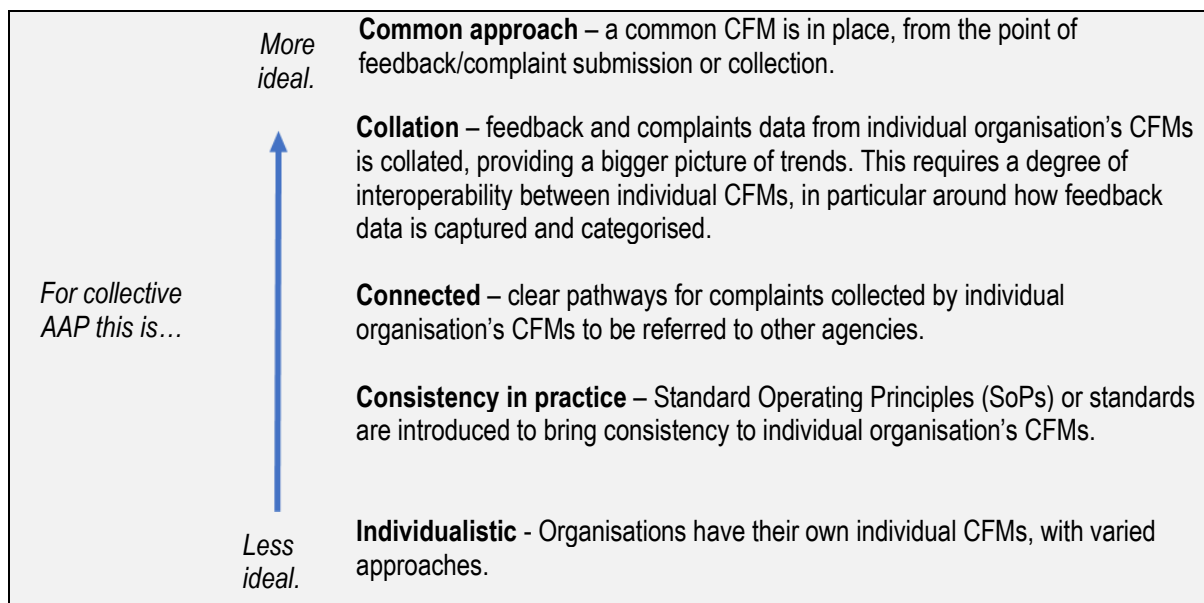## General steps for AAP support and mainstreaming in WASH clusters.

- **Ensure an understanding of AAP across all cluster partners** by providing cluster-level training on AAP, ideally on an annual basis, and share and promote online resources (see resources 3 and 4) to support understanding across partner staff. You can reach out to the AAP/community engagement working group in your context (if available) or the GWC helpdesk (gwchelp@unicef.org) for support with an orientation training.

- **Share and provide information on toolkits and resources for AAP activities**, specific to the clusters if appropriate (see resources 5,6, 7 and 8 from UNICEF, IASC, and the Global Protection Cluster).

- **Undertake a mapping of partners' AAP activities** to understand what they already have in place, determine areas of support needed, and where data and tools can be shared to inform the cluster-level response. See Annex 1 for a Partner AAP mapping tool.

- **Identify and link up with country-level AAP initiatives** such as AAP, PSEA or community engagement working groups to understand and contribute to response-wide AAP initiatives and access context-relevant materials. Where this does not exist then advocate for the HCT to set response-wide AAP commitments and expectations.

- **Establish an AAP TWiG with partners** that have an interest and capacity to lead the planning and implementation of the AAP work for the cluster. Their first task could be to lead the AAP mapping, then determine and coordinate capacity building and support the cluster in deciding which activities on this tip sheet would be most relevant and meaningful. This TWiG could be combined with other cross-cutting issues such as PSEA, inclusion, localization, or protection mainstreaming as these are all closely related to AAP principles. Support the participation of local actors in the technical working group. See Annex 2 for a generic TWiG ToR that can be adapted to different needs and contexts.

