

## CARE International in Peru – CASE Study

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### **Making accountability to disaster affected people a reality** – *Learning about accountability in CARE Peru's earthquake response*

Before the earthquake hit in August 2007, CARE Peru had already identified accountability as an organisational priority. Then came the emergency response, and this was seen as an important moment for making accountability to disaster affected people a reality, both to help CARE respond in the best manner possible, and also as an important opportunity for learning.

Non Governmental Organisations play a major role in delivering essential services in humanitarian crisis. Their dedicated staff work under intense pressure to act quickly and to meet the accountability demands of their donors and host governments. This situation places NGO staff in a position where they can potentially exercise significant power over our most important stakeholder group – the people affected by the disaster.

NGOs therefore need to seek ways to redress the imbalance of power and to improve their accountability to disaster affected communities - through mechanisms such as information sharing and transparency, meaningful participation in decision making, openness and responsiveness to feedback, and in making people aware of the standard of response they have a right to expect.

The aim of this case study is to share CARE Peru's experience of trying to put accountability into practice within their earthquake response - what worked well, the challenges faced and the lessons that were learnt along the way.

**Accountability** is about how an organisation fulfills its responsibilities in meeting the needs of different groups in its decision making and activities.

Accountability also means making sure that the women, men, and children affected by an emergency are involved in planning, implementing, and judging our response to their emergency (The Good Enough Guide). This helps ensure that a project will have the impact they want to see.

The Humanitarian Accountability Partnership International (HAP) describes accountability as the means by which power is used responsibly.

### **Goals and objectives of CARE's response**

On the 15th August 2007 a magnitude 8.0 earthquake struck off the coast of Peru, killing more than 500 people and leaving more than 75,000 families homeless. Affected areas included the central coastal regions of Lima and Ica, and the Andean region of Huancavelica, where high levels of chronic poverty and vulnerability exist, and where families face multiple threats to their lives, livelihoods and wellbeing, including very harsh winters.

The immediate phase of CARE's emergency response focused on providing initial relief assistance (tents and other temporary housing solutions, food, safe water, tools) to approximately

12,000 disaster affected people by three small field-based teams in the areas of Cañete, Chincha and Huancavelica. Furthermore, as these immediate response efforts continued, CARE began coordination with government and other agencies to establish plans and additional funding to support communities in the medium term and longer term.

In the recovery phase CARE worked to restore access to basic sanitation services, as well as to provide, in the Andean areas, a broader set of ways to help protect and improve livelihoods, including reconstruction of productive infrastructure and capacity building to both local government and communities (reaching approximately 8,000 people).

At the same time CARE continues to play an influencing role in the development of central government policy with regards to housing reconstruction as part of a broader coalition of NGOs and academic institutions. However, the future role of CARE and other NGOs in housing reconstruction is as yet not clearly defined.

### *A commitment to quality and accountability*

Before the earthquake hit, CARE Peru had already identified CARE's third programming principle "we seek ways to be held accountable to poor and marginalised people" as an area that was much more challenging to do than to say. ([link to CARE's programming principles](#))

Accountability to disaster affected populations is also an aspect of humanitarian work which has resulted in several interagency quality and accountability initiatives over the last ten years. CARE International's active involvement in these initiatives at the global level, mostly the Code of Conduct, Sphere, the Humanitarian Accountability Partnership and the Good Enough Guide has also resulted in a CARE International's Humanitarian Mandate Statement that holds us accountable to these international standards and principles, and that therefore demands that we turn rhetoric into practice. ([link to CARE's Mandate Statement](#)).

This demand (both internal and external) within the world of humanitarian assistance is also being increasingly reflected in normal development work. There is growing clamour, including within Peru, that NGOs practice the accountability that they demand of government, civil society or the private sector and that they better account for the results that they say they are having.

*Responding to the need to incorporate and learn about our accountability into the earthquake emergency response reflected both CARE International's programmatic commitments and external demand for greater NGO transparency and accountability.*

### **CARE's approach - how was the system developed?**

As a means for ensuring a focus on accountability, CARE Peru recruited a Monitoring, Evaluation and Standards advisor supported by a team of two field based officers within the first two months of the operation. The advisor's role was to coordinate the overall monitoring and evaluation of the programme (made up of over 20 different donor funded projects) and to develop an accountability system based on Sphere and other accountability benchmarks. Two officers supported this work,

and were based out of CARE's coastal and highland zones of intervention. Upon establishing the complaints mechanism, a Complaints officer post was recruited in Lima to operate the free telephone line and to maintain the complaints data base.

