

CAPACITY MAPPING ON ACCOUNTABILITY TO AFFECTED PEOPLE

Purpose

To map out the capacity of UNFPA Implementing Partners across Afghanistan on community engagement mechanisms to ensure Accountability to Affected People (AAP) in delivering humanitarian assistance.

Methodology

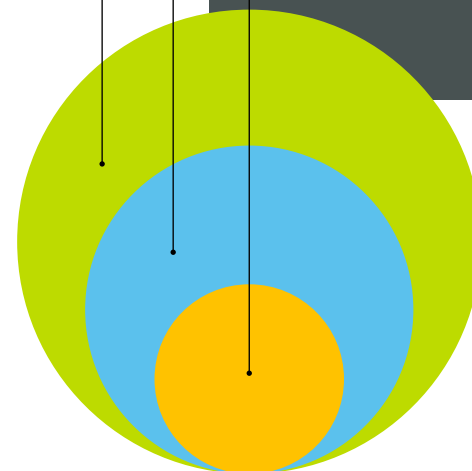
Survey using KoBo over the period of 24 to 28 July 2022

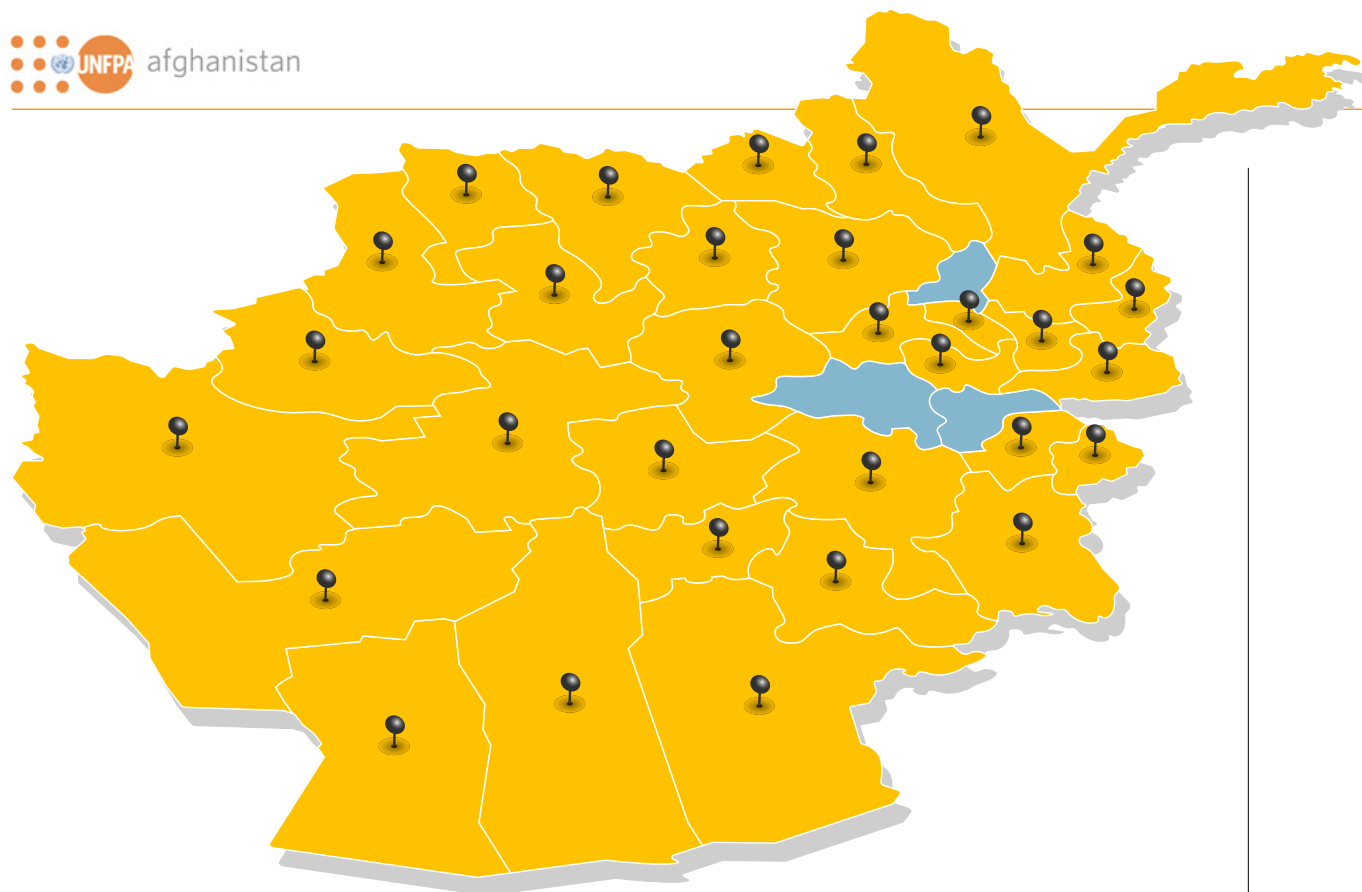
Participated by 10 UNFPA Implementing Partners

