



The quality and accountability journey for CARE Kenya: Dadaab Case Study (April 2013)

Background

Quality and accountability are a critical element of CARE's work in crisis affected populations. CARE International's Vision 2020 and CARE Kenya's Long Range strategic Plan (LRSP) have identified Accountability and institutional evolution respectively as one of the key strategic directions. Accountability is essential for social transformation.

Accountability for CARE is the means by which we fulfil our responsibilities to our stakeholders and the ways in which they may hold us to account for our decisions, actions and impacts

Accountability is both a means for CARE to improve the relevance, quality and impact of our work, and an end in itself. Our stakeholders – women, girls, men, boys, particularly those who are poor and vulnerable – have a right to hold CARE to account.

The Humanitarian Accountability Partnership (HAP) is an interagency membership organization CARE is part of, committed to making humanitarian action accountable to disaster survivors. In 2010, CARE and UNHCR jointly hosted a HAP deployment to the Dadaab refugee camp in Kenya. The aim was to strengthen understanding and practice of humanitarian accountability and quality management. The particular focus for the deployment to the Dadaab refugee camp was on improving information sharing, participation and complaints handling for refugees and host-communities in Dadaab and on increasing capacity and understanding of agency staff to implement Quality and Accountability measures. This case study summarises the experiences and lessons learned while putting quality and accountability mechanisms in place.

CARE's own Quality and Accountability commitments are outlined in CARE's Accountability Framework (AF) Nov 2012, which is currently in pilot phase. This was informed from CARE's Humanitarian Accountability Framework pilot (Feb 2010)



“HAP opened up our eyes and minds to come up with a broader picture and look at what is required to mobilize host communities and refugees.”

How did CARE Kenya put quality and accountability into action?

The HAP deployment was a an awakening period, with CARE Kenya realizing the existence of HAF and appointing a HAF point person (Miriam) to engage with the HAP team. Action plans were developed for each benchmark, with M&E officers in Dadaab. The management support was overwhelming and has attributed to the success seen so far. 2011 emergency response in Dadaab had a member of Emergency Response Team (ERT) looking into Accountability in the response. Quality and accountability advisor attached to the horn of Africa emergency response was also part of this initiative. All staff in Dadaab have been taken through the HAF, to understand their roles.

1. *Allocating resources to quality and accountability*

An accountability sub unit was set up under the Programme Quality and Learning Unit, to lead the establishment of CARE's accountability system in Dadaab, supporting staff in their efforts to strengthen the quality and accountability of their work.

2. *Information sharing*

It is critical that the people CARE assists have access to information about our organization and our activities. CARE Kenya uses various avenues in Dadaab to pass information to beneficiaries namely; billboards, notice boards, megaphones and conversations with community leaders.

3. *Systems, guidelines and policy development*

For systematic approach to information sharing and complaints handling, there needed to have some documented and approved guidelines. The following exist and are in use:

- a) Complaints handling policy
- b) Information sharing guidelines
- c) Joint complaints and response mechanism for food distribution in Dadaab- WFP and CARE

Having complaints mechanism on its self can be dangerous for CARE without effective handling of complaints. To have a pool of competent staff to handle complaints, 19 staff in Dadaab were trained on investigation skills and complaints handling, using materials developed by HAP. Another 5 staff have attended investigation training organized by HAP(3) and interaction(2)

We recognize that establishment of complaints mechanism should be done right. Around 15 staff are trained on this process and have been instrumental in the mechanism established so far.

Mechanism in place have been shared to staff and beneficiaries using various media- email, posters, billboards, etc

4. *Mainstreaming quality and accountability*

Specific initiatives in place to help in mainstreaming quality and accountability include:

- Staff orientation training.
- Inclusion of accountability aspects in the sector specific monitoring tools in Dadaab refugee camp operations.
- Developing methodologies and questions relating to accountability
- Sector specific work plans and field office work plans.
- Conducting accountability trainings on CARE's Humanitarian Accountability Framework (HAF), Do No Harm/Conflict Sensitivity and the Prevention of Sexual Exploitation and Abuse.

5. *Implementing Complaints and Response Mechanisms/ Feedback Mechanisms*

Having a system to handle complaints gives crisis affected populations and staff an opportunity to identify shortcomings or wrongdoings and address them. In Dadaab, CARE put into place the following feedback and complaints mechanisms:

Beneficiary CRMs

- Food Advisory Committees
- Suggestion boxes
- Water, Sanitation and Hygiene Committees
- Log books
- Direct reporting to complaints focal persons e.g PSEA focal persons

Staff CRMs

Following staff consultations, complaints boxes, accessible to staff in Dadaab were put up in Dadaab refugee camps. An electronic complaints mechanism, 'The Bell', was also established for complaints reporting available to CARE staff.