A first task was establishing a team of key staff from across CARE's programming, IT and communications departments to begin designing a complaints mechanism. In discussing the operation of the complaints mechanism, it became clear that it needed to be put into context of a wider accountability framework or system. The framework that was developed summarised CARE's commitments to accountability (the principles and standards we strive to uphold), the purpose of implementing the accountability system (to help strengthen the consistent quality of our response) and the desired outcomes (to contribute to the well being, empowerment and protection of the rights of women, men and children affected by the earthquake). It also described four key linked components that had been identified for CARE Peru to strengthen:

1. Public information to the affected populations, including being clear, consistent and open in our daily communications
2. Mechanisms for participation of affected people in CARE's decision making
3. Mechanisms for systematic feedback from affected communities, and to adapt our response according to the feedback received
4. Application of Sphere standards in our response

All these aspects sought to ensure that our response was based on genuine needs, expressed by the affected population.

The framework was used to discuss and communicate accountability (what it means to CARE Peru) as well as to help the team build up accountability mechanisms within their day to day work, using simple tools, that can be improved over time. In the midst of the ongoing emergency response, the framework was kept relatively simple.

### **Information sharing**

*Our aim: We will strive to implement the principle of transparency in all that we do, whether in providing public information, or in ensuring our relationships are open and that communication is two ways*

The monitoring team reviewed the different international standards and guidelines (mainly Sphere, HAP and the Good Enough Guide) and identified three key categories of information to make publicly available: information about CARE, information about CARE's projects, and information about CARE's accountability commitments and systems (such as opportunities for participation, feedback and channels for complaint).

In addition, a simple assessment was carried out in coastal and highland communities to understand what information needs people have and how they would like to receive it. As a result

of this assessment, direct communication by CARE staff (through meetings, public meetings, workshops) and national and local radio were prioritized. For CARE's new complaints mechanisms and free telephone line, it was decided to supplement this with written information in the form of a flyer which staff could deliver and share with communities and other stakeholders. The team also identified key central locations (municipalities, schools and health centres) where large and visible posters could be located on information boards.

To help field staff communicate key information in a clear and consistent manner, the monitoring advisor created a generic information sheet on CARE using the *Good Enough Guide Tool 1: How to present your agency, a need to know check list*. Project managers adapted this for their project teams by adding more specific project information and identified opportunities for information sharing during ongoing project implementation and monitoring. For example the health officers for the water and sanitation project dedicated ten minutes for sharing key information on CARE, the project, and the complaints mechanism, at the beginning of each health and hygiene workshop.

Communicating clearly to communities and government institutions about CARE's new complaints mechanism (what it is for and how it works) was particularly important. The complaints mechanisms was inaugurated with the municipalities and banners were hung in key locations. Flyers were distributed by staff, and pasted up by public telephones.

The free telephone line also presented an important moment to have conversations and to offer information to those that used the service. Some specifically rang asking for information, for others it was a case of sharing more information about the complaints mechanisms itself, or sharing information relevant to the complaint (to explain for example why CARE is working in one particular geographical area, or to explain eligibility criteria).

## Participation

*Our aim: The affected population has the right (either directly, or through their representation) to participate in CARE's response to their emergency, and to have influence over the project decisions that affect their lives. Their participation should not discriminate against vulnerable groups, or cause harm.*

CARE worked closely with authorities, community leaders and with existing community institutions in assessment, selection of beneficiaries and the distribution and monitoring of relief items. In some cases, CARE identified women leaders who had mobilized as a result of the situation. In the case of the sanitation project, the community formed a new water and sanitation committee (responsible within Peru's institutional framework for administration, operation and maintenance of water and sanitation systems in rural and peri-urban communities) if one did not already exist.

Community members were consulted on a number of design issues. A temporary shelter model was erected in the town square to solicit feedback from affected families. Communities were consulted on the type of latrines for their community and families chose the position of their family latrine and wash basin along with the project engineers.

Communities were asked to contribute through labour or materials for a variety of projects, from helping construct temporary shelter, to providing community transport for latrine materials. Community members also took part in a three stage health and hygiene training as part of the latrine project.

During the second phase strengthening community level organisation became a more explicit objective of CARE's response. CARE also began working with district level authorities on disaster risk management.

Investigation and resolution of complaints was also another key way that community members were involved. Monitoring visits included individual interviews and focus groups discussions with different groups within communities. Women in the highland areas were very welcoming of these opportunities to discuss their opinions. Stakeholder feedback was a critical element of external evaluations commissioned by CARE.