# Section 2: Practical steps to achieve the outcomes of the Collective AAP Framework for WASH Clusters

AAP emphasizes a collective approach to coordinate the commitments of local, national, and international humanitarian organizations. Accountability is more efficient, at all levels, when it is coordinated with shared approaches. The below diagram summarises the 'degrees of collective approaches for AAP', using feedback and complaints mechanisms (CFMs) as an example. This scale also applies to other aspects of AAP such as participation of communities in decision making and communicating key messages to communities.

Different 'degrees' of collaboration may be achievable in different contexts. When applying the various practical steps outlined under the outcomes section below, aim for a collective as possible approach, keeping in mind that solutions need to be context specific and appropriate, and a common approach is not always feasible.

**Figure 1: Degrees of collective approaches for AAP[2]**

*More ideal.*

**Common approach** – a common CFM is in place, from the point of feedback/complaint submission or collection.

**Collation** – feedback and complaints data from individual organisation's CFMs is collated, providing a bigger picture of trends. This requires a degree of interoperability between individual CFMs, in particular around how feedback data is captured and categorised.

*For collective AAP this is…*

**Connected** – clear pathways for complaints collected by individual organisation's CFMs to be referred to other agencies.

**Consistency in practice** – Standard Operating Principles (SoPs) or standards are introduced to bring consistency to individual organisation's CFMs.

*Less ideal.*

**Individualistic** - Organisations have their own individual CFMs, with varied approaches.

## Outcome 1: Coordinated needs assessment and analysis reflects all affected community groups' needs and priorities, including information needs and communication on preferences.

- **Include AAP considerations in the cluster needs assessment strategy** Collect and share existing data on the prioritis, needs, risk, and capacities of diverse groups, including information and feedback needs and preferences, collected during multisector needs assessments, partner or other sector assessments.

- **Identify varied sources of information and data and raise awareness of partners** (CFM data, satisfaction surveys, monitoring data, evaluations, needs assessments surveys focus group discussions, etc) Discuss at sector/cluster meetings if this information is adequate for the needs of your sector/cluster.

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[2] Rogers, E. (2023) Interagency AAP Coordination – experiences from UNICEF in Central African Republic, Colombia, Venezuela, and Yemen,

- **Where there are gaps in existing data, ensure these are filled** by embedding questions on priority needs, information and feedback needs, and preferences into needs assessments and monitoring efforts at partner, sector, or multi-sector levels.

- **Make sure to i) Proactively sample people from diverse groups during needs assessments and ii) Collect qualitative data to understand more nuanced information and complement quantitative data.**

- **Refer to the REACH/IASC Menu of AAP Questions for Needs Assessments** for sample questions (resource 9) with some examples in text box below and the GWC indicator data bank for sample indicators.

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**Suggested needs assessment questions**

1. (a) What are the most significant challenges you are facing at the moment?
   (b) How do you deal with these issues or challenges?
   (c) What support would you like to see to help you manage these issues/challenges?

**Information provision**

2. (a) What type of information would you like to receive on services from aid providers?
   (b) Who/where would you prefer to receive information from?
   (c) What are your top 3 preferred means of receiving the information?
3. What is your mother tongue?
4. Which language would you prefer to receive information in?
5. (a) Are you able to access all of the information that you need?
   (b) Are you aware of any people who may be unable to access available information because of specific needs?
   (c) Why were they unable to access available information?

**Complaints and Feedback**

6.How would you prefer to provide feedback or raise a complaint to aid providers about the quality, quantity and appropriateness of the aid you will receive?[3]
7. How would you prefer to provide feedback or raise a complaint to aid providers about the behaviour of aid providers?
8. Which language do you prefer to provide feedback in?

**Participation**

9. Who makes decisions in your community about issues that affect the community as a whole?
10. Do you feel like you have a say in decisions that affect your community? If not, why not?
11. How important is it to you that you are involved in decisions about your community?
12. How would you like aid workers to involve you in decisions about the aid you will receive?

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[3] You may want to split this question into 3, with 1 each on quality, quantity and appropriateness in order to effectively analyse the responses.

