

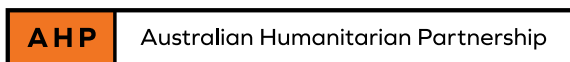


# THEMATIC REVIEW OF ACCOUNTABILITY TO AFFECTED POPULATIONS IN AHP ACTIVATIONS AND DISASTER READY

Learning Report

Prepared by Humanitarian Advisory Group

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HUMANITARIAN  
ADVISORY GROUP



# ACKNOWLEDGMENTS

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**About the cover image:** Uma Lulik (sacred house) stands as a symbol of cultural resilience in Timor-Leste. Sacred houses and other traditional community houses in Timor-Leste and the Pacific often serve as focal points for community gatherings and sharing of information.

## **Acknowledgements**

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# INTRODUCTION

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## BACKGROUND

The Australian Humanitarian Partnership (AHP) is a 10-year partnership (2017–27) between the Australian Government and Australian non-governmental organisations (NGOs), coordinated by the AHP Support Unit (AHPSU) under the management of Alinea International. The delivery modalities of the AHP include rapid activations for emergency responses around the world, as well as the Disaster READY initiative, which has a focus on risk reduction, climate adaptation and resilience in four Pacific island countries (Fiji, Papua New Guinea, Solomon Islands, and Vanuatu) and Timor-Leste.

Cross-cutting themes are foundational to AHP programming. Priority themes reflected in the AHP Monitoring Evaluation and Learning Framework include gender equality, disability, social inclusion; locally-led humanitarian action; adapting to climate change; protection; impartiality; coordination and complementarity, and; accountability to affected populations (AAP). As part of its approach to monitoring, evaluation and learning (MEL), AHP, through the AHPSU, regularly conducts reviews (both internal and external) of these cross-cutting areas. AHPSU planned to undertake one thematic review per year during the second phase of implementation of the AHP (2022-2027). This thematic review of AAP is one of a series of AHP thematic reviews. AAP was selected for this review because it is an enabler of protection, a key component of the Grand Bargain, and a cornerstone of quality humanitarian practice.

### Box 1: What is accountability to affected populations?

Accountability to affected populations is an active commitment to using power responsibly by taking account of and being held to account by the people humanitarian organisations seek to assist.<sup>1</sup>

In international humanitarian action, AAP has key goals including responsible use of power, active participation of crisis-affected people in the decisions that affect their lives, inclusion of diverse perspectives and groups, effective two-way communication and sharing of critical information, and the establishment of effective feedback mechanisms.

Over time, AAP has become linked to critical areas such as prevention of sexual exploitation and abuse and harassment (PSEAH), as well as system-wide agendas such as localisation and the humanitarian-development and peace Nexus<sup>2</sup>.

## PURPOSE AND SCOPE

This review adopted a practical lens, taking operating challenges into consideration in order to best support practices and cross-learning amongst AHP Partners. The purpose of this review was to *inform learning and promote and enhance practice across the AHP mechanism in the area of AAP, including identifying challenges, risks, mitigations and recommendations to improve practice.*

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1 [https://interagencystandingcommittee.org/sites/default/files/migrated/2015-12/iasc\\_aap\\_psea\\_2\\_pager\\_for\\_hc.pdf](https://interagencystandingcommittee.org/sites/default/files/migrated/2015-12/iasc_aap_psea_2_pager_for_hc.pdf)

2 See ISAC Discussion Paper on '[Exploring the linkages between AAP, Localisation and the HDP Nexus](#)', 2024.

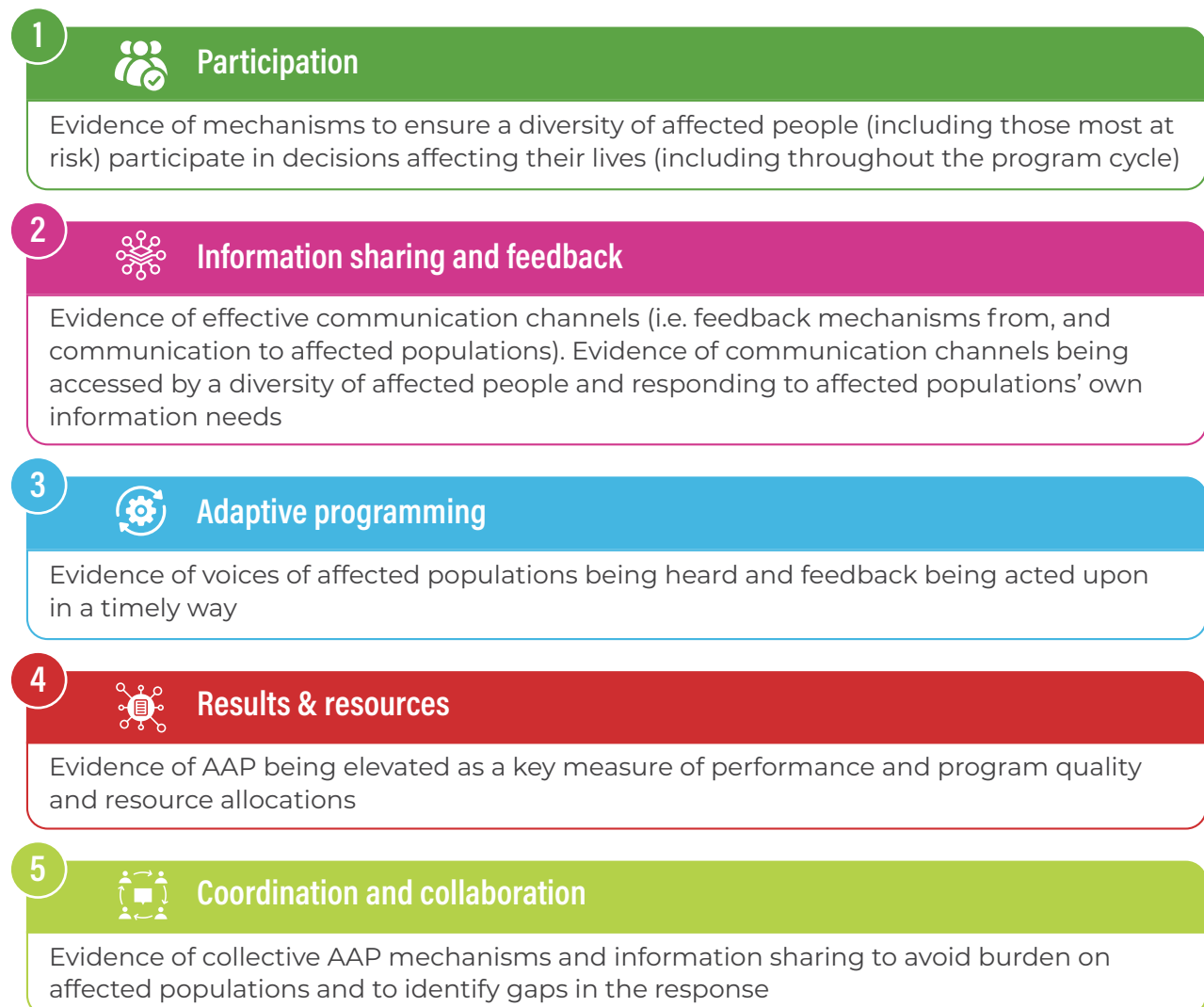
The review was primarily desk based, supplementing data from external and AHP desk reviews with stakeholder interviews, and preliminary findings were tested through validation activities. The final report will be shared alongside learning and dissemination activities with AHP stakeholders.

The review was not evaluative – it did not seek to evaluate or measure specific approaches, but rather to understand the context in which AAP activities are taking place and inform shifts towards good practice across AHP.

## AAP scope

The five areas of AAP listed below were identified by global best practice documentation (as identified through rapid global literature analysis), and were used as a framework for AAP for the purposes of the review.

Figure 1: Key AAP areas



## INTENDED AUDIENCE

The primary stakeholders for this thematic review are the AHPSU, AHP lead agencies, AHP partners, and the Australian Government Department of Foreign Affairs and Trade (DFAT). Secondary audiences include other agencies or stakeholders, within the context of the AHP and more broadly, which are interested in AAP. The final review outputs will be available online.

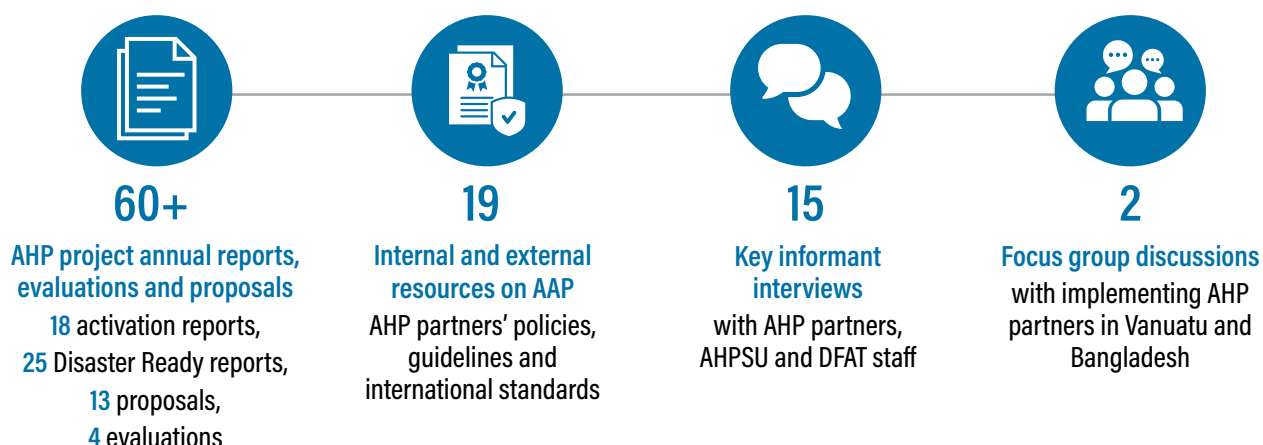
## LIMITATIONS

- ▶ **Approach:** As articulated above, this review was not evaluative – it did not seek to evaluate or measure specific approaches, but rather to understand the context in which AAP activities are taking place and support good practice across AHP. We did not attempt to verify good practice or examples extracted from AHP documents.
- ▶ **Data sources:** We acknowledge the large amount of literature on AAP that exists both internally and externally to AHP. Desk review work may have missed good examples of, or challenges in, progressing AAP. Communities were not consulted as part of this review, which relied primarily on secondary data sources.