### Applying Sphere, along with other accountability benchmarks

*Our aim: The affected population has the right to a response that enables a life with dignity. Sphere provides CARE with "criteria" or characteristics of a holistic response and therefore with guidance as to what a dignified response to an emergency should look like, both in terms of process and humanitarian outcomes, or impact*

First activities included a workshop for CARE staff on humanitarian principles and standards, and the distribution of a checklist of Sphere standards to all staff members. This checklist was used with suppliers in monitoring the quality of the goods they were supplying. Sphere was also successfully used with donors to advocate for a temporary shelter design that complies with Sphere.

Staff were reminded that Sphere standards are not, as commonly misconceived, a set of physical measures of quantities, but rather guidance on the process that should be used to establish a standard in a given situation, and the desired outcomes of a dignified response.

**Impact measurement** means understanding the changes taking place as a result of an emergency project. It is not always easy to do, but at its simplest we need to ask 'what difference are we really making to the lives and livelihoods of the disaster affected people.' A crucial aspect of accountability is to be able to answer this key question using credible evidence from our assessment, monitoring and evaluation efforts, during each phase of the response and not only at the end of the response. In The Good Enough Guide this means asking the women, men, girls and boys caught up in the emergency - their view of the project and its impact is more important than anyone else's.

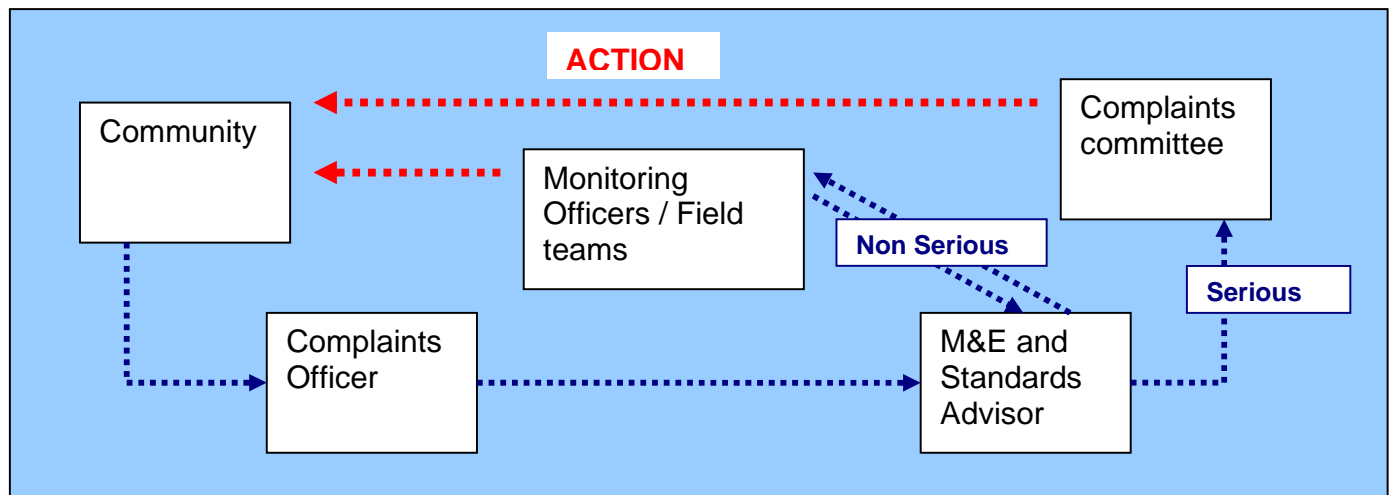
Qualitative monitoring and listening to communities was a key task of the two field officers. The aim of the community visits had the following objectives: to provide a feedback opportunity for communities, and to try to understand our impact during the emergency response, and not just at the end of the response by asking the men, women, girls and boys caught up in the emergency. A

focus group discussion tool was therefore developed that drew from Sphere Standards and Key Indicators, and from the Good Enough Guide and HAP, and that solicited people's views on various aspects of CARE's response: satisfaction with distributed items, impact or change's in their lives, problems encountered and any suggestions, as well to monitor people's access to information, the complaint's mechanism and opportunities for participation. Sphere also helped create a check list of specific questions related to the different technical sectors of CARE's work (for example issues of privacy and security in relation to the temporary shelter).

### Complaints and suggestions mechanism

*Our aim: The affected population has a right to make a complaint and seek redress. A mechanism needs to be provided that enables people to make a suggestion or complaint in relation to the behaviour of CARE staff or the activities of CARE's interventions and in a manner that is safe and non threatening and accessible. On the part of CARE, they receive a decision that is both appropriate and transparent.*

A complaints and response mechanism was identified as a concrete way to put accountability into practice. After a design and testing phase, the system was launched in the third month of the response, and 100 complaints were received and responded to within the first month. One of the most important outcomes was that CARE was able to respond to real-time feedback and resolve a number of complaints.