AADA
AFGA
AMA
BARAN
HEWAD
HNTPO
IMC
MOVE
OHPM
SCA

TYPE OF ORGANIZATION

- National NGO: 60%
- International NGO: 30%
- National Association: 10%





Where We Work

- Kabul
- Paktya
- Khost
- Nangarhar
- Laghman
- Kunar
- Nuristan
- Kapisa
- Takhar
- Baghlan
- Kunduz
- Badakhshan
- Samangan
- Balkh
- Sar-e-Pul
- Jawzjan
- Faryab
- Badghis
- Herat
- Farah
- Nimroz
- Helmand
- Ghor
- Kandahar
- Uruzgan
- Daykundi
- Bamyan
- Parwan
- Paktika
- Zabul
- Ghazni

UNFPA SECTORAL COVERAGE

Maternal and Reproductive Health:

80%



Humanitarian Response:

40%



Psychosocial Support:

60%



Adolescent and Youth:

30%



HUMANITARIAN CLUSTER COVERAGE

5

Health

2

Protection

1

Cash interventions

4

Protection for vulnerable people

2

WASH

1

Shelter / Non-food items (NFI)

3

Nutrition

1

Logistic

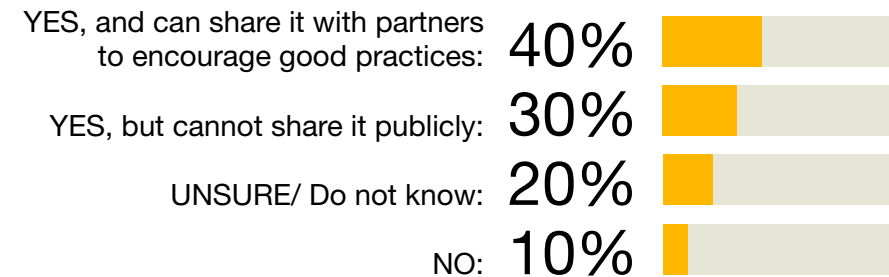
1

Education

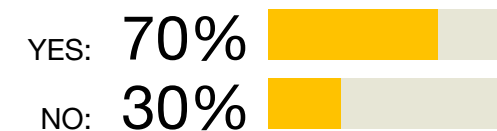
Organizational Policies on AAP



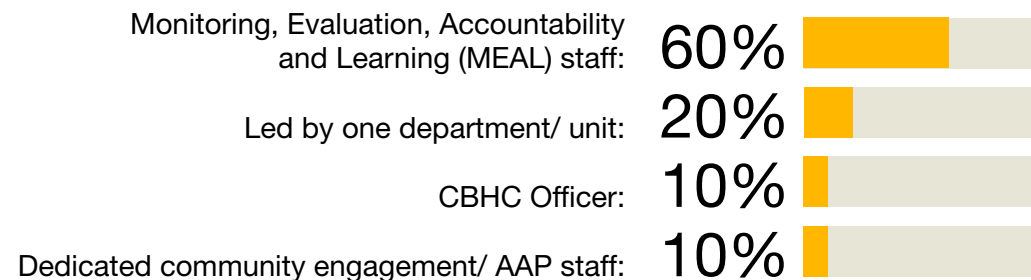
Integrated policy and practice on quality and accountability