- **Feed the data analysis into the WASH chapter of the Humanitarian Needs Overview (HNO), as well as sector and partner programme planning documents.**

  - **Highlight priority needs, risks, and capacities of diverse groups** (including men, women, girls, boys, older persons, persons with disabilities, persons belonging to minority groups, and persons of diverse sexual orientation or gender identity), as per the needs analysis. For example, women and girls may be at risk of GBV when collecting water, and persons with disabilities may not be able to access information if it is not shared in different and accessible formats.

  - **Outline which groups are the most vulnerable in the context**, what makes them vulnerable, who is hard to reach, and why, and opportunities and implications for engaging these groups.

  - **State how these diverse groups participated in needs assessments,** using which mechanisms and data sources (i.e., CFM data, satisfaction surveys, Focus Group Discussions (FGDs), etc)
  - **Describe any safety or accessibility barriers** and preferred channels for the following groups to provide feedback and complaints and receive information.

**Outcome 2: Humanitarian response plans include affected people's voices**

- **Make sure that sector objectives and response plans in the HRP respond to needs analysis data for different population groups.**

  - Address the priority concerns and needs of the affected population, including the needs and concerns of diverse groups (including men, women, girls, boys, older persons, persons with disabilities, persons belonging to minority groups, and persons of diverse sexual orientation or gender identity) as outlined in the HNO.

  - Describe how diverse groups will participate as actors in the response. For example, by regular consultations and satisfaction surveys implemented by partners and how they will be engaged in planning and prioritization of the response at the local level.

  - Describe how information will be made accessible to diverse groups. For example, by using multiple channels for communication (multimedia, face-to-face and information boards including pictorial information) or cluster-level community information leaflets for coherent messaging.

  - Describe how safe and accessible CFM will be used at partner level and how information from individual CFMs will be analyzed by the cluster.

  - Refer to the AQA toolkit for examples of quality monitoring indicators and questions on safety, accessibility, feedback, Inclusion, and participation, and for data collection on safety and accessibility for women and girls specifically, including women and girls with disabilities; refer to the GWC's Safety and Accessibility Audit Toolkit,

- **Specify how affected communities will be involved in informing programme decision-making**. This involvement should be periodic at key stages of the humanitarian programme cycle and when significant shifts in programming take place, for example, when starting or ending an activity in a certain area, or shifting to a new targeting or delivery methodology

- Engage with national NGOs, CSOs, women led and focused organizations, youth led groups and networks, organizations for persons with disabilities (OPDs) in response planning efforts (via local networks) to expand the inclusion of actors who are not involved in humanitarian WASH architectures.

- **Integrate AAP aspects in HRP WASH sector chapter objectives and indicators.** The objectives and indicators are often not measuring quality metrics, as these are challenging to capture in 5Ws, but good examples include objectives and indicators with references to participation of affected communities, safety assessments prior to provision of WASH assistance, and dignity considerations in provision modalities. See Afghanistan WASH sector 2024 HRP as an example

- **Include mandatory AAP requirements for WASH HRP projects and Country-Based Polled Funding (CBPF)** and CERF and encourage partners to carry out participatory approaches to needs assessments, implementation and monitoring.

## Outcome 3: Funding and resources are in place to ensure a coordinated approach to information provision, community feedback systems and participation.

- Advocate that partners and donors include sufficient budget and funding for AAP activities as a fundamental part of effective project management. The costs for activities outlined in this tip-sheet should be considered at the funding stage.

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- Advocate for sufficient cluster information management capacity to support the collation of community-level data, including from monitoring, CFM, etc into a useful data source for cluster monitoring of the response.

- Add AAP considerations, including capacity budling, in the resource mobilization strategy of the cluster. Non-traditional WASH donors focused on GBV/Gender/AAP or protection can be considered as entry points.

## Outcome 4: Response implementation is coordinated and driven by informed community participation and feedback systems and is monitored and adjusted as needed.

- **Outline in the Strategic Operational Framework (SoF)** how quality of the response is measured and how community participation and feedback is structured, including the below the below actions.

- **Support local partners with close ties to affected communities**, to participate in sector/cluster meetings and present information that they have on community needs and priorities. For example, proactively give local partners a voice in cluster meetings by asking how they can share their knowledge, make sure that they are invited to input in the drafting of sector needs assessment questions or sampling methodologies and if possible, make sure that meetings have translation to aid their participation.