Channels of complaint included through CARE's newly established free telephone line (with recorded message outside manned hours), CARE's web page, visits to CARE's office in Lima, and face to face in the communities themselves. Between October and February there were approximately 300 registered complaints or suggestions. More women than men used the free

telephone line. There were very few calls from the highland areas, and in this region it was critical that the complaints mechanism was supported by focus group sessions and individual interviews by the field based monitoring staff.

Key steps in processing a complaint include receiving the complaint or suggestion, investigating the complaint, presentation of recommendations for action, action, and communication and transparency on actions taken. The complaints officer registers the complaints, the M&E and Standards advisor reviews them, and a complaints committee provides oversight. The M&E officers help project teams investigate complaints.

The scope of the complaints mechanism was defined as being CARE's emergency response in the areas where we work. Types of call received were:

- general complaint;
- complaint against CARE staff;
- complaint against CARE's distributions;
- complaint against other institutions;
- request for assistance within CARE's zones of intervention;
- request for assistance outside of CARE's zones of intervention;
- information request;
- expression of gratitude;
- suggestion.

You can see a description of CARE Peru's accountability system on their website at <http://www.care.org.pe/0800.htm>, and this links to a document which tracks each complaint or suggestion received and the response of CARE.

### **Examples of complaints and how they were handled**

*'Families who have received tents from CARE are on my land'* – After verifying that the land was indeed private land, CARE helped negotiate an agreement that was signed between the families, local authority and the owner clarifying that the families would move as soon as the sites of their houses were cleared of debris.

*'I am being mistreated by members of my own village'* CARE investigated the situation of a woman who complained that she was being excluded from distributions from the "olla comun" (soup kitchen). They had excluded her after she had moved her temporary house (distributed by CARE) back to her land that she had now cleared of debris. Conversations with the woman, and others in the community, revealed unhappiness with the way the olla comun was being run, and mistrust that all the items donated were being shared in a fair manner. The situation was resolved with the woman (who decided to stay outside of the olla), but perhaps more importantly open conversations were initiated with leaders and community members about how to improve trust in the internal distributions that were happening (which were not related to CARE).

*'We cannot sleep at night because delinquents are causing trouble and are damaging the tents'* – A CARE officer visited the community and leaders decided to convene a community meeting with CARE in order to discuss problems of living in the camp, and to agree security measures.

*'We have been poorly treated by CARE staff'* - A number of complaints were received with respect to the attitudes and behaviours of CARE staff. This was dealt with in a confidential manner with the staff member concerned, and mostly staff recognised that the pressurized situation caused them to behave in less respectful manner with community members than they had intended. This type of complaint decreased over time, and staff became more reflective of their behaviour in communities. CARE leadership recognised the need to support emergency staff by ensuring minimum wellbeing of staff in emergency contexts.

*'Staff have not fulfilled their promises'* - CARE investigated a complaint from a community who complained that CARE staff had not turned up to a meeting that they had asked for, and had wasted the time of many people. Although the staff involved were initially upset by this, as there had been several logistical reasons for why they could not attend, they were encouraged by the M&E and standards officer to respond and to see the incident as an opportunity for learning. They visited the community with a written apology, and were surprised to find the community extremely pleased with this turn of events. The staff involved now say that they have a very strong working relationship with this village, and whilst they did not understand and were fearful of the complaints system before hand, they can now understand the mutual benefits that it can bring.

*'We haven't received anything, yet there are people who have received CARE's tents who are not using them'* - Discussions were held with leaders and community members to encourage community level monitoring of the use of articles donated by agencies.

*'Assistance has arrived but items are of poor quality'* – CARE monitoring advisor in Lima communicated the issue with the project team who either investigated and resolved the complaint directly, or requested support from the field based officers in carrying out the investigation.

*'The municipality has lied to CARE, and has not distributed the CARE items to our village'*  
CARE visited the municipality to verify the situation, and although distributions were documented (beneficiary lists had been submitted to CARE according to the Memorandum of Understanding) it was evident that some articles had not been distributed. These were immediately distributed by CARE.

*'We have not been considered as CARE beneficiaries'* A large number of calls were of this nature, and a large percentage came from outside of CARE's targeted zones of intervention. The complaints officer explained the objectives of CARE's response and the reasons why CARE is working in some districts and not others, and recommended that they seek information from their district authorities. For requests within CARE's zones of intervention, CARE asked for details of the request (our community, or my family, has not been considered for assistance by CARE– we have been excluded from assistance by our community – we were not present at the time of assessment and distribution – a neighbouring village has received more than we have – assistance is not enough). Where evident that the complainant does not meet the criteria of assistance, this was clearly explained. Otherwise further investigation was undertaken by the field



based staff, and assistance was provided in many instances. However, it was not always possible to include families as beneficiaries because of lack of resources, and this had to be clearly communicated. For example, in the case of the latrines, it soon became necessary to explain that no more beneficiary selection would be taking place.