Key Achievements

- Mapping of resources available for quality and accountability programs.
- Staff training on quality and accountability with a focus on individual responsibility for meeting accountability benchmarks.
- Training selected staff on establishment of Complaints and Response Mechanisms. The team conducted stakeholders' consultations. These findings have been useful in the development of the CRMs in place so far.
- Accountability work plans developed and used by staff.
- Information sharing guidelines developed.
- Complaints handling policy and training in place.
- Accountability budgeted for in proposals by various sectors in Dadaab eg. BPRM and UNHCR proposals. This shows that staff acknowledge the need for accountability initiatives.

Challenges

- CARE Kenya staff were not aware of HAP or CARE's own HAF.
- Financial constraints.
- Staff turnover
- Lack of accessible information/information sharing between agencies.
- Monitoring and evaluating accountability difficult. What are the qualitative indicators to look out for?

Lessons learned

- Specific responsibilities for implementing the accountability commitments will be different for each staff position and office, depending on team structure and resources.
- Management support is key.
- Consistency in application of accountability is important.
- All CARE staff and partners need to know about the AF, the commitments that lie behind it and how it is part of their own role
- Ineffective complaints handling mechanisms are more dangerous than not having mechanisms in place

Next steps: 2013

1. CO staff dedicated to implementation of accountability commitments
2. AF pilot in Kenya: Direct implementation as well as partnerships (global fund partners).
3. Job descriptions(JDs) revision- Inclusion of accountability responsibilities in JDs for appraisal
4. Drafting a strategy
5. Accountability and conflict sensitivity champions identification and capacity building
6. Rolling out internal mechanisms to other field offices in Kenya
7. Piloting of beneficiary SMS system in Dadaab for participatory M&E and Accountability

THE BELL



Admin

Introduction

CARE is committed to detecting and correcting any behavior that may threaten our reputation. This includes any wrongful conduct undermining professionalism, integrity and ethical practices including fraud, misappropriation, discrimination, sexual harassment and exploitation, etc. This web application is one way of how staff can raise complaints and provide feedback. The information will be helpful in ensuring that staff are accountable and are in a good working environment. All staff are obliged to raise concerns or suspicions regarding breaches of code of conduct and other policies via the established reporting procedures. No reprisal can be taken against an employee who raises a grievance. You do not need evidence to raise your suspicions or concerns. However, statements that are knowingly false or misleading can lead to disciplinary action. Provide as much information as you can to help in addressing the complaint.

Anonymous complaints cannot be fully investigated as it may be impossible to determine the validity and nature of the complaint nor seek additional information when investigating the complaint. At the same time, it is impossible to provide feedback for any decision made about your complaint. You are encouraged to provide your full contact information for better response and feedback. Your identity will not be disclosed should you request your details remain confidential. In the event that you raise an anonymous complaint, the issue will be noted and, where necessary, try and resolve it appropriately. However, for the reasons outlined above, issues raised in anonymous complaints may not be fully acted upon. Information provided here will be treated with utmost confidentiality. You are discouraged from discussing with other persons.

Other avenues of raising complaints are:

1. Speak or write to any Manager or Human Resources personnel in person, on the phone, or their email.
2. Email complaint@dadaab.care.or.ke
3. Any other mechanism available at your nearest office e.g CARE staff feedback boxes etc.

Response procedures: The complaint will be looked into through investigation and feedback provided. This may take up to 14 days.

[Click here to read Complaints Handling Policy](#)
[Click here to record your complaint online](#)
[Click here to download printable complaint form](#)

Quality and Accountability Journey for CARE International in Kenya



Accountability is about continuous improvement, not perfectionism: CARE billboard in Dagahaley camp, Dadaab, turned into a community notice board