- **Create consultative beneficiary group/s at cluster level (or utilise existing partner groups)**. This is ideally done on an ongoing basis and undertaken by an AAP TWiG (as outlined under general steps on page 3). The TWiG members should engage with the affected community to identify people who would be willing to give more time to support in prioritization exercises and/or the design, implementation and monitoring of activities. Make sure groups are varied in membership regarding age, sex, literacy/level of education, disability, and any other relevant minority groups.

- **Encourage partners to undertake beneficiary satisfaction surveys/monitoring and share any multi-sector or partner data** in sector/cluster meetings, decide on corrective action in response to results and monitor the implementation of this action. See example box below and refer to the for AQA toolkit for quality monitoring indicators

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**Example beneficiary perception indicators[4]**

% of affected people who think they are getting the help they need most.

% of affected people who believe that assistance reaches people who need it most.

% of affected people who feel safe accessing humanitarian aid.

% of affected people who believe that humanitarian actors treat them with respect.

% of affected people who know how to log complaints or feedback.

% of assisted people informed about the programme (who is included, what people will receive, length of assistance).

% of of assisted people who have been asked for their feedback on humanitarian programmes.

**Example output indicators**

# of people reached through information to community about services, benefits and behaviour expected from humanitarian personnel and how to share feedback.

# of people from the community and other key stakeholders involved in decision-making about assistance.

# of opinions, complaints and questions shared through established feedback mechanisms, and number of issues addressed within a specific timeframe.

# of people reached by messages and awareness of PSEA.

# of targeted population informed about duration of assistance.

# of targeted population given adequate warning before having their assistance reduced or removed.

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- **Document corrective action agreed upon at cluster level** as a result of the participation of the affected community in decision-making. Encourage partners to share this information with affected populations using appropriate language.

- **Identify common issues in the sector that partners find it difficult to address** and work towards finding solutions at the cluster level. Embed identifies common issues in the cluster advocacy framework.

- **Support partners to achieve effective use of CFMs and CFM data:** These mechanisms could be for each individual organisation or joint CFM mechanisms managed by a number of partners. Support could include asking partners who already have strong CFM in place to share resources and tools and provide training.

- **Standing agenda item on CFMs in cluster meetings**: Encourage partners to share complaints and feedback data in sector/cluster meetings in order to ensure a better joint understanding of beneficiary perceptions of sector/cluster activities. Discuss patterns across partner CFM data to identify collective issues to be addressed, decide on joint corrective action, and track the implementation.

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[4] Mainly taken from examples from Central African Republic and Venezuela outlined in : Rogers, E. (2023) Interagency AAP Coordination – experiences from UNICEF in Central African Republic, Colombia, Venezuela, and Yemen

- Partners could be encouraged to share the following: Overall trend analysis of CFM data (disaggregated by location/gender/age/disability). What were the top issues reported to your CFMs? Are there any new or unusual issues being reported to your CFM? How did you follow up on/address these issues? Are there any issues that you don't know how to deal with? Is there any cluster or interagency support needed to fully address some issues?

- Partners may feel 'exposed' by presenting CFM data, particularly where it highlights oversights in implementation or beneficiary dissatisfaction. Hence it is important not to put one partner on the spot but encourage many partners to participate. Also, encourage a space where mistakes are openly shared, discussed and used to improve programming. Encourage partners to present challenges transparently, rather than presenting a picture of perfection. Having a meeting without donor organizations may encourage this.

- **Focus on the learning and improvements/adaptations that partners have made** in response to the CFM analysis to highlight the importance of using this information.

- **Encourage partners to use the information from the CFM data to update their community /beneficiary messaging** and take a proactive approach to providing information on frequently asked questions.

- **Document collective corrective action agreed upon and taken across cluster partners** as a result of sharing and reflecting upon complaints and feedback data. Encourage partners to share this information with affected populations using appropriate language.

- **Align complaints and feedback categories** across partners so that complaints and feedback data can be collated at cluster level, as a key source of monitoring data and advocacy evidence. Categories should be aligned at a level that provides useful insights into different programme processes, for example, 'beneficiary targeting/selection', 'distributions', 'safety concerns' 'access' etc.