## METHODOLOGY

The findings of this review were drawn primarily from a review of literature (both internal and external to AHP) on the topic of AAP. This desk review was supplemented with interviews with technical experts from AHP Partners, AHPSU and DFAT, as well as focus group discussions (FGDs) with implementation staff in Vanuatu and Bangladesh. These discussions, along with a discussion on emerging findings with AHPSU and DFAT, allowed the review team to refine findings and recommendations emerging from the desk review. Figure 2 provides an overview of the methodology.

Figure 2: Review methods



# SECTION 1: SCENE SETTING

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## AAP globally

There is an abundance of guidance documents, frameworks, policies, approaches and training materials on AAP. It includes collective guidance, agency guidance, guidance by cluster, child-friendly guidance, and guidance by theme. For example, between 2020 and 2021, 200 new tools, guidance, analysis, or handbooks to assist organisations with AAP were uploaded to ReliefWeb.<sup>3</sup>

The links between AAP and other key humanitarian concepts such as localisation, triple nexus, and protection are increasingly gaining attention<sup>4</sup>. A prevalent argument is that integrating AAP with these concepts, and clearly articulating their relationships with AAP, places communities at the heart of humanitarian action, enhancing the legitimacy, efficiency and impact of aid programs by aligning them more closely with the needs and priorities of those they aim to serve. Early 2024, the centrality of AAP to the quality of humanitarian action was articulated through the Core Humanitarian Standard on Quality and Accountability (CHS) (see Box 2).

### Box 2: The centrality of AAP to quality humanitarian action

#### Core Humanitarian Standard on Quality and Accountability

The most recent edition of the CHS sets out nine commitments to 'ensure that organisations support people and communities affected by crisis and vulnerability in ways that respect their rights and dignity and promote their primary role in finding solutions to the crises they face'.<sup>5</sup> Importantly, the CHS links quality and accountability. It specifies that people and communities in situations of crisis and vulnerability:

1. can exercise their rights and participate in actions and decisions that affect them
2. can access timely and effective support in accordance with their specific needs and priorities
3. are better prepared and more resilient to potential crises
4. can access support that does not cause harm to people or the environment
5. can safely report concerns and complaints and get them addressed
6. can access coordinated and complementary support
7. can access support that is continually adapted and improved based on feedback and learning
8. can interact with staff and volunteers that are respectful, competent, and well-managed
9. can expect that resources are managed ethically and responsibly.

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3 Humanitarian Advisory Group, [Accountability to Affected Populations: Stuck in the Weeds](#), June 2021.

4 See ISAC: Discussion Paper: 'Exploring the linkages between AAP, Localisation and the HDP Nexus', 2024.

5 [Core Humanitarian Standards on Quality and Accountability, 2024](#).

## AAP under AHP



In understanding the framework for AAP within the AHP mechanism, AHP documents and partner documents were reviewed. It is important to note that whilst DFAT is in the process of finalising its Humanitarian Strategy, the review team did not find any publicly available documents that outline DFAT's (as the donor) approach to AAP beyond the Australian Government being a signatory to the Grand Bargain commitments and a voluntary adherent to the CHS. The AHP MEL framework includes accountability in its purpose, but this is mostly framed as upwards accountability (i.e. to DFAT) rather than affected populations.<sup>6</sup> AAP is also mentioned under the description of cross-cutting themes as 'accountability to affected populations through safe and responsive feedback mechanisms, the sharing of information and the genuine participation of affected populations in activity design, implementation and review'. The AHP's MEL framework includes aspects of AAP under evaluation questions across both Disaster READY programs and activations. It also includes AAP-related core indicators for Disaster READY contexts, and one outcome level indicator for activations (see the table below for details of relevant evaluation questions and indicators).

AHP MEL Framework - evaluation questions relevant to AAP	
 Disaster READY	 Activations
<ul style="list-style-type: none"> <li>▶ To what extent did women, people with a disability, SOGIESC communities and members of other marginalised groups play an active and meaningful role in the design, implementation and M&amp;E of Disaster READY activities?</li> <li>▶ To what extent are local Pacific and Timorese communities satisfied with the disaster preparedness and response support provided under Disaster READY?</li> </ul>	<ul style="list-style-type: none"> <li>▶ Were inclusion and equality strategies appropriate to meet the needs of different groups of affected people?</li> <li>▶ To what extent did women, people with a disability, SOGIESC communities and members of other marginalised groups play an active and meaningful role in the design, implementation, and M&amp;E of rapid onset and protracted crisis?</li> <li>▶ To what extent did AHP responses reflect the needs of the affected populations?</li> </ul>

6 Extract from AHP MEL under 'purpose of the MEL Framework' p6: "Accountability to DFAT and the partners and more widely to AHP stakeholders regarding activities and outcomes – including through DFAT reporting processes such as Tier 2 and Humanitarian Investment Monitoring Reporting – ensuring that Australian funding is being spent effectively and efficiently by the partners, and that there is evidence to demonstrate this'.



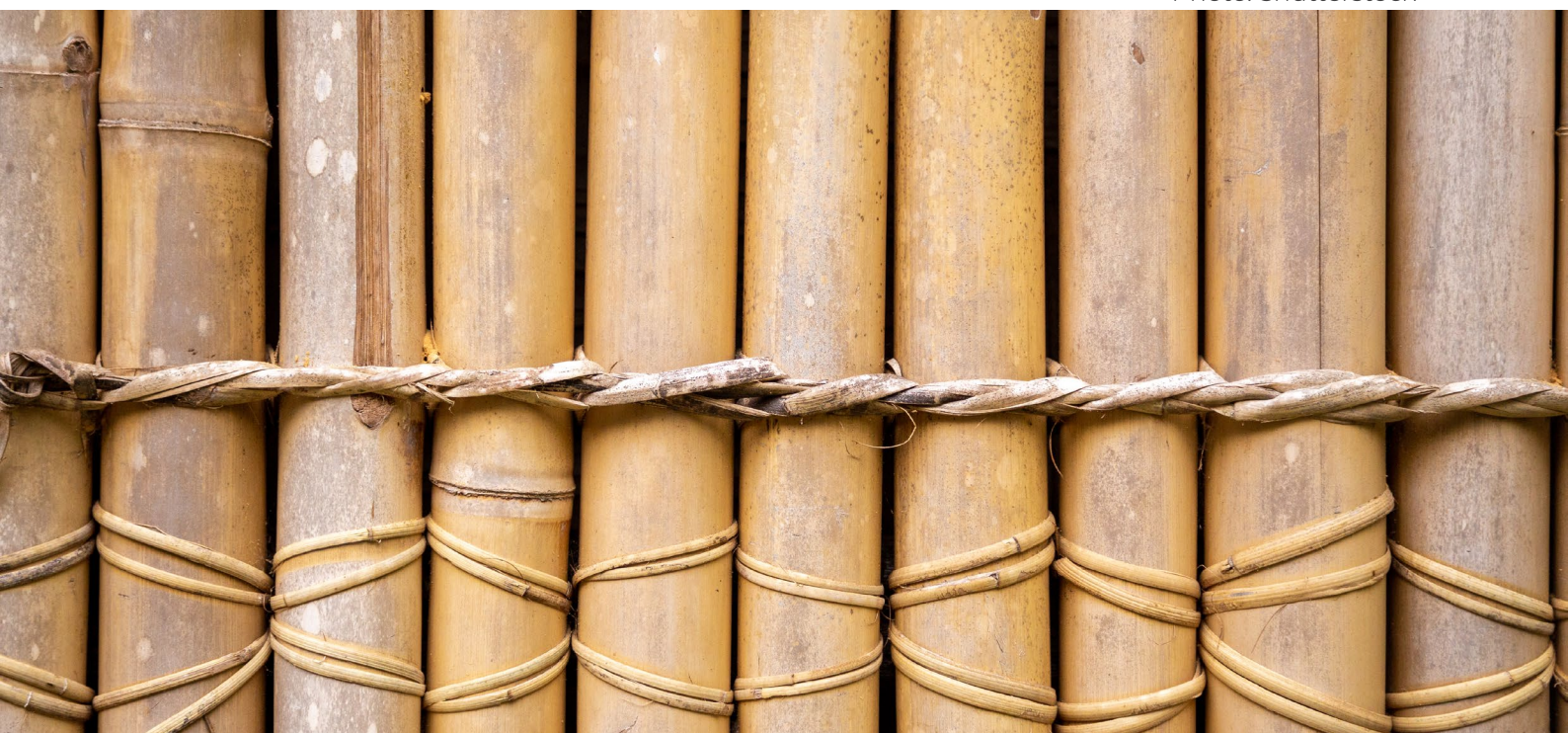
## AHP MEL Framework - indicators relevant to AAP

 <b>Disaster READY</b>	 <b>Activations</b>
<ul style="list-style-type: none"> <li>▶ B1. Number of individuals indirectly reached through one-way risk communication and community engagement (RCCE) initiatives</li> <li>▶ E2. Number of disaster risk reduction (DRR)/ climate change adaptation (CCA) plans that address the specific needs of women and girls</li> <li>▶ E3. Number of community disaster management committees formed with participation by people with disabilities</li> <li>▶ E4. Number of disaster risk reduction (DRR)/ climate change adaptation (CCA) plans that address the specific needs of people with disabilities</li> <li>▶ E5. Number of disaster risk reduction (DRR)/ climate change adaptation (CCA) plans that address the specific needs of diverse SOGIESC peoples</li> </ul>	<ul style="list-style-type: none"> <li>▶ <i>Outcome Level EOPO2:</i> Evidence that humanitarian action under AHP is inclusive, locally informed, accountable to the needs of affected people with a strong focus on impartiality.</li> </ul>

AHP project annual report and project proposal templates also include a dedicated AAP section, with short windows that provide the following guidance:

- ▶ **Project proposal template:** how the project has been designed to maximise accountability towards affected populations.
- ▶ **Project annual reporting template:** How you have ensured and demonstrated accountability toward the affected population/s. How was this done at the project level, and how have you and your implementing partners tracked changes and adapted project approaches based on beneficiary feedback?