If yes, specific to Afghanistan context



Oversee the AAP implementation



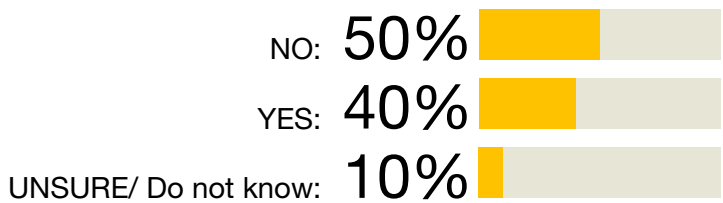
Information Sharing With Communities



Communicating with women, girls, boys, men, people with special needs on humanitarian assistance

- Community Midwives: **9**
- Face to face (at distribution/ service sites): **7**
- Community Health Worker: **7**
- Face to face (interviews, focus group discussions, community meetings): **6**
- Community Health Shura: **6**
- Face to face (community events): **5**
- IEC materials: **4**
- Awaaz hotline: **4**
- Email: **3**
- Youth Health Line: **2**
- Letter: **2**
- Hotline: **2**
- Feedback/ suggestion box: **2**
- Face to face (place of worship): **2**
- SMS: **1**
- Facebook: **1**
- WhatsApp: **1**
- Helpdesk: **1**
- Radio: **1**

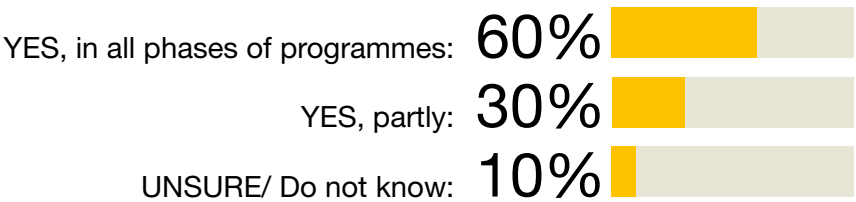
Periodically assess information needs among affected people



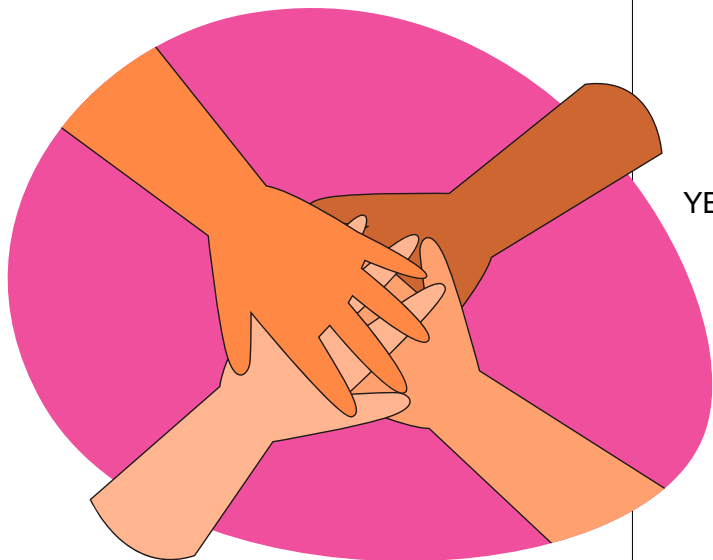
If yes, how often

- Monthly monitoring**
- Regularly**
- Quarterly basis/ based on needs**
- Anytime during the community visit**

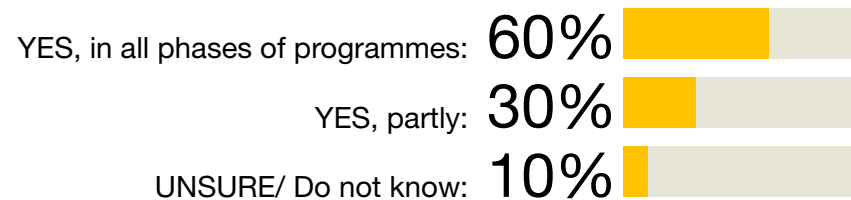
Consultation with community members in programme cycle