- **Share good practices in mapping information provision opportunities in programmes**: For example, when are beneficiaries engaging with a staff member, a project site, training that could be used to provide additional relevant information? Are there opportunities that could be created in addition to these without causing extra effort on behalf of the affected communities? Where a partner has effectively conducted and utilized such a mapping ask them to present their experience at sector/cluster meetings. Make sure this is done in conjunction with available data on beneficiaries' preferred channels for receiving information.

- **Community messaging:** Agree on technical terminology to use in local language, test the terminology with beneficiary groups to ensure comprehension, and encourage the use of the same terminology across the sector/cluster in communication targeted at the affected population. Ask partners with in-country AAP or community engagement capacity to lead this exercise and engage national partners in the process.

  - Develop beneficiary-focused messaging on the cluster strategy and achievements and encourage partners to include this in their beneficiary-focused FAQs or other messaging. See resource 16 for an example of a community information leaflet that can be adapted to include the above.

- **Standards of conduct and PSEA:** Check if existing messaging on standards of conduct of humanitarian staff and complaints processes have been developed by a PSEA working group and

shared with partners. If this has not been developed, engage a partner with relevant PSEA and AAP/Community Engagement capacity to test and agree on PSEA messaging with local communities. Provide examples to partners of how to incorporate this into other sector messaging. Follow up with all partners to ensure PSEA messaging is embedded in the information provided to affected communities.

- Messaging should follow IASC/PSEA Task Team key messages for communities, which include: 1. All aid is based on need and is free. 2. All humanitarian organizations should treat people with respect. 3 You have the right to report any inappropriate behavior (include 'how').  The full document, along with many other resources can be found in resource 10.

- **Encourage transparency on programme targeting criteria**: Discuss and agree with partners on the level of transparency needed on a programme targeting criteria to affected populations. Agree on how to effectively target this messaging at both eligible and non-eligible members of the affected population.

> **At a minimum communities should be informed about:**
>
> ✓ Overall response goals and priorities.
> ✓ Specific program/project goals and objectives.
> ✓ Planned activities and deliverables, including start and end dates.
> ✓ Project budgets (with consideration of sensitive data).
> ✓ Criteria used for selecting communities and participants.
> ✓ Organisational details about who are involved in project implementation and specific geographic locations of operations.
> ✓ Contact details, including how people can identify aid providers and provide feedback.
> ✓ Community members' right to provide feedback and make complaints.

## Outcome 5:  Evaluation and review of collective AAP actions and outcomes is coordinated, participatory and transparent to inform learning.

- Advocate that in any WASH sector response evaluation processes, quality aspects including participation, feedback, safety and satisfaction of affected populations are included as measurements of an appropriate response.

- Document cluster AAP activities for knowledge management.  For example, by keeping files of cluster meeting minutes and presentations where AAP actions were discussed, or evidence of the involvement of local partner organisations in different cluster processes. Document lessons learned and (emerging) good practices to be integrated into cluster strategies, learning and information sharing opportunities.

- Advocate that project evaluations for CBPFs and other funding sources include direct consultation with affected people on their views on response quality, relevance, and accountability.

- Encourage partners to share any project evaluation findings with communities, cluster partners and other stakeholders.

# AAP and other cross-cutting issues

It can seem like there are many 'competing' cross-cutting issues that clusters have to integrate into their work. However, there are close links and significant overlaps between AAP and many of these other cross-cutting issues. Hence implementing AAP effectively can support with the implementation of PSEA, protection mainstreaming, inclusion and localisation agendas in clusters.

## AAP and PSEA

IASC guidance states that "AAP and Protection from Sexual Exploitation and Abuse (PSEA) are intrinsically linked, since SEA is the most severe abuse of accountability to people in need." Hence "it is essential to situate the Prevention of Sexual Exploitation and Abuse in conjunction with our commitments to Accountability to Affected Populations." Our work on the AAP core pillars should integrate PSEA through by ensuring:

- The affected population is informed about the behaviour they should expect from aid providers as well as the behaviour that is not acceptable, and how they can make a complaint related to SEA in a safe and confidential manner.
- The affected population is involved in identifying potential SEA risks and mitigation measures.
- CFMs are designed, with the input of affected people, to accept and process sensitive complaints in a safe and confidential manner and are trusted by the affected population for raising sensitive complaints.
- Affected people inform the design of survivor assistance packages.