*Photo: Shutterstock*



# SECTION 2: KEY FINDINGS

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This section provides an overview of the four key findings from this learning review.

## **Finding 1: AAP looks different for different organisations and in different contexts**

**In step with the humanitarian system (see Section 1 above), definitions, approaches and scope of AAP vary across AHP agencies. This highlights the need to strengthen shared understanding of AAP amongst AHP partners to boost collective progress. Additional differences in the application of AAP between Disaster READY and Activation initiatives also call for refining understanding of AAP in context.**

### **1. AAP approaches across AHP Partners**

This review identified differences in framing, defining and implementing AAP across the AHP mechanism, including emphasis on different areas of AAP. For example, Oxfam has a dedicated policy on developing community feedback mechanisms. World Vision's Program Accountability Framework (PAF) includes minimum standards at three levels across four priority areas: 1) providing information, 2) consulting with communities, 3) promoting participation, and 4) collecting and acting in feedback and complaints. The three levels of standards are then defined in time; within 90 days, 12 months and 24 months into a response. World Vision's PAF also includes resources for setting up and maintaining accountability practices, measuring progress in establishing accountability practices and their effectiveness, and how to measure and build staff capacity for implementing accountability practices. CARE's Humanitarian Accountability Framework (HAF) includes a focus on performance targets and defining indicators for accountability. Rapid accountability reviews are used to assess performance against CARE's HAF within the first two months of an emergency response. Plan International strongly connects AAP and protection under its safeguarding policy: 'Say Yes! to Keeping Children and Programme Participants Safe and Protected'. These are a few examples of AHP Partners' diverse approaches to AAP.

**AAP has always been core to our right-based approach to working with communities, we just didn't have a word for it. [AHP partner]**

Despite these differences, all AHP Partners interviewed described AAP as 'a way of working', close to their organisation's core value and mission. All AHP Partners (with the exception of Caritas) have also committed to the CHS. A few members demonstrate efforts to capture AAP practices by collecting routine data at the organisational level.<sup>7</sup> However, the demonstration of collective and consistent outcomes from AAP practices (outside of specific evaluations) remains a challenging area for both individual members and at the AHP level<sup>8</sup>.

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7 For example, Care reports conducting annual surveys across all their programs, including AAP specific questions recently added in their 2024 survey. Data from 2024 survey was not yet available at the time of the review.

8 From both KIIs and review of AHP annual reports.

## 2. AAP approaches in context

Diverse AAP mechanisms are in use, including digital technologies and in-person approaches, formal/informal and targeted/open strategies, as well as some regular and ad hoc processes. These differences seem to be driven mainly by context, including some evidence of consultation of communities on their preferred ways of engaging.

In Disaster READY implementation, the review found many examples of, and a definite emphasis on, stakeholder engagement and relationship-building as being vital to building communities' awareness about programs and securing community buy-in. A common approach is to ensure that communities are involved in participatory planning to identify risks, develop preparedness plans, and build local capacity. This includes establishing relationships with local government agencies, community groups, leaders, and different segments of communities. For example, Save The Children reports involving Solomon Islands communities in disaster risk assessments and the design of community disaster risk management and climate resilience plans. Communities suggested a simulation exercise, a request that was included in the following year's plan.

In relation to activations, there are more examples of establishment of management systems for open feedback channels such as hotlines, help desks, and suggestion boxes to report urgent concerns, than in Disaster READY contexts. With protection at the forefront of emergency responses, ongoing and open mechanisms for feedback and reporting safeguarding issues are a priority. For example, in Bangladesh, CAN DO reports using a digital platform called COMPASS (in addition to other mechanisms) for collecting and managing feedback from communities. The digital platform allows for management of a greater volume of feedback, reducing the margin for error and delays in data processing.

Examples of adaptive programming also look different in these two contexts. For example, in Disaster READY, community feedback and suggestions about adjustments to the program approach tend to be included in the activity plans for the following year. In activations, adaptive programming examples were about adjusting the interventions as quickly as possible to meet the immediate basic needs of diverse groups or individuals. However, this excluded the design phase of programs, for which examples of community participation were more extensive in Disaster READY than in most emergency activations (excluding protracted contexts where longer term relationships with affected communities may have been established, similarly to Disaster Ready contexts).<sup>9</sup>

### **Finding 2: Key enablers can be leveraged to implement more consistent good practice in AAP across AHP**

**The review found many good practice examples for the five key areas of AAP across AHP activations and Disaster READY. These good practice examples are supported by a range of important enablers. This finding unpacks these examples and contributing factors.**

1



#### **Participation**

Evidence of mechanisms to ensure a diversity of affected people (including those most at risk) participate in decisions affecting their lives (including throughout the program cycle)

<sup>9</sup> Participation in activation designs was reported to be more difficult than in Disaster Ready contexts: KIs 2, 11, 15.

Good practice in participation is characterised by targeted approaches, strategic partnerships and efforts to shift power dynamics and identify systems for continuous participation throughout the project cycle. The review found several examples of good practice across both activations and Disaster READY, which demonstrated different approaches in various contexts. In shifting towards more consistent good practice in participation, enablers that should be leveraged include the following.

- 1.1. Active targeting and inclusiveness efforts.** This includes numerous efforts to facilitate participation from a diversity of people, including youth, women, children, persons with disabilities, and diverse ethnic groups based on context. For example, CARE's activation in Tonga reports paying attention to the timing of activities and composition of field teams to ensure women are welcomed and able to attend. Home visits to targeted households with persons with disabilities in Bangladesh also allowed CAN DO to collect specific information on the WASH-related needs of persons with disabilities. In Ukraine, World Vision's provision of Romanian language classes was found to have been a strong entry point for building trust between staff and the affected population of Roma people – otherwise largely excluded from the response.<sup>10</sup> Good examples of adaptations to mechanisms to collect feedback from children and youth were also found in several contexts.<sup>11</sup> Barriers to participation are diverse and specific to contexts, so asking communities and specific groups about how to facilitate their engagement is a key first step.
- 1.2. Strategic partnerships with rights-based and local actors.** Investment in strategic partnerships with local or community-based advocacy and representative groups allows access to existing networks and knowledge about the best ways to engage with specific groups such as women and persons with disabilities. For example, CAN DO recognised that local women groups from church networks in Papua New Guinea are among the most active groups in communities and sought their support in project design through community consultations, needs and vulnerability assessments, hazard mapping and project planning.
- 1.3. Participation processes.** The establishment of processes that systematise participation (such as appointing community focal points, community committees or conducting routine surveys or dedicated events<sup>12</sup>) is an important enabler across the project cycle. The continuity and clear role of these processes represents an advantage compared to more anecdotal instances of participation. For example, the AHP Food Security and Livelihood (FSL) case study under the Evaluation of AHP COVID-19 Response in the Pacific and Timor-Leste found very high levels of community engagement in decision-making around FSL activities. The evaluation survey found 60% of households reported that they or someone from their family was involved in defining their needs or making decisions about the support they received. Engagement with communities seemed to work most effectively when intentional structures or processes enabled ongoing conversations. Communities in the Solomon Islands were especially positive about their engagement, with 88% of households reporting they were involved in defining needs. Agencies in the Solomon Islands set up community-level committees (World Vision) or partnered with established kastom garden

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10 Conflict Management Consulting, *Real-Time Review: Protection Support Services for Australian Humanitarian Partnership*. AHP. 2023.

11 See examples of targeted feedback mechanisms for children and youth in Bangladesh and Ukraine, including use of simple language and illustration forms, yes/no questions, drawing, targeted group discussions, and recreational activities.

12 Example of dedicated events includes the Localisation Summits organised by Plan International on an annual and rotating basis in different Disaster Ready countries. These events create an opportunity for community members to speak directly to Disaster Ready and local government stakeholders and provide feedback, ensuring AHP partners follow-through with their commitments to communities.

associations (Live and Learn) and used social media to share updates with communities and seek advice on what support was needed (Save the Children). This evaluation found that if communities were engaged in decision-making around FSL support, then AHP assistance was relevant and well targeted. To support this, AHP Partners used several approaches, including linking into existing community structures such as committees or associations, or establishing project-specific mechanisms.