*'Our community leaders are charging us 20 soles for the latrines, and we are too poor to pay this so CARE is not allowing us a latrine'* The complaints officer explained that CARE did not require a financial contribution from the community. CARE's senior management took this anecdotal evidence seriously, and as a result, has commissioned an independent evaluation to engage the community in evaluating the performance of the project, and to further investigate this matter (soon to take place).

*'I have dug the hole for my latrine, and want to know if I have to sign something'* There were several requests for information, about the complaints mechanism itself, about when an activity or meeting would take place. There were also information requests about the government and CARE's plans for reconstruction. This could be quite challenging as government policy and plans were not at this time clearly defined. CARE provided salary bands for various job functions in response to an information request for salaries of staff.

*'I am grateful to CARE as they visited me and attended to my problem'* There were several calls of gratitude to CARE, and it is generally felt that the complaints mechanism contributed to improved relationships between CARE and communities. Those that used the service were attended to in an extremely respectful manner, and CARE's follow up and communication on decisions made, even when investigations resulted in no further action by CARE, was very much appreciated.

*'We suggest that all assistance is delivered directly to the people and not to the authorities'* CARE appreciated the suggestion made, and explained CARE verifies the distribution when assistance is delivered by the municipality on behalf of CARE.

## **Where next? Working towards institutionalisation**

Through the efforts undertaken, CARE's earthquake response was undoubtedly strengthened, and many lessons were also generated.

Emergency preparedness planning is planned for 2008 and provides a critical opportunity for reflecting on these lessons learned and this will help ensure that accountability is a robust and integral part of any future emergency response by CARE.

CARE now continues to apply, and adapt the accountability framework to the reconstruction phase of the earthquake response, as well to incorporate it into other interventions of CARE's development programme and long term disaster risk reduction work. These efforts will also generate lessons that will contribute to the further institutionalisation of an accountability systems for CARE Peru in 2009.

## **Lessons Learned**

### **1. Accountability does make a difference**

Strengthening our accountability enabled us to reach vulnerable populations we may not have reached, resolve problems we may not otherwise have been aware of, and contribute to greater dignity of the affected population. In effect there was some reduction of the power imbalances inherent in humanitarian response, between those with the money and the projects, and those affected by the disaster. Even though from a rights perspective accountability for its own sake is important, in this case accountability also improved the quality of CARE's humanitarian response.

As this is a recent initiative, the lessons learned by CARE Peru demonstrate some of the issues and challenges that NGOs face.

### **2. Organisational commitment to accountability is essential**

Before the earthquake hit, CARE Peru had already identified accountability as an organisational priority. This organisational commitment was crucial in creating the enabling environment to deal with humanitarian accountability seriously. For CARE Peru, this meant making efforts to put accountability into practice during the earthquake response and to learn from the experience. Even so, a great many practical obstacles were encountered, which leads to the conclusion that without this commitment the challenge would have been even greater.

This commitment was demonstrated by the appointment of a person responsible for promoting accountability (in this case CARE's Monitoring, Evaluation and Standards advisor), a position which was fundamental to creating the space needed to take steps to put accountability into practice. However this post was only filled in month two and it would clearly have been much better to have such a person in place from day one, to support project managers to include accountability principles in assessment, response start up, recruitment and planning.

Having dedicated accountability personnel (in this case two monitoring officers) at the field level also proved to be invaluable. These staff were given the mandate to promote listening to beneficiaries and to support project staff in the investigation of complaints. The qualitative information they collected through focus group discussions and interviews enabled the advisor to advocate on behalf of beneficiary views at a very pressured time.

CARE and other agencies shared their experiences in an interagency workshop. All the agencies recognised the need to strengthen NGO accountability to disaster affected populations, and the shared challenges need to be addressed.

### **3. Early efforts must be made to embed accountability into project response**

Accountability however must also be seen as part of the core work of project teams, and not as a parallel activity to be carried out by dedicated accountability staff only. Whether it is information provision or seeing a complaint through to its conclusion, these types of activities are integral to achieving CARE's humanitarian mission, and project staff have a critical role to play. It is important therefore to stress that accountability is part of everybody's role.