## AAP and Protection Mainstreaming

AAP supports effective protection mainstreaming and is an essential part of a protection mainstreaming approach, with accountability being one of its four key principles. Below are the four key principles of protection mainstreaming, with explanations of how effective AAP approaches can contribute to achieving these principles:

- Prioritizing safety and dignity and avoiding causing harm: through engaging with affected people, in all their diversity, we can understand the different risks that they face and design programmes to avoid causing harm and increase safety. Listening to affected people's priorities and needs, and responding to these, increases their dignity.
- Ensuring meaningful access: By ensuring the participation of the affected community, in all of its diversity, in all stages of the programme cycle, we can identify and remove barriers, and ensure meaningful access to humanitarian programmes.
- Accountability: Response programmes should 'set up appropriate mechanisms, through which affected populations can measure the adequacy of interventions, and address concerns and complaints'.
- Participation and empowerment: Participation is a key pillar of AAP which empowers the affected population to be involved in decisions that affect their lives and determine the assistance that is most important to them.

## AAP and Inclusion (e.g. Age, Gender, Disability etc.)

AAP is based on an inclusive approach where the affected population in all its diversity is involved in decisions that affect them. When AAP is done well, then diverse groups will be involved in all stages of

the humanitarian programme cycle, with their needs, priorities, barriers, and risks reflected in sector plans and partner programmes. Diverse groups will also be able to access CFMs, which will be designed with their differing needs and preferences in mind, to have their voices heard, and sectors and partners will be responsive to CFM data, adapting programmes accordingly.

## AAP and Localization

Both AAP and localization aim to ensure that decisions by humanitarian actors are made closer to the communities they serve. When organizations are established, led, and staffed by people close to, or part of, affected communities, they are better able to reflect the needs and goals of these communities. One way of engaging the affected community in decision-making is to engage local organizations that are led by members of affected communities and ensure that they are key partners in the response.

## Resources

1. IASC Collective AAP Framework (April 2021)
   https://interagencystandingcommittee.org/system/files/2021-05/DRAFT-%20Collective%20AAP%20Framework%20-%20INTRODUCTION%2C%20April%202021.pdf

2. IASC Collective Accountability to Affected People- Practical steps for Humanitarian Coordinators and Humanitarian Country Teams (January 2017)
   https://interagencystandingcommittee.org/system/files/p2p-support-collective-aap-note.pdf

3. UNICEF, Accountability to Affected Populations (free online training),
   https://agora.unicef.org/course/info.php?id=29700
   - parts of this training do refer to UNICEF specific process, but it still contains a lot of useful information that can be generalised to any organisations work.

4. Humanitarian Leadership Academy, Being Accountable to Affected People (free online training)
   https://kayaconnect.org/course/info.php?id=611

5. UNICEF AAP Handbook and tools (June 2020),
   https://www.corecommitments.unicef.org/kp/unicef_aap_handbook_en_webdouble.pdf

6. IASC, Suggested Actions for cluster coordination groups to strengthen Accountability to Affected Populations and Protection in the Humanitarian Programme Cycle
   https://interagencystandingcommittee.org/system/files/suggested_actions_to_strenghten_aap_and_protection_for_clusters_final_02092016.pdf

7. IASC, Protection and Accountability to Affected Populations in the Humanitarian Programme Cycle: https://interagencystandingcommittee.org/system/files/edg_-aap_protection_guidance_note_2016.pdf

8. Global Protection Cluster, Protection Mainstreaming Toolkit (access, accountability and participation are key aspects of both protection mainstreaming and AAP):
   https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/190204_gpc-protection_maintreaming_toolkit.en_.pdf