 <b>DISASTER READY</b> Good Practice Example	 <b>ACTIVATION</b> Good Practice Example
<p>Save the Children reports strong participatory approaches in developing the Community Disaster and Climate Change Committee (CDCCC) in Vanuatu. The CDCCC drives the planning and implementation of disaster reduction interventions. To ensure proper representation, community members elect CDCCC members, and votes in decisions on community priorities and action plans. The CDCCC includes youth, mothers, people with disabilities, chiefs, and church representatives.<sup>13</sup></p>	<p>In the Amhara region of Ethiopia, Oxfam reports actively involving government partners and community representatives throughout the project interventions to ensure transparency and accountability. Needs are assessed and beneficiaries selected in collaboration with dedicated district and local-level committees. This is a shift from the initial approach to identifying program participants, which received criticism for lacking involvement of internally displaced populations in decision-making on such a sensitive topic. To remedy this, local (kebele) committees are elected with full participation of all community members.<sup>14</sup></p>

**2**  **Information sharing and feedback**

Evidence of effective communication channels (i.e. feedback mechanisms from, and communication to affected populations). Evidence of communication channels being accessed by a diversity of affected people and responding to affected populations' own information needs

*Good practice in the area of information sharing and feedback is characterised by partners' ability to close the loop with communities and offer culturally appropriate, relevant and accessible communication channels and AAP mechanisms. Staff proximity, community trust and ownership of the channels of communication and feedback are enablers of effective communication. The availability of a diversity of channels and analysis of feedback are other important tools for promoting access. These factors are discussed further below:*

**2.1. Proximity of project staff and trust from affected communities.** In interviews, AHP Partners stressed the value of pre-existing relationships with communities being built via multi-year projects like Disaster READY and the constructive feedback these development or longer-term

13 Save the Children Disaster Ready Annual Report in Vanuatu; implementing partners include VSPD, VDPA, Sanma and Penama Provincial Government and Area Administrators in South Ambae, East Santo and South East Santo.

14 Oxfam's activation annual report in Ethiopia; implementing partners are the Afar Pastoralist Development Association, the Women Empowerment Action in Amhara, and the Relief society of Tigray.

projects collect. This was also a key learning under the AHP COVID-19 Response Evaluation, which found that 'for rapid activations, engagement of communities in design processes is more feasible for agencies with established programs and relationships'. Proximity of project staff and frequent and lengthy interaction with communities, perhaps via sharing a meal or discussing experiences, were also cited as ways to develop mutual understanding and collect quality feedback. The Ukraine evaluation also found trust and relationships support information sharing to and from communities, and noticed an increase in feedback in the later phase of the response.<sup>15</sup>

**2.2. Community ownership of feedback mechanisms.** Disaster Ready Committee representatives in Vanuatu stressed the importance of community ownership of feedback mechanisms to their viability and effectiveness. In a particularly relevant example, community members were invited to – and did join – an evaluation team, improving communication about the evaluation as well as communicating key findings from the evaluation with the broader community. Such practices can help close the loop in knowledge generation activities that often rely on overly extractive processes, leaving communities unaware of the outcomes of evaluation.<sup>16</sup> Other examples in both activations and Disaster READY contexts of appointing community members as project focal points, including people with disabilities and women, were reported as promoting continuous input from communities as well as empowerment of at-risk individuals.<sup>17</sup> The FGD in Vanuatu also stressed the opportunities that local structures or cultural practices offer for collecting feedback and communicating with communities in an appropriate and effective way.

**2.3. A diversity of communication channels.** Whilst asking communities about their preferred ways of engaging and communicating is an effective way to collect feedback, provision of multiple, anonymous and continuous channels for sensitive feedback is important for protection purposes. Communities must be aware of these mechanisms, how they work and see their effectiveness in order to trust them. The AHP COVID-19 Response Evaluation recommended awareness-raising activities in relation to protection activities, be conducted as part of other sectoral activities, avoiding standalone messaging.

**2.4. Analysis of disaggregated data from feedback mechanisms.** Whilst several annual reports described the nature of feedback received, few reports demonstrated access by a diversity of people. Nonetheless, the value of analysing feedback is illustrated in an example from Oxfam in Bangladesh. Oxfam reports establishing a Community Perceptions Tracker (CPT) in the Rohingya response, which uses digital tools to systematically collect the perceptions of hundreds of community members each month, enabling rapid analysis of findings and suitable responses to needs. For example, Oxfam's WASH teams have used the CPT approach to identify that inadequate WASH facilities increase adverse gender outcomes for women and girls, such as GBV incidents and harassment when water collection points are far from home or facilities have poor



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15 The AHP evaluation of the Ukraine activation found that, in Moldova, the most popular channel for sharing feedback is direct verbal communication with frontline workers, notably at the children's safe spaces, Happy Bubbles (World Vision). The evaluation found an increase in active feedback shared by parents and children through various channels in the later phase of the response, attributed to parents developing trust in the Happy Bubbles staff. The parents now seek advice from frontline workers on issues such as child education and healthcare providers' contacts. Staff also encouraged children to share their feedback, often expressed through pictures.

16 HAG, GLOW Consultants and Collaborate Consulting (2024). [Making Evaluation Findings Accessible to Communities: Why It Frequently Fails and What to Do About It](#).

17 This strategy was discussed during the FGD with Bangladesh stakeholders; reports from their Activation project show strong integration into community and local leadership.

lighting. The integrated CPT approach assists the WASH teams to refer these issues to Oxfam Gender and Protection teams in addition to their own responsibility in addressing feedback from a WASH technical lens.

 <b>DISASTER READY</b> <b>Good Practice Example</b>	 <b>ACTIVATION</b> <b>Good Practice Example</b>
<p>In Vanuatu, Plan reports several channels of communication and feedback are in place. They include the Women Wetem Weta phone tree, which allows for direct feedback from women on issues in the community. Cards with the emergency phone number were distributed through the women's network. Mobilisers from the Women I Tok Tok Tugeta Network were also engaged to facilitate dialogues in their own communities, maintaining open and ongoing channels of communication from and to the community.<sup>18</sup></p>	<p>In Bangladesh, CAN DO reports establishing a Complaints and Feedback Response Mechanism system encompassing several channels such as COMPASS (a digital platform), complaints boxes, hotlines, email, home visits, helpdesks, joint monitoring assessments, and post-distribution monitoring for cash and in-kind distributions. As part of this system, CAN DO reports training frontline staff on acknowledging and confidently handling complaints and feedback from community participants, as well as informing participants across all sectors about the complaint channels and their rights to raise concerns or dissatisfaction, with special attention given to vulnerable groups.<sup>19</sup></p>

### 3

## **Adaptive programming**

Evidence of voices of affected populations being heard and feedback being acted upon in a timely way

*Adaptive programming is supported by several learning practices and feedback mechanisms under AHP programs. There are multiple examples of program adaptations in both Disaster READY and activation context. Shifts in programs are also facilitated by the flexibility of the AHP mechanism and real-time evaluations.*

**3.1. Learning reviews and real-time evaluations.** Key enablers of program shifts and adaptations often cited by interviewees<sup>20</sup> are real-time evaluations and learning reviews or audits led by the AHP or individual members. In particular, the AHP Ukraine real-time evaluation was cited as having led to some program adaptations whilst the response unfolded. Some recommendations, such as the need to target men and ethnic minorities under the protection sector of the response, arose directly from firsthand consultations with affected populations. This evaluation also revealed that people were satisfied with and appreciative of the services (explaining the lack of complaints).

18 Plan Annual Report in Vanuatu; implementing partners are Action Aid, CAN DO, CARE, Oxfam, Save the Children, World Vision.

19 CANDO & EKOTA Annual Report in Bangladesh; implementing partners are Dusta Shastay Kendra and Green Voice.

20 KIIs 2, 7–9, 11, 13–15.

Other partners perform Rapid Accountability Reviews (CARE) and Learning Reviews (World Vision) several months into a response. World Vision reported conducting Learning Reviews at three months for all the large responses they lead.

**3.2. Flexibility of AHP.** Key informant interviews<sup>21</sup> show that stakeholders value and welcome flexibility and proactive adaptation under the AHP. DFAT's and AHP's commitments to meeting the needs of affected populations support this idea that programs should adapt to changing environments. The review of annual reports found examples of program adaptations (see below) based on community feedback. Evaluation findings also reflect the general practice in AHP of supporting shifts in funding and/or programming based on context and need. For example, the Real-Time Review of the AHP Ukraine Protection Support Services (2023) found that "The flexibility of DFAT funding played a key role in allowing good adaptability of the MHPSS programme in each target country and helped the ANGOs and AHP partners to manage the challenges". The COVID-19 Pacific and Timor-Leste Preparedness and Recovery NGO Partnership: Final Evaluation Report (2023) also found that, "many agencies made both small and large adaptations to projects to meet emerging needs. The pivot was substantial in PNG, because most agencies shifted to health programming and RCCE interventions to support vaccine roll-out; this included reallocation of funding to support mobile COVID-19 vaccination clinical services to remote/rural areas."

**3.3. Flexible funding.** Flexible funding helps facilitate rapid shifts and thus is a key enabler of adaptive programming.<sup>22</sup> It is most effective when combined with multi-year funding, allowing shifts in resources between years, and has been used under the Disaster READY Program to allow for greater planning and consultations with communities in the first year, confirming and shifting resources for implementation in line with needs and emerging opportunities in following years (see Disaster READY example below).

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21 KIIs 3, 8, 9, 14.

22 See, for example, Humanitarian Advisory Group and GLOW Consultants (2023): [Bridging Localisation and Climate Adaptation: Case Studies from Asia, the Middle East and Africa](#).