There are a number of ways of encouraging this:

- i. Define the accountability roles and responsibilities of staff*

Time is required of the project team to produce and disseminate real time project information for example, or to analyse with the M&E and Standards advisor complaints that are related to their project areas, and to attend to the complaint in the manner agreed. Some of these activities require little extra resources or time – instead it is about how do we do differently what we do already. Other types of activity have a much greater implication on the work load of project staff (such as the flexibility to be responsive to community feedback or complaint). This needs to be taken into account in project planning and resourcing, and organisational systems (such as human resources) need to support it, for example, for staff inductions and job descriptions.

*ii. Include accountability in project objectives and log frame.*

This involves incorporating indicators of accountability into project log frames to help ensure we monitor how we are doing against our accountability commitments and standards. Budgets also need to enable the delivery of accountability (sufficient human resources, communications resources, monitoring and evaluation resources, transport resources etc).

*iii. Make specific effort to explain the rationale for accountability to staff*

Staff need reassurance that accountability is not a threat and to understand how it will be undertaken in practice, and demonstrating how we will monitor our compliance with accountability benchmarks will help ensure donors support these activities. Our tendency towards “upwards” accountability to our donors always reinforces our fundamental accountability to disaster affected populations – never undermines it.

This would also benefit project staff as they would have clear understanding of their range of responsibilities in implementing accountability within their project role. If this is not the case, dedicated staff working under a great deal of pressure to meet project objectives can struggle with the idea of dedicating time and resources to accountability when ‘other needs’ are so urgent.

#### **4. Ultimately staff have to believe in it to make accountability work**

Practicing accountability requires an organisational culture – and support from the leadership – that is supportive of learning, of corrective action and of continuous improvement. Otherwise accountability can be seen by staff as a distraction or as ‘something that complicates things’ as opposed a way to meet our objectives and improve our performance. Under a great deal of pressure to meet deadlines and account to donors, it can be easier to ignore beneficiary feedback, rather than tackle the need to rethink a design solution or project activities.

In the absence of such a culture the relationship between project staff and dedicated accountability staff can be strained. In the Peru case, mistrust of accountability staff by project staff meant that the former did not always have access to routine monitoring information that could have shed light on beneficiary views.

#### **5. Donors can support organisations to become responsive organisations.**

There is anecdotal evidence that donors are more open to incorporating accountability into project design than we give them credit for. By explaining accountability better to donors, and incorporating the costs into budgets, it is possible to use communications and monitoring and evaluation budget lines for example, to fully resource the accountability roles in a emergency response.

There also needs to be budget flexibility to be able to respond fully to some of the suggestions raised by beneficiaries. For example, where the most vulnerable are not able to fully access the project benefits, there need to be extra resources available.

If we can demonstrate how we will monitor our compliance with accountability benchmarks, donors will support these activities. Our tendency towards “upwards” accountability to our donors can reinforce our fundamental accountability to disaster affected populations – it should never undermine it.

#### **6. The simple accountability framework initially developed can be useful basis for future -**

Developing an “accountability framework” with CARE Peru in the heat of the moment was a useful exercise. It helped to build a shared understanding amongst staff of CARE Peru’s commitment to accountability, and what this commitment then looks like in practice.

The framework was used to help build up simple systems, using simple tools, that can be improved over time. This makes it easy for staff to adopt from the outset, and to adapt it to the evolving needs.

However, for use beyond this emergency response, the framework needs to be built up further to fit with CARE International’s fuller framework. This also includes capacity building, monitoring for continuous improvement, working in partnership, and integration into the wider quality management strategies and systems of CARE Peru.

#### **7. We need to find ways to base our response on a better understanding of vulnerability**

CARE Peru did not have a full understanding of vulnerability in the communities where we worked. There were situations where assistance did not reach the most vulnerable at all, for example single mothers, and those who are not owners of land. On one occasion a whole community of migrants from the highland areas remained “invisible” in the early response phase.

Clearly to avoid such situation we need to base our response on a better understanding of vulnerability (using good enough analysis), and to use this analysis to help us identify areas of intervention, to design beneficiary selection processes and chose methods of distribution that are appropriate to the context.

To the extent that CARE Peru monitored impact on different groups of people and set up a complaint mechanism, there was a degree of awareness of vulnerability “downstream” (ie after the intervention) but it would have been more effective to factor this understanding into our response at the outset.

#### **8. Even when vulnerability is well understood, there are choices to be made about how to reach the most vulnerable**

CARE worked with community organisations and the municipality to identify beneficiaries, and distribution was carried out by the community. This did not always ensure that the most vulnerable received adequate assistance. In many cases the community leaders distributed relief packages originally intended for the most vulnerable in an “equitable” manner so that each family received

something, even though they were not equally needy. In other cases communities have made decisions based on vulnerability.