9. REACH and IASC, Menu of Accountability to Affected Populations (AAP) Related Questions for Multi-Sector Needs Assessments (MSNAs):
   https://psea.interagencystandingcommittee.org/sites/default/files/REACH%20IASC%20AAP%20PSEA%20Task%20Team%20-%20Menu%20of%20AAP%20Questions%20for%20Needs%20Assessments%20%282018%29.pdf

10. PSEA Taskforce tools page
    https://pseataskforce.org/en/tools.html

11. IASC, diagram illustrates the linkages between AAP and PSEA:
    https://psea.interagencystandingcommittee.org/sites/default/files/AAP%20and%20PSEA%20Linkages%20-%20Results%20Diagram.pdf

12. IASC document outlining in more detail the essential linkages between AAP and PSEA: https://aap-inclusion-psea.alnap.org/help-library/the-essential-linkages-between-accountability-to-affected-populations-aap-and?msclkid=bd35af57afef11ec85fa569090efc76a

13. IASC Emergency Response Preparedness Guidance: https://interagencystandingcommittee.org/system/files/2020-11/IASC%20Emergency%20Response%20Preparedness%20Guidelines%2C%20July%202015%20%5BDraft%20for%20field%20testing%5D.pdf

14. IASC Inter-Agency Community-Based Complaints Mechanisms (April 2016) https://interagencystandingcommittee.org/system/files/2021-03/Best%20Practice%20Guide%20Inter%20Agency%20Community%20Based%20Complaint%20Mechanisms.pdf

15. IFRC, How to Establish and Manage a Systematic Community Feedback Mechanism https://www.ifrc.org/sites/default/files/IFRC_feedback-mechanism-with-communities_ok_web.pdf]

16. SHARE and WaterAid, Violence, Gender and WASH Practitioner's Toolkit (2014) TS4-H – Community information leaflet: VGW-TS4-H-Community-information-leaflet.pdf (lboro.ac.uk)

## Annex 1-Partner AAP Mapping Tool

| AAP mapping components | AAP mapping sub-components | Score |
|---|---|---|
| A. Organisation has a clearly defined strategy or plan on accountability for affected populations (AAP) for effective, harmonised and coordinated integration of AAP in its programmes systems and processes. | 1. Organisation has an explicit AAP strategy or plan that describes how participation and community engagement, information and communication, feedback and complaints will be supported across programmes/sectors. | |
| | 2. Organisation's programmes have articulated AAP results statements, indicators and means of verification in their Results Framework. | |
| | 3. Organisation undertakes activities for AAP capacity development of staff and implementing partners at the national, sub-national and/or local level. | |
| | 4. Organisation has an AAP focal point or staff member with AAP responsibilities in their ToR | |
| | 5. Organisation has established internal AAP coordination mechanism(s) to ensure coherent decision-making on AAP issues across the Country Programme for all relevant programme/sectors. | |
| | 6. Organisation participates in and contributes to wider AAP coordination mechanism/s at the national, sub-national and/or local level to ensure coherent decision-making on AAP issues (e.g. HCT, CE/AAP Working Groups, other national or sectoral coordination bodies). | |
| **Total** | | |
| B. Organisation supports AAP processes to consult with and enable the participation of vulnerable, marginalised and at-risk populations, including women and children, in decisions that affect them. | 1. Organisation consults with vulnerable people on their priority needs and concerns during needs assessments. | |
| | 2. Organisation provides safe, inclusive and accessible opportunities for vulnerable people to participate in programme/project planning and design. | |
| | 3. Organisation provides safe, inclusive and accessible opportunities for vulnerable people to participate in the programme/project implementation. | |
| | 4. Organisation provides safe, inclusive and accessible opportunities for vulnerable people to participate in programme/project management (e.g. through local management committees). | |
| | 5. Organisation provides safe, inclusive and accessible opportunities for vulnerable people to participate in monitoring and evaluation of programme/project results (e.g. through satisfaction and perception surveys, focus groups). | |
| **Total** | | |
| C. Organisation ensures the provision of timely, relevant, accessible information to vulnerable, marginalised and at risk populations, | 1. Organisation regularly consults vulnerable, marginalized and at-risk populations to identify their specific information needs. | |
| | 2. Organisation regularly engage with vulnerable, marginalized and at-risk populations using their preferred language, trusted and preferred information sources and/or communication channels. | |