*Photo: Shutterstock*







## DISASTER READY Good Practice Example

World Vision in the Solomon Islands reports inclusive baseline data collection including key informant interviews with people with disability, women leaders, community chiefs, community leaders, and youth leaders, as well as FGDs with groups of men, women, youths and children. It recommended promoting broad community acceptance of women and youth having prominent voices in DRR/CCA, and ensuring implementation plans reflect the voice of persons with disabilities and that local decision-making bodies are inclusive of persons with disabilities. These recommendations are reported to have been reflected in the project's year 2 workplan, which also includes planning for a GEDSI assessment and training on gender and disability inclusion for churches, local CSOs, and communities.<sup>23</sup>



## ACTIVATION Good Practice Example

In Bangladesh, Save the Children reports several program adaptations in response to community feedback received under both its health and education services. This includes adaptations to the environment (e.g. building stairs) to facilitate pregnant women's access to health facilities, as well as efforts to meet the multiple requests for improvements in education services and resources provided. Save the Children is acting on a request (during a post-distribution monitoring visit) for assistance to be provided to an island and district so far excluded from the program. Save the Children also reports on feedback that is still being processed, helping the reader understand the feedback received to date and the response.<sup>24</sup>

4



## Results & resources

Evidence of AAP being elevated as a key measure of performance and program quality and resource allocations

*Demonstrations of AAP as a key measure of performance and sufficient resources being dedicated were mostly visible in programs that had elevated aspects of AAP as part of their key program outcomes and indicators. Other enablers cited by interviewees included political will, standards and sensitisation of implementing staff and partners. These enablers are explored below:*

**4.1. Integration of AAP principles as a key performance measure.** This includes efforts to elevate AAP as a key performance measure at the organisational, AHP consortium, donor and/or program level. Examples include routine data collection and analysis of AAP by individual organisations and AHPSU, learning events and discussion of AAP as a cross-cutting theme under AHP, reporting requirements (both in design and progress reports), and in some contexts, inclusion of program



23 World Vision Disaster Ready Annual Report in the Solomon Islands; implementing partners are the National Disaster Management Office, Provincial Disaster Management Office, Solomon Islands Meteorological Service, Climate Change Division, Mothers Union, Makira Provincial Council for Women, People with Disabilities Solomon Islands, and Humanitarian Advisory Group.

24 Save the Children Activation Annual Report in Bangladesh; implementing partners are Young Power in Social Action and Partners in Health and Development.

outcomes and indicators focused on AAP. Great examples of program indicators were noticed across several AHP programs that integrated the collection of perception and satisfaction data directly from communities to demonstrate positive outcomes from their programs. Such elevation of AAP as a performance measure and key outcome ensures partners can dedicate resources to progressing, measuring and reporting on AAP.

**4.2. Political/leadership will and buy-in.** When asked about why AAP is stronger in some organisations and contexts, a few interviewees pointed to individual drive and leadership elevating AAP as a minimum quality standard and way of working. This also included local implementing partners and the extent to which they hold AAP as a core value and are able to dedicate resources.

**4.3. Internal and external standards and induction/training of staff and partners.** When asked to define AAP, most respondents pointed to internal and/or external standards and frameworks. The SPHERE Standards, as well as individual organisations' values and principles, were common sources of AAP information. Participation and listening to community feedback were widely understood as minimum standards in all responses. This may be due to the availability of training on SPHERE and internal inductions by various organisations. For example, World Vision's AAP framework includes specific online resources for training of staff on AAP.

 <b>DISASTER READY</b> <b>Good Practice Example</b>	 <b>ACTIVATION</b> <b>Good Practice Example</b>
<p>Under the CARE-led consortium, Live &amp; Learn Fiji (LLF) has taken a lead in MEL activities, including the development of an AAP strategy. The strategy outlines its approach to AAP, including an outline of methods of obtaining community level feedback:</p> <ul style="list-style-type: none"> <li>▶ Stickers on distributed items with the LLF office landline number and the LLF Country Manager's contact details</li> <li>▶ Informal discussions with community focal points, pre and post assessments of community awareness sessions and workshops</li> <li>▶ Post-distribution monitoring activities.</li> </ul> <p>In development projects, Community Engagement Committees are formed to enable two-way communication between LLF and communities.<sup>25</sup></p>	<p>In the Philippines, the AHP's response to cyclone Rai included the key outcome 'improve access for vulnerable and at-risk women, children and men to humanitarian assistance delivered in a safe, age-appropriate accountable and participatory manner'. Under this outcome, Save the Children reports two indicators with strong AAP focus:</p> <ul style="list-style-type: none"> <li>▶ Number of target beneficiaries who received appropriate information on relevant rights and/or entitlements</li> <li>▶ Number of target beneficiaries who report that complaint and feedback mechanisms are safe and accessible.<sup>26</sup></li> </ul>

25 Care Australia Annual Report in Fiji, implementing partners are LLF, Save the Children Fiji, Rainbow Pride Foundation, Fiji Disabled People's Federation.

26 Save the Children Annual Report in the Philippines; implementing partners are Plan International and Care.

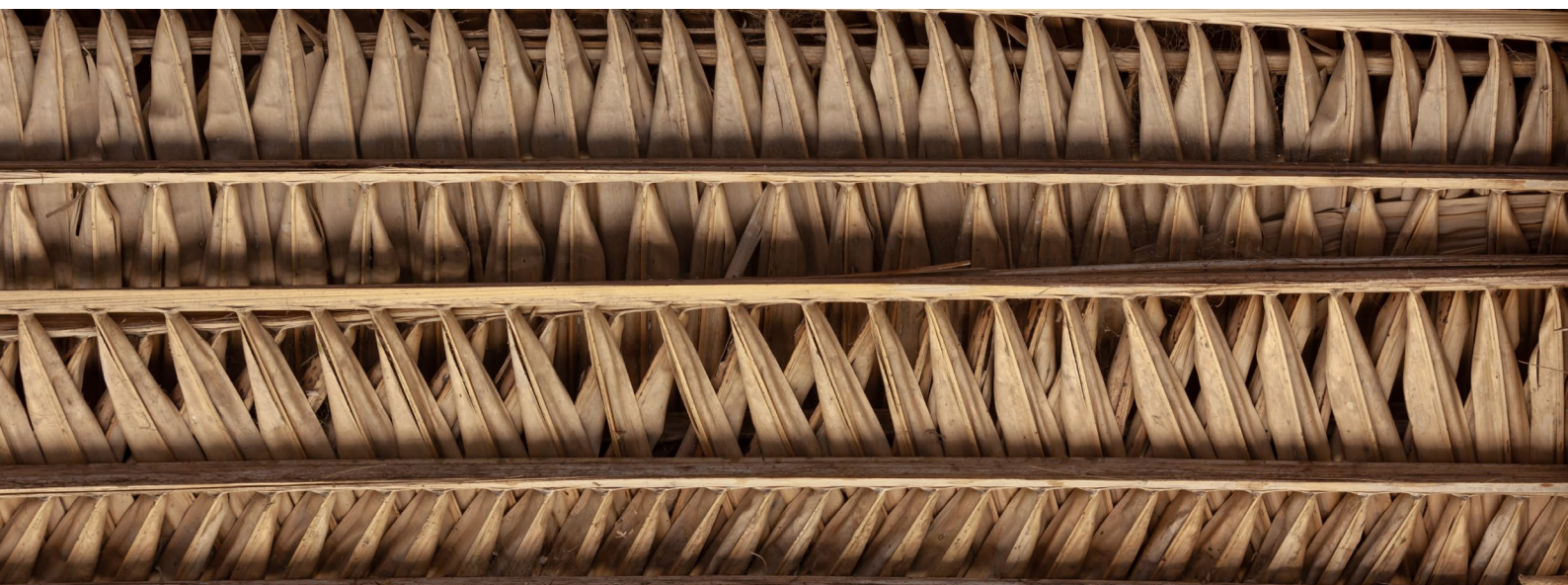


Evidence of collective AAP mechanisms and information sharing to avoid burden on affected populations and to identify gaps in the response

*The review found few examples of joint AAP mechanisms amongst AHP Partners beyond joint need assessments and evaluations. Some partner reports mentioned exploring the feasibility of mechanisms, but most interviewees were mostly reluctant about the idea of investing in developing collective AHP AAP mechanisms, for practical reasons (timeliness, reach and effectiveness), and stressed the fact that this was only a potentially viable option in contexts where AHP Partners are key on-going players (the Pacific). On the other hand, sharing of information, collective learning and coordinated identification of gaps in the response were acknowledged as essential to ensure AAP, and AHP Partners stressed that opportunity existed to advance such practices, particularly in the Pacific. Where good practice examples existed, they were found to be facilitated by the existence of active platforms for coordination and strong partnerships under the AHP. Enablers of good practice are explored below.*

**5.1. Dedicated coordination platform** AHP activations include several examples of coordination efforts involving both consortium partners and/or external actors in the broader response context. These examples seem to have been facilitated by partners' engagement in coordination platforms, whether offered by the AHP consortium model or via a response specific working group or cluster. For example, in the Bangladesh response, the Accountability Working Group initiated a common feedback platform that aims at harmonising feedback mechanisms and producing analysis to inform the response across multiple sectors in real time. CARE is an active member of this platform. Another example under the AHP is the use of the Disaster READY Country Committee (DRCC) platform in Vanuatu to elevate the voice of communities. Indeed, in a group discussion, AHP Committee Representative reported inviting women from the community to join specific DRCC discussions and share their feedback directly.