Feedback box at Dagahaley refugee camp office block

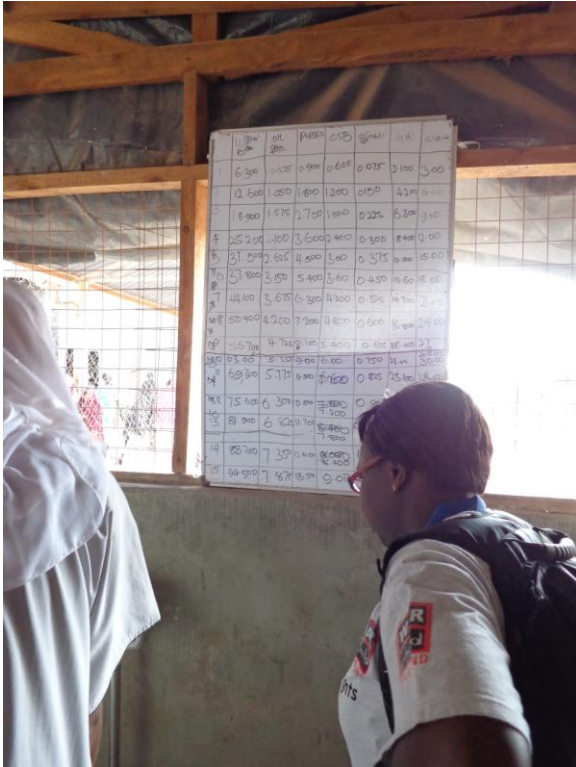


Feedback mechanism bill board with information on joint CARE-WFP in Dadaab Refugee camp



Beneficiaries complaints/feedback box at food distribution point exit- Ifo camp

Quality and Accountability Journey for CARE International in Kenya



Entitlements displayed at the independent weighing scale, at food distribution point- Ifo camp



Woman using independent weighing scale at Ifo food distribution point



Bill board displaying Sexual Exploitation and Abuse complaints mechanism in Dadaab refugee camp.



Help desk at food distribution point in Ifo Camp



CARE International in Kenya Complaints Handling Policy



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CARE INTERNATIONAL IN KENYA INFORMATION SHARING GUIDELINES

1. Introduction

CARE International in Kenya (CARE) is committed to ensuring beneficiary communities and other key stakeholders are informed about its projects. Many staff from INGOs often assume that everybody knows who they are and what they do. This is usually a mistake. Additionally, in larger organizations, many staff working on diverse projects may not know what the other projects do. Part of our accountability means proactively providing disaster affected communities, intended beneficiaries, our internal staff and other stakeholders with timely and useful information. Greater transparency with our key stakeholders strengthens our relationship with them and enables us to improve what we do. The right information provision strategies can build trust with relevant stakeholders and is the foundation for greater accountability in our program. A step-by-step approach is outlined in these guidelines, led by the question 'what do our key stakeholders need and want to know?'

2. Purpose

These guidelines have been developed to guide staff in developing and implementing project information provision strategies.

3. Why Provide Information?

Stakeholders have the right to be informed of what we do and how we do it, including projects, programs, activities, services and decision-making mechanisms in a manner that is accessible. Effective information provision can strengthen trust, build community ownership and encourage participation. People can't be involved in a project or service if they are not adequately informed.

4. Who to provide information to?

All CARE stakeholders need information about CARE, our program and our commitments. This includes CARE staff, beneficiaries, disaster-affected communities, local leaders, Government, other INGOs, donors and other specified bodies.

5. What information to provide

CARE shall make the following information publicly available to intended beneficiaries, disaster-affected communities, agency staff and other stakeholders.

| | |
|---------------|---|
| About CARE | <ul style="list-style-type: none"> Our name Vision, mission and core values Who we are and what we do Brief history of what we have done in CARE Kenya (general CARE operation and area specific) Contact details Relevant aspects of the organizational structure. |
| About project | <ul style="list-style-type: none"> Project objectives Donor and any partners Project plans: what, where, when it will start and finish, any community |

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CORE VALUES

Respect
Integrity
Commitment
Excellence

**Consistent with Integrity,
we stand against...**

Conflict of interest Corruption
Sexual Harassment Discrimination
Non-Compliance Fraud
Exploitation Lack of accountability

Any other wrongful conduct resulting from
CARE's service delivery or staff action

Report wrongful conduct

Guiding principles of CARE Kenya's Complaints Handling Policy

- Commitment
- Fairness
- Access and Visibility
- Confidentiality
- Responsiveness
- Resources
- Accountability
- Review & improvement

1. Speak or write to any Manager or Human Resources personnel in person, on the phone, or their email

2. Email compliance@care.or.ke

3. Log on to <http://www.care.ethicspoint.com>

4. Any other mechanism available at your nearest CARE office e.g. other CARE staff, feedback boxes etc.

Complaints should include the name and contact details of the complainant and a brief description of the issue.

Anonymous complaints will be noted and resolved where possible. Reports will be kept confidential to the greatest extent possible, and may be shared anonymously.