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| including children and women, on issues of concern to them. | 3. | Organisation regularly informs vulnerable people on programme objectives and activities, selection criteria, and their rights and entitlements, including their right to information on how to access services and assistance, participate in decisions that affect them, and provide feedback and complaints. | |
| | 4. | Organisation regularly informs vulnerable people on the expected standards of conduct by UNICEF personnel and partners, including protection from sexual abuse and exploitation (PSEA), and available channels to report inappropriate actions or behaviours. | |
| **Total** | | | |
| D. Organisation supports and enables the establishment of effective CFM in programmes. | 1. | Organisation has consulted with vulnerable people on the design of a safe, accessible, inclusive and confidential and timely feedback and complaints mechanism. | |
| | 2. | Organisation has an established and functioning CFM | |
| | 3. | Organisation systematically collects and use the feedback from vulnerably people as part of regular programme monitoring, to inform programme design and make course correction. | |
| | 4. | Organisation address the feedback and complaints in a timely manner and communicates resulting decisions and actions back with individuals and communities. | |
| **Total** | | | |
| **Total score** | | | |

## Annex 2-WASH AAP TWiG ToR

*This is an example of a draft ToR for an AAP Technical working Group. It is meant to be used as a reference only, the content must be contextualized based on specific needs and realities.*

**Background:**

An accountable system, where decision-making power is in the hands of those affected by crisis, is central to achieve an effective, safe and appropriate WASH response. The AAP TWiG will spearhead the process related to community engagement, promoting, and aligning accountable approaches to community engagement, participation and complaints and feedback (CFMs) among the cluster partners. This will ensure much needed support to meet global and national standards and ensure that AAP is a cross-cutting priority in the WASH response provided and is mainstreamed through strategic results frameworks and is coordinated among the WASH partners in the country.

**Objectives:**

The TWIG will improve accountability by ensuring coordination, advocacy, and delivery of community engagement and accountability initiatives in WASH humanitarian action, including sharing of good practices and documentation.

The working group will facilitate the coordination of activities between WASH partners to ensure better accountability to affected people, guided by the do no harm and age, gender, and diversity principles to maintain a community-centred and conflict-sensitive approach.

**Mainstreaming and awareness raising:**

- Map accountability resources and activities among partners to identify gaps and promote coordinated, inclusive and collective approaches to accountability.

- Develop standards and guidelines on good practice of reporting and referral channels and support the collation and analysis of feedback at the cluster level to analyze trends.

**Collective Information creation**:

- Support common and coordinated messaging that people say they need in languages and formats they prefer and that is accessible to them in a timely manner.

- Help establish and promote collective messaging processes and guidelines for listening to and utilizing community input.

**Capacity-building:**

- Identify gaps that hinder the implementation of accountability good practice and support training, peer-to-peer exchanges, and other initiatives to address those gaps.

**Tools and indicators:**

- Support the establishment of cluster indicators, outcomes, outputs and activities in the HRP from an AAP perspective and suggest needed improvements.

**Support for community consultations and other assessments in which crisis-affected people:**

- Coordinate with partners conducting assessments research to include accountability questions and support reporting and analyzing data, ensuring it is routinely disaggregated by age, sex and disability.

**Work with and participate in related structures both at national and regional levels.**

- The AAP TWiG will collaborate with the PSEA Working Group, Protection Cluster, GBV AoR, inter-agency AAP WG and other relevant entities that are central to being accountable to people.

**Membership:**

Th AAP TWiG is open to all members who are committed to promote an inclusive and accountable response and coordination the WASH cluster. All WASH actors can contribute to strengthening the accountability of the response, but priority will be given to organizations that can demonstrate existing capacity e.g., staff with training and/or experience accountability and have prior active participation in WASH cluster meetings.

**Members are expected to:**

- Contribute actively to monthly meetings of the TWiG in person or via remote attendance when necessary.

- Contribute actively to the achievement of Work Plan activities
  .
- Ensure ad hoc communication relating to the tasks of the group via email (or other way of communicating) on a continuous basis.