**5.2. Joint resources and partnerships fostering under the AHP.** The AHP consortium model fosters effective partnerships for coordinated response including several examples of joint evaluations, need assessments and shared learning events, ultimately promoting efficiency and harmonised and improved approaches and avoiding burden on affected populations. For example, Oxfam's reporting from Bangladesh outlines that over the project duration, Oxfam contributed and participated in consortium-led governance review, final evaluation and research on topics such as WASH, gender, disability inclusion and AAP. These studies and reports provide useful feedback on Oxfam's performance against each of these areas and support best practice.





## DISASTER READY Good Practice Example

In Vanuatu, CARE seconded a Communication and Community Engagement (CCE) Coordinator to strengthen the CCE capacity of the National Disaster Management Office (NDMO). This led to incorporation of NDMO CCE tools into the national response system during the twin cyclone response: creation of a NDMO feedback dashboard, establishment of call centres for the National Emergency Operating Centre and the Shefa and Tafea Provincial Emergency Operating Centres, piloting of a collective feedback mechanism that utilises existing partner capacities, and improved disaster key messaging to communities (including via the NDMO Facebook page, the media, a community booklet and posters). CARE also supported the CCE Sub-Cluster to create an online dashboard that synthesises feedback and provides real-time information to inform NDMO and partner organisations' responses.<sup>27</sup>



## ACTIVATION Good Practice Example

Plan International Bangladesh and Save The Children conducted consultations with children in 2022. The Monitoring Evaluation Research and Learning team and the Child Protection technical team, as well as Friends in Village Development Bangladesh's (FIVDB) field team, contributed to this qualitative data-based assessment report. The report improved the Child Protection Sub Sector's and other humanitarian actors' understanding of the needs of children in camp and host communities in Bangladesh, and fed into the Joint Response Plan 2023.<sup>28</sup>



## Finding 3: Internal and contextual challenges hinder progress in AAP

**Despite evidence of good practice across the various dimensions of AAP, internal and contextual challenges are hindering AAP positive outcomes. This is not a problem for AHP in isolation, with AAP consistently reported as complex across the humanitarian sector.<sup>29</sup> This finding unpacks these core issues.**

### 1. Internal Challenges

Several internal challenges were identified as barriers to progress of AAP, amongst the most cited being competing priorities and insufficient resources and budget to carry out AAP-related activities, and a lack of shared understanding and/or a lack of technical capacity to support AAP practices and reporting.

<sup>27</sup> Care Disaster Ready Annual Report in Vanuatu, implementing partner include Vanuatu Society for People with Disability

<sup>28</sup> Plan International Australia Activation Annual Report in Bangladesh; implementing partners are Plan International Bangladesh, Deakin University and FIVDB.

<sup>29</sup> See HAG practice paper 'AAP: Stuck in the Weeds' (2021) and IASC's report on progress towards AAP.

## 1.1. Competing priorities and resource limitations

Whilst the increased focus on AAP as a cross-cutting theme, similar to gender and disability inclusion, has allowed for greater visibility and discussion of the topic, the profusion of guidelines, checklists and methods for ensuring AAP has created additional work for and expectations of humanitarian actors without corresponding financial resources. In fact, humanitarian funding to many global crises continues to fall further behind the needs of affected populations, including under the AHP<sup>30</sup>.

Data collected in this review show that AAP activities are rarely included in activity plans and often lightly touched on in proposal documents. Budget lines for MEL activities were reportedly often underestimated or unclear about the extent to which they include AAP activities.<sup>31</sup> This resonates with global evidence that some M&E practitioners struggle to secure funding for M&E and to foster a learning culture within their organisations, making it even harder to gain leadership's support for transparent and accountable evaluation.<sup>32</sup>

**Information sharing [about our own projects] is maybe one of our weakest areas. Evaluations are conceived as an accountability exercise toward donors but often don't include budget to go back to communities, missing out on a key opportunity to empower community voices about what they should request going forward. (AHP partner)**

Another example, especially in activation contexts, is the difficulty in estimating resources required for managing and responding to feedback received in a timely manner. The use of sophisticated online/phone platforms for feedback in several activation contexts may reflect a willingness to increase efficiency and support triage of critical and protection-related feedback. Closing the loop for less critical feedback may require dedicated staff and not always be feasible.

## 1.2 Shared understanding and technical capacity

This review found that AAP is often neglected in reporting, or reported at a level that does not reflect its application in the field. Some international staff observed that their implementing colleagues found it difficult to describe AAP which was taken-for-granted in their everyday interactions with communities. The everyday learning and the wealth of local partners' and local staff's existing knowledge about how to interact and communicate with local communities is largely missing from reports.

**We know that learning and adaptations happen continuously at the grassroots level, but these are often not captured in reporting. (AHPSU staff)**

Furthermore, the review found that relevant examples of AAP (including those given in the previous section on good practice) were not mentioned, raising questions about the common understanding of AAP, what good practices look like, and how and where they could be captured in reporting. For example, the review team found many more good practice examples in AHP annual reports when it searched for key words such as 'consultation', 'discussion' or 'satisfaction' (rather than limiting the review to the AAP specific sections of the reports).

30 An analysis of AHP funding over the last 7 years shows a downward trend, and financial year 2023-2024 receiving the least funding in 7 years.

31 FGD and review of proposals and workplans.

32 HAG, GLOW Consultants and Collaborate Consulting (2024). [Making Evaluation Findings Accessible to Communities: Why it Frequently Fails and What to do About it.](#)

Whilst some interviewees viewed AAP as a simple practice inherent to the way humanitarian staff work closely with communities, others pointed to specific skills and knowledge required, including to ensure strong protection and 'do no harm' practices, especially for accessing and handling sensitive feedback and personal information. Specific M&E and communication skills were also mentioned as making a difference in the quality of reporting, for example, to capture meaningful stories of change or present data analysis.

Some research participants raised the need to conduct further training on AAP for implementing staff, as well as to open the AAP discussion beyond feedback mechanisms. Participants in FGDs in Bangladesh and Vanuatu expressed interest in further exploring approaches to promoting continuous learning as part of their program management and collective efforts.

## 2. Context challenges

Contextual challenges were found to strongly influence partners' ability to practise AAP.<sup>33</sup> They include reaching and communicating with people, response timeframes, cultural differences, trust maintenance, and navigating affected populations' expectations.

### 2.1. Reach

**The bigger the target population, the more challenging it becomes to implement AAP. [...] We can't rely on the internet in the camps and not all refugees are comfortable using [digital] technologies. [...] Some community leaders are also not interested in passing on community feedback, this is different from one community to the next. (FGD participant in Bangladesh)**

In Disaster READY contexts, reach challenges include accessing remote areas (e.g. remote islands in the Pacific), or areas under access restrictions (e.g. certain locations in Papua New Guinea), limiting ability to interact with communities. Multiple barriers due to individual characteristics may also prevent affected people from accessing AAP mechanisms and require specific attention. These include individual characteristics such as disability, gender, age, ethnicity, language and literacy (including digital literacy), which may prevent people from physically or safely accessing, engaging and/or being aware of a diversity of AAP mechanisms available.

Some activation contexts offer the additional challenges of communicating with mobile populations and the consequent erosion of relationships, as witnessed in the initial phase of the Ukraine response. The Focus Group Discussion in Bangladesh stressed that the larger and more diverse the affected population, the harder AAP becomes. For example AHP Partners in Bangladesh shared that some stark differences exist at the very local level – even between neighbouring Rohingya refugee camps.

### 2.2. Timeframe

**[Effective AAP mechanisms] took us years to build, and eventually increased feedback from women and girls. (FGD participant in Bangladesh)**

Interviewees often cited the timeframe of a response as limiting humanitarian actors' ability to optimise AAP. This was particularly relevant to rapid-onset responses, in which establishing communication channels and developing relationships with affected communities were considered

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33 From a review of global guidelines on AAP, and interviews and FGDs.

more difficult. Conversely, multi-year programs such as Disaster READY and protracted crises such as the Bangladesh context offered greater possibilities for humanitarian actors to identify and/or build effective channels of communication and develop trust with communities, increasing opportunities for constructive feedback and participation. AHP Partners in Bangladesh stressed that the increase in women and girls' participation and provision of feedback was the result of building trust and relationships between communities and humanitarian actors over many years.

### 2.3. Cultural differences, trust and managing expectations

**Getting quality and constructive feedback from communities can be difficult, in some places we tend to get mostly positive feedback or limited feedback. (AHP partner)**

Several interviewees reflected on the difficulty of collecting constructive feedback from communities using standard (mostly Western) methods. Power imbalances and cultures in which open criticism is not valued were also said to prevent affected populations from sharing negative or sensitive feedback.<sup>34</sup> However, most participants in the FGD in Vanuatu saw this as an opportunity to explore local and culturally appropriate ways of engaging with communities, including which pre-existing structures, community dynamics, and/or traditional norms might offer a platform for discussing sensitive issues.

The review suggests many humanitarian actors are reluctant to share difficult decisions with communities. Partners' reporting rarely explains what partners do when they can't meet or refer community requests. This appears to be a particularly thorny problem; participants in Bangladesh explained that refusing requests risked losing the community's trust in humanitarian actors' ability to respond to their needs. Only one example was found, in Ethiopia, where Oxfam reports a common complaint about the mismatch between project resources and the widespread need in the community. The complaint handling committee responds to requests for additional assistance by explaining the nature of the project and its constrained resources. After Oxfam's last monitoring visit, the committee reported that the complainants were satisfied with the transparency and complaint handling mechanism.