There is a balance to be struck between detailed targeting based on an analysis of vulnerability, which may be labour-intensive and relatively time-consuming on the one hand, and on the other hand relying entirely on community institutions for distribution as they see fit. Saving costs on targeting distribution may be false economy, however, as having additional funds to put into relief items does not automatically mean that there is additional impact, or changes in peoples lives.

Some actions that would help CARE reach the most vulnerable include

- ❖ Conduct a good enough profiling of the community and analysis of vulnerability which can be built upon over time
- ❖ Discuss targeting criteria with community, having established what CARE considers non-negotiable
- ❖ Disseminate widely the agreed criteria
- ❖ Provide opportunity for beneficiaries/potential beneficiaries to challenge distribution lists (if this is not possible during the first days, then as soon as possible)

Once again, emergency preparedness planning is a key vehicle for identifying minimum criteria for participation and defining vulnerability criteria. NGOs also need to share practical and effective ways to carry out vulnerability analysis in emergency contexts, building on our experiences of using the Good Enough Guide to “profile the community” for example.

### **9. A Complaints mechanism risks always being seen as a threat to staff**

Fear amongst staff that the complaints mechanism would threaten their jobs was an obstacle that needed to be overcome. Senior management were ready to take risks and this overcame fears associated with the practicalities and implications of setting up a complaints system. The creativity of the group which designed the mechanism (drawn from leadership, emergency, communications and IT teams) was an essential ingredient.

Out of fear of the newly established complaints mechanism, and what it meant for their job security or ability to work with communities under such pressurized conditions, some staff initially did not share information with communities or distribute the flyers about the complaints mechanisms. This was eventually overcome through learning by doing, reassurance that a complaint received did not mean that staff would lose their jobs, and a gradual acceptance that the complaints mechanism actually improved the quality of our work.

Although there was initial concern about promoting a ‘culture of complaining’ by setting up a complaints mechanism, it was acknowledged that the purpose of the system was indeed to invite complaints.

### **10. A satisfactory complaints mechanism can be set up quite rapidly without full participation**

CARE chose to establish a complaints mechanism with a very clearly defined scope around CARE’s response. Ideally it would have been important to involve other actors in the design process, firstly to safeguard against excluded actors that can feel threatened and can undermine

the process, and secondly to consider systems that already exist within the institutions of Peru and within communities (indigenous handling of complaints). However, this takes time, and setting up a system for the first time in an emergency requires a balance between inclusiveness and more directive action to 'make it happen'. In the event, CARE Peru's complaints mechanism worked, and worked well in providing CARE with real time feedback on their response, and in building better relationships with communities.

Setting up CARE's complaints mechanism was an opportunity for dialogue with others on accountability. The M&E and Standards advisor talked with municipalities on an ongoing basis to build a relationship with local government around the complaints system, and how such a system fits into CARE's wider accountability systems. Some mayors were very open to the system and understood it to be "a good way to communicate and to solve difficulties" and welcomed feedback from CARE through the complaints system. In other districts, the dialogue proved more challenging. Discussions are ongoing in order to establish more effective channels of communication and referral between CARE and the municipalities about complaints that CARE receives on the actions of government.

### **11. Trust in the complaints mechanism helps build relationships**

One crucial element in setting up the system is how to communicate to people how the system works (its limits and how complaints are followed up). This then obliges CARE to follow up on all complaints, and within agreed timeframes, because it is only if people trust the system that it can be effective. Despite CARE's information campaign on the mechanism, many people who used the systems learnt about the system through their neighbours, and through testing it out

Of fundamental importance is how people making complaints are treated, showing real levels of respect, calm (in the face of often initially very strong feelings of anger and frustration) and kindness. Getting that wrong would have made things worse, not better, and undermined the whole system, and relationships with CARE.

### **12. Although important, accountability is not just about having a complaints mechanism**

A complaints mechanism is the newest and most visible part of an accountability system, and as a result can grab the attention of those keen to strengthen their accountability to disaster affected populations. CARE Peru has learnt through their experience that complaints mechanisms do play a critical role. However having a complaints mechanism should not mean that we put less emphasis on our ongoing efforts to involve women, men, girls and boys from day one of our response. Finding ways to strengthen our information provision and two way feedback, the participation of vulnerable groups in our decision making and our responsiveness to feedback and people's views are all crucial too. What is important is to have a complaints mechanism in addition to what is 'normal' good practice, understanding that in pressurized emergency contexts mistakes can be made, the situation can change rapidly on the ground and that in some instances it may be necessary to strike a balance in working with community organisations that may not necessarily be truly representative of the poor or marginalised.