## Finding 4: Further progress in AAP requires a shift from process-oriented to outcome-focused systems

**The latest literature suggests that progressing AAP requires process-oriented approaches to be discarded in favour of outcome-focused approaches.<sup>35</sup> This resonates with AHP Partners' call for a more context-based approach to AAP and elevation of AAP as central to ensuring people's rights and dignity.**

A process-oriented approach emphasises adherence to established protocols, guidelines and checklists, demonstrating AAP-related outputs and activities. In contrast, an outcome-focused approach shifts the emphasis from activities to results (*what difference is AAP making for people?*). In the latter approach, the means and processes for AAP are less important than demonstrating positive outcomes for affected populations. This approach also has the advantage of creating space for innovative and context-based AAP mechanisms to emerge.

<sup>34</sup> KIIs 12, 14, 15, 5.

<sup>35</sup> See revised CHS standards and HAG's 'AAP: Stuck in the Weeds' paper.

**AAP is essential to ensuring people's dignity. Especially in the direst emergency situations, when people have been stripped of everything they had, opportunities to be given a choice, even the smallest, go a long way in protecting people's dignity. (AHP partner)**

This shift also resonates with the interviewed AHP Partners, who called for a:

- ▶ **More flexible and context-based approach** to AAP, acknowledging the need to be driven by communities on the how and what
- ▶ **Re-elevation of AAP** as a core way of working, acknowledging its intrinsic connection to ensuring people's dignity and rights.

Several AHP Partners stressed the need for less prescriptive ways of achieving AAP and more space to be creative in each context, acknowledging the need to be driven by communities on the how and what.<sup>36</sup> This is also reflected in some evidence from the literature in relation to AAP, as some argued that AAP approaches cannot be 'blueprinted'; political cultures, social and cultural norms shape the effectiveness and use of AAP.<sup>37</sup> In practice, this means that program implementers should be able to situate individual cases of feedback in their broader cultural context rather than adopting 'Western, service-delivery, and consumer-oriented language of feedback and complaints mechanisms that many international humanitarian agencies use to describe their relationship with local communities'.<sup>38</sup> For example, in the Typhoon Haiyan response in the Philippines, individual feedback on interventions (outside of the AHP) registered as 'petty jealousies', but collectively suggested that targeted aid did not align with cultural norms, given that local conceptions of self are 'intensely relational' within tight-knit village communities. FGDs in Bangladesh and Vanuatu supported the idea that the understanding and development of context-based approaches can be facilitated by coordination platforms and sharing of learning between AHP Partners (and other humanitarian actors) at the country and possibly regional level. Localised approaches and re-valorisation of local and traditional practices for AAP purposes are also opportunities to explore alternative practices for AAP, outside of western-based approaches.

**"We need to be accountable to the people we serve before anyone else" (Vanuatu FGD participant)**

In terms of further elevating AAP, the recent review of the CHS offers a valuable point of reference given its well-researched base and the fact that nearly all AHP Partners have committed to it. The nine CHS standards places affected populations' rights and interests at the centre of humanitarian accountability and quality concepts. The standards also illustrate a shift away from process-oriented guidelines to outcome-focused standards for quality humanitarian action (refer to Box 2 on page 7 above).

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36 KIIs 2, 5, 6, and FGD in Vanuatu.

37 Buchanan-Smit M, Ong J, Routley S (2015) Who's Listening: Accountability to Affected People in the Haiyan Response.

38 Ong J, Flores J, Combinido P (2015) [Obligated to be Grateful: How local communities experienced humanitarian actors in the Haiyan response.](#)



# SECTION 3: OPPORTUNITIES

Learning from good practice examples, enablers and challenges observed in reported AAP practices under the AHP, the present review identified the following opportunities for the AHPSU, AHP Partners and DFAT to improve AAP.



## OPPORTUNITY 1: QUALITY

**Further integrate and elevate AAP as a key measure of program quality and driver of the protection and dignity of affected populations.**

### AHPSU

- ▶ Support M&E capacity to capture results and define performance and quality indicators that reflect affected populations' interests in line with the CHS. Areas of participation and inclusiveness should be systematically elevated as key quality measures under the AHP, promoting political will and understanding of AAP as a key priority.

### AHP partners

- ▶ Ensure programs are set up to capture results for affected populations and that performance indicators are defined with affected populations' interests at their centre, in line with the CHS.
- ▶ This may also include further documenting and development of ways to test whether mechanisms for AAP are effective and most appropriate in context.
- ▶ Ensure that all staff and partners receive training/inductions on AAP, framed as a core measure of program quality (based on shared understanding of AAP, see below)

### DFAT

- ▶ Strengthen communication of DFAT's commitment to AAP and expectations of partners to demonstrate dedicated focus to AAP.



## OPPORTUNITY 2: LEARNING

**Strengthen common understanding of AAP as an outcome-focused process that may differ across contexts.**

### AHPSU

- ▶ Foster a shared understanding of AAP across partners, ensuring a focus on quality and outcomes rather than process.
- ▶ Share examples of good practices and enablers with AAP partners, and examples of good reporting on AAP.
- ▶ Support collective learning about AAP in context.

- ▶ Review partner reporting through a quality and outcomes lens to AAP to better capture examples that may be reflected outside of the reporting box.

### AHP partners

- ▶ Reflect AAP commitments in partnership agreements and support shared understanding with local implementing partners. This includes discussing what mechanisms for AAP are appropriate in context.
- ▶ Further explore and document AAP practices in context, including communities' preferences and protection considerations.
- ▶ Further support partners to reflect both examples of good practice AAP and challenges throughout reporting.

### DFAT

- ▶ Keep reporting requirements focused on outcomes rather than prescriptive measures of AAP.



## OPPORTUNITY 3: FLEXIBILITY

### Strengthen enablers for adaptive programming based on community feedback

#### AHPSU

- ▶ Continue to encourage program adaptations in changing environments
- ▶ Continue to invest in real-time evaluations with a targeted focus on implementing recommended shifts in real time.

#### AHP partners

- ▶ Value program adaptations in changing environments and continue to invest in real-time evaluations and strengthening channels of communication for continuous needs assessment.

#### DFAT

- ▶ Ensure compliance and contracting are flexible enough to accommodate and support well-justified program adaptations in changing contexts.
- ▶ Support the investment in real-time evaluations.
- ▶ Consider multi-year, flexible funding in relevant contexts.



## OPPORTUNITY 4: COLLECTIVE ACTION

Strengthen and leverage collective learning for advocacy in the Pacific, where AHP is a major humanitarian player.

### AHPSU

- ▶ Support DRCCs to integrate discussion of AAP-related issues and feed into Disaster READY programs.

### AHP partners

- ▶ Ensure internal AAP mechanisms feed into collective learning, response and advocacy.
- ▶ Consider ways to systematically document and contribute to collective learning on AAP practices in context.

### DFAT

- ▶ Ensure availability of resources for coordination platforms and collective action where appropriate and feasible



## OPPORTUNITY 5: DESIGN & RESOURCES

Strengthen integration of AAP commitments in design, including dedicating sufficient resources to closing the loop with communities.

### AHPSU

- ▶ Facilitate AHP Partners' sharing of good practice on closing the feedback loop and investigate whether sufficient resources for MEL (including AAP) are allocated in design and implementation plans.
- ▶ Ensure community participation in any future design of Disaster READY

### AHP partners

- ▶ Ensure sufficient resources for MEL (including AAP) are incorporated in program design and implementation plans, including resources and activities to ensure closing the loop with communities.
- ▶ Plan for community feedback to feed into any future design of Disaster READY

### DFAT

- ▶ Encourage designs that include sufficient resources dedicated to AAP, including efforts to close the feedback loop with communities.
- ▶ Include AAP as part of the AHP mid-term review and request evidence of community participation in the next design phase for Disaster READY (as applicable)

# ANNEX 1: REVIEW FRAMEWORK

Overarching area	Sub-questions	Source
<b>Conceptualisation and understanding</b>	<p>How is AAP defined and understood globally?</p> <p>How do different AHP agencies (and partners) define and understand AAP?</p>	Document review
<b>Guidelines, standards and frameworks</b>	<p>What global standards/principles guide approaches to AAP? How are these implemented/operationalised and reported on?</p> <p>What guidelines/principles exist within the AHP (e.g. agency specific)? To what extent is there evidence of these being operationalised?</p>	Document review
<b>Good practice</b>	<p>What does global good practice look like with respect to AAP? At what stages of the program cycle are different components required as part of good practice?</p> <p>What good practice examples are there of AAP approaches within the AHP (across the program cycle)? Does good practice look different in different contexts?</p>	<p>Document review</p> <p>Key informant interviews</p> <p>FGDs (TBD)</p>
<b>Barriers and challenges</b>	<p>Globally, what are some of the main barriers preventing more consistent uptake of, and progress towards good practice AAP?</p> <p>What is preventing AHP agencies from progressing towards more consistent good practices on AAP? At what level are these barriers? To what extent are barriers driven by contextual factors? How can these barriers be overcome?</p>	<p>Document review</p> <p>Key informant interviews</p> <p>FGDs (TBD)</p>
<b>Enablers</b>	<p>Globally, what are some of the main enablers driving progress and good practice in AAP?</p> <p>What existing enablers are there for AHP Partners, and within AHP that are driving progress towards good practice in AAP? At what levels are these enablers? To what extent are contextual factors drivers of enablers? How can these enablers be leveraged?</p>	<p>Document review</p> <p>Key informant interviews</p> <p>FGDs (TBD)</p>
<b>Recommendations</b>	<p>What key shifts are required to progress AAP within the AHP? At what level are these shifts required? Who is responsible for carrying out key actions?</p>	<p>Key informant interviews</p> <p>FGDs (TBD)</p> <p>Validation session</p>

# ANNEX 2: LIST OF KEY DOCUMENTS TO REVIEW

## AHP Agency reports

Country	Response	Agency	Type of report	Date
<b>Bangladesh</b>	Rohingya Response Phase 3	CANDO	Activation Final Report	2023
<b>Bangladesh</b>	Rohingya Response Phase 3	Care	Activation Final Report	2023
<b>Bangladesh</b>	Rohingya Response Phase 3	Oxfam	Activation Final Report	2023
<b>Bangladesh</b>	Rohingya Response Phase 3	Plan	Activation Final Report	2023
<b>Bangladesh</b>	Rohingya Response Phase 3	Save	Activation Final Report	2023
<b>Bangladesh</b>	Rohingya Response Phase 3	World Vision	Activation Final Report	2023
<b>PNG</b>	COVID Phase 3	Care (lead)	Activation Final Report	2022
<b>Solomon Islands</b>	COVID Phase 2	Oxfam (Lead)	Activation Final Report	2022
<b>PNG</b>	Covid Phase 4	CANDO	Activation Final Report	2022
<b>PNG</b>	Covid Phase 4	World Vision	Activation Final Report	2023
<b>Philippines</b>	Typhoon Rai	Save the Children	Activation Final Report	2023
<b>Ukraine</b>	Ukraine Conflict	Plan	Activation Final Report	2023
<b>Ukraine</b>	Ukraine Conflict	World Vision	Activation Final Report	2023
<b>Tonga</b>	Hunga Ha'apai & Covid-19	Care (Lead)	Activation Annual Report	2023
<b>Ethiopia</b>	Ethiopia Food Security	Oxfam	Activation 6-month progress report	2024
<b>Ethiopia</b>	Ethiopia Food Security	Plan	Activation 6-month progress report	2024
<b>Kenya</b>	Kenya Food Security	Oxfam	Activation 6-month progress report	2024
<b>Lebanon</b>	Lebanon Response	Plan	Activation 6-month progress report	2024
<b>Fiji</b>	Disaster Ready	CAN DO	Disaster Ready Annual Report and Plan	2023
<b>Timor-Leste</b>	Disaster Ready	CAN DO	Disaster Ready Annual Report and Plan	2023
<b>Solomon Islands</b>	Disaster Ready	CARE	Disaster Ready Annual Report and Plan	2023
<b>Fiji</b>	Disaster Ready	Oxfam	Disaster Ready Annual Report and Plan	2023

<b>Fiji</b>	Disaster Ready	Plan International	Disaster Ready Annual Report and Plan	2023
<b>Timor-Leste</b>	Disaster Ready	Plan International	Disaster Ready Annual Report and Plan	2023
<b>Vanuatu</b>	Disaster Ready	Save the Children	Disaster Ready Annual Report and Plan	2023
<b>Vanuatu</b>	Disaster Ready	World Vision	Disaster Ready Annual Report and Plan	2023
<b>PNG</b>	Disaster Ready	CAN DO	Disaster Ready Annual Report and Plan	2023
<b>Solomon Islands</b>	Disaster Ready	CAN DO	Disaster Ready Annual Report and Plan	2023
<b>Vanuatu</b>	Disaster Ready	CAN DO	Disaster Ready Annual Report and Plan	2023
<b>Fiji</b>	Disaster Ready	CARE	Disaster Ready Annual Report and Plan	2023
<b>PNG</b>	Disaster Ready	CARE	Disaster Ready Annual Report and Plan	2023
<b>Timor-Leste</b>	Disaster Ready	CARE	Disaster Ready Annual Report and Plan	2023
<b>Vanuatu</b>	Disaster Ready	CARE	Disaster Ready Annual Report and Plan	2023
<b>Solomon Islands</b>	Disaster Ready	Oxfam	Disaster Ready Annual Report and Plan	2023
<b>Timor-Leste</b>	Disaster Ready	Oxfam	Disaster Ready Annual Report and Plan	2023
<b>Vanuatu</b>	Disaster Ready	Oxfam	Disaster Ready Annual Report and Plan	2023
<b>PNG</b>	Disaster Ready	Plan International	Disaster Ready Annual Report and Plan	2023
<b>Solomon Islands</b>	Disaster Ready	Plan International	Disaster Ready Annual Report and Plan	2023
<b>Vanuatu</b>	Disaster Ready	Plan International	Disaster Ready Annual Report and Plan	2023
<b>PNG</b>	Disaster Ready	Save the Children	Disaster Ready Annual Report and Plan	2023
<b>Solomon Islands</b>	Disaster Ready	Save the Children	Disaster Ready Annual Report and Plan	2023

<b>Solomon Islands</b>	Disaster Ready	World Vision	Disaster Ready Annual Report and Plan	2023
<b>Timor-Leste</b>	Disaster Ready	World Vision	Disaster Ready Annual Report and Plan	2023
<b>Bangladesh</b>	Rohingya Response Phase 3	Care	Project proposal	2020
<b>Bangladesh</b>	Rohingya Response Phase 3	Plan	Project proposal	2020
<b>Bangladesh</b>	Rohingya Response Phase 3	Save	Project proposal	2020
<b>PNG</b>	Covid Phase 4	CANDO	Project proposal	2021
<b>PNG</b>	Covid Phase 4	World Vision	Project proposal	2021
<b>Ethiopia</b>	Ethiopia Food Security	Oxfam	Project proposal	2023
<b>Vanuatu</b>	Disaster Ready	Save the Children	Project proposal	2022
<b>PNG</b>	Disaster Ready	CAN DO	Project proposal	2022
<b>Vanuatu</b>	Disaster Ready	CAN DO	Project proposal	2022
<b>Vanuatu</b>	Disaster Ready	CARE	Project proposal	2022
<b>Timor-Leste</b>	Disaster Ready	Oxfam	Project proposal	2022
<b>PNG</b>	Disaster Ready	Plan International	Project proposal	2022
<b>Solomon Islands</b>	Disaster Ready	World Vision	Project proposal	2022
<b>Bangladesh</b>	Bangladesh Humanitarian Response Phase III	By Tetra Tech	Activation Evaluation Report	2023
<b>Timor-Leste and Pacific</b>	Covid-19 Pacific and Timor-Leste Preparedness and Recovery NGO Partnership	By HAG, La Trobe University and CoLab	Activation Evaluation Report	2023
<b>Timor-Leste and Pacific</b>	Food Security and Livelihoods Interventions Under the Covid-19 Pacific and Timor-Leste Preparedness and Recovery NGO Partnership	By HAG, La Trobe University and CoLab	Activation Case Study Report	2022
<b>Ukraine</b>	Protection Support Services in Ukraine	By Conflict Management Consulting	Real-Time Review Report	2023

## External/global documents

1. CHS: [Core Humanitarian Standards on Quality and Accountability, 2024](#)
2. HAG: [AAP: Stuck in the Weeds](#), 2021.
3. HAG, GLOW Consultants and Collaborate Consulting: [Making Evaluation Findings Accessible to Communities: Why it Frequently Fails and What to Do About it, 2024](#).
4. HPG: [Dignity and Humanitarian Action in Displacement](#)
5. IASC: [Collective AAP Framework 2023](#)
6. IASC: [AAP Principles, 2022](#)
7. IASC: [AAP: Assessing NGO Engagement with the Collective AAP Framework, 2022](#)
8. IASC: [Feedback on Progress Against AAP Framework](#)
9. ISAC: Discussion Paper: '[Exploring the linkages between AAP, Localisation and the HDP Nexus](#)', 2024.
10. Ong J, Flores J, Combinido P (2015) [Obligated to Be Grateful: How Local Communities Experienced Humanitarian Actors in the Haiyan response](#).
11. Rohingya Refugee Response Bangladesh: [Accountability to Affected population](#)

## AHP Agency guidelines/frameworks/policies/lessons learned/good practices

1. Care: [Humanitarian Accountability Framework](#)
2. Oxfam: Policy on Community Feedback Mechanisms
3. Plan International: [Accountability Policies and Commitments](#)
4. Plan International: Fiji Consortium, Localisation Summit Report
5. World Vision: Programme Accountability Framework
6. World Vision: Humanitarian Accountability – Guidance COVID-19 Emergency Response
7. World Vision: Global Accountability Report 2023
8. World Vision: Pathway to Link Humanitarian Cash to Social Protection through Social Accountability



# ANNEX 3: ABBREVIATIONS

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AAP	Accountability to Affected Populations
AHP	Australian Humanitarian Partnership
AHPSU	AHP Support Unit
NGO	Australian Non-Governmental Organisation
CAN DO	Church Agencies Network – Disaster Operations
CCA	Climate Change Adaptation
CCE	Communication and Community Engagement
CDCCC	Community Disaster and Climate Change Committee
CHS	Core Humanitarian Standard on Quality and Accountability
CPT	Community Perceptions Tracker
CSO	Civil Society Organisation
DFAT	Australian Government Department of Foreign Affairs and Trade
DRCC	Disaster READY Country Committee
DRR	Disaster Risk Reduction
FGD	Focus Group Discussion
FIVDB	Friends in Village Development Bangladesh
FSL	Food Security and Livelihood
GEDSI	Gender Equality, Disability, and Social Inclusion
HAF	Humanitarian Accountability Framework
IASC	Inter-Agency Standing Committee
KII	Key Informant Interview
LLF	Live & Learn Fiji
M&E	Monitoring and Evaluation
MEL	Monitoring, Evaluation and Learning
MHPSS	Mental Health & Psychosocial Support
NDMO	National Disaster Management Office
NGO	Non-Governmental Organisation
PAF	Program Accountability Framework
SOGIESC	Sexual Orientation, Gender Identity, Gender Expression and Sex Characteristics
WASH	Water, Sanitation and Hygiene