### **13. Good practices need to be documented in a very practical and accessible way**

The fact that previous experiences in promoting accountability had not been much documented (at least not in detail – and certainly not in Spanish) meant we had to reinvent the wheel. This was

helped by technical support from the Inter-Agency (ECB) Standing Team, but the humanitarian world needs to get much better at documenting important new practices in a very practical way, that enables them to be incorporated into emergency preparedness planning and quickly and readily adapted at a time of incredible pressure. These need to be available in languages that are used by the majority of humanitarian workers in different contexts (i.e. Spanish, French or Portuguese for Latin America & the Caribbean).

A country like Peru that has periodic emergencies could benefit from its own inter-agency standing team for Peru (of accountability experts) to help build a community of practice and help tackle the issue of loss of skill and knowledge in between emergencies.

### **Contact details and further information**

CARE Peru website - <http://www.care.org.pe/>

See webpage for description of CARE's accountability in Spanish

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### **Good Enough Guide**

The Good Enough Guide to Impact Measurement and Accountability in Emergencies aims to help project officers and managers in the field to ask the following questions, and act on the answers: What difference are we making? How do we know? How can we involve the men, women and children affected by an emergency in planning, implementing and judging our response to it? The 'good enough' approach means favoring simple solutions over elaborate ones, and selecting tools which are safe, essential, quick and simple in an emergency situation. The Guide draws on the work of other NGOs and inter-agency initiatives, including Sphere, ALNAP, HAP International and People In Aid. It aims to break down accountability and impact measurement into simple "to-dos" for busy field staff to digest on the run, focusing on how standards, principles and guidelines can be applied in various emergency settings.

The Good Enough Guide was developed by the Emergency Capacity Building Project, which is a collaborative effort of seven International NGOs: CARE, Catholic Relief Services, International Relief Committee, Mercy Corps, Oxfam, Save the Children and World Vision.

The Guide is available for download or purchase at

<http://publications.oxfam.org.uk/oxfam/display.asp?isbn=0855985941>

Additional resources on other ECB projects are also available at

[www.ecbproject.org/publications.htm](http://www.ecbproject.org/publications.htm)

### **Sphere**

Sphere is based on two core beliefs: first, that all possible steps should be taken to alleviate human suffering arising out of calamity and conflict and, second, that people affected by disaster have a right to life with dignity and therefore a right to assistance.

Launched in 1997 by a group of humanitarian NGOs and the Red Cross/Red Crescent Movement, the Sphere Project has developed a handbook, Humanitarian Charter and Minimum Standards in Disaster Response (latest edition 2004). The Humanitarian Charter describes the principles on which Sphere is based, while the Minimum Standards cover the water/sanitation, food and nutrition, shelter and settlement, and health sectors, together with a number of process standards common to all sectors. Taken together, the Humanitarian Charter and the Minimum Standards contribute to an operational framework for accountability in disaster assistance efforts.

The Sphere website is the forum of the Sphere community of practice, and is available in Spanish and English - [www.sphereproject.org](http://www.sphereproject.org) and <http://www.esferalatino.info/>. It contains the handbook, training materials, sphere stories, and a discussion forum. Two cases studies can be found here: [http://www.sphereproject.org/dmdocuments/Orrisa/Case%20Study\\_CRS.pdf](http://www.sphereproject.org/dmdocuments/Orrisa/Case%20Study_CRS.pdf)  
[http://www.sphereproject.org/dmdocuments/eng\\_CS\\_Sphere\\_Middle\\_East.pdf](http://www.sphereproject.org/dmdocuments/eng_CS_Sphere_Middle_East.pdf)

#### **Humanitarian Accountability Partnership – HAP**

The Humanitarian Accountability Partnership (HAP) was established to assist humanitarian agencies make their work more accountable to its intended beneficiaries. It is registered as a Swiss NGO, with a secretariat based in Geneva, and has member agencies. The role of HAP is to support its member agencies to adhere to a set of 7 principles of accountability (the HAP principles) for making our work more accountable to our intended beneficiaries and to help agencies measure their compliance to the principles through self evaluation and regulation. Peer review is also encouraged. In addition a set of 6 benchmarks called the HAP Accountability Standard 2007 has been developed in order to help agencies comply with the HAP accountability principles. Guidance is provided to help agencies achieve these benchmarks, and a system of certification for compliance with the Standard has been developed. Emphasis is on:

- Developing and reviewing a quality management system to ensure accountability happens in practice (benchmarks 1 & 6
- Information provision, involving people, and complaints mechanisms (benchmarks 2,3,4)
- Human resource capacity (benchmark 5)