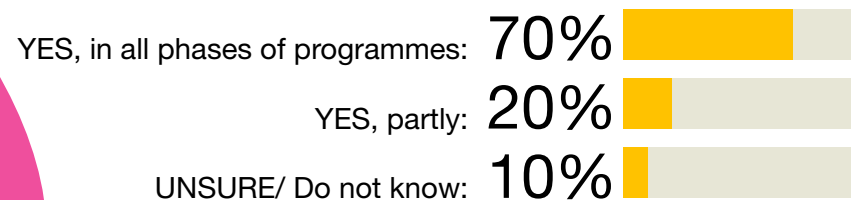
Community Participation



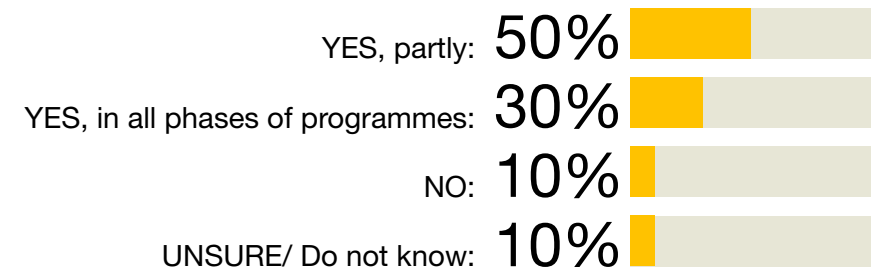
Consultation with community members in programme cycle



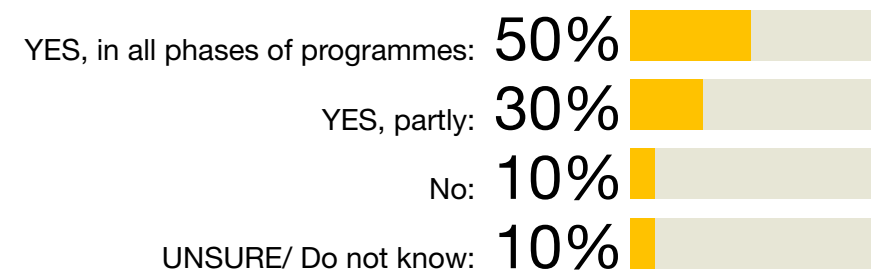
Consultation with women and girls in programme cycle



Consultation with persons with disabilities in programme cycle



Consultation with young people in programme cycle



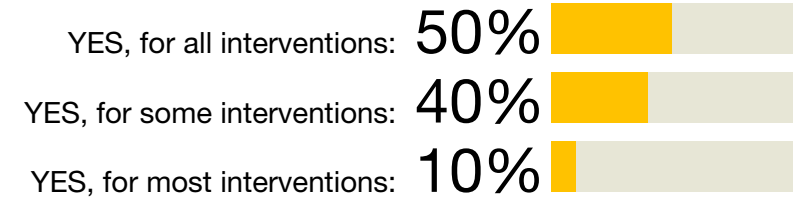
Community Feedback and Accountability



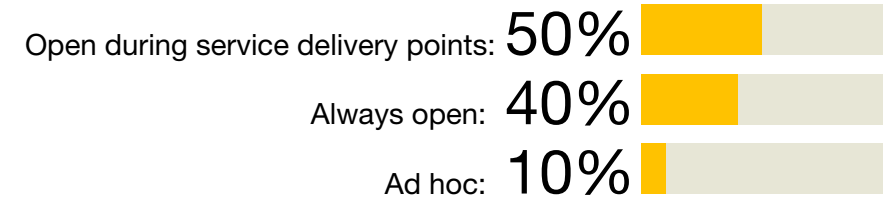
Communication channels to receive and respond to community feedback

- Community Midwives: 8
- Community Health Shura: 8
- Face to face (interviews, focus group discussions, community meetings): 7
- Community Health Worker: 7
- Face to face (at distribution/ service sites): 6
- Face to face (community events): 4
- IEC materials: 4
- Face to face (place of worship): 3
- Hotline: 3
- Email: 3
- Letter: 2
- WhatsApp: 2
- Youth Health Line: 2
- Awaaz hotline: 2
- Feedback/ suggestion box: 2
- Facebook: 1
- Helpdesk: 1
- Radio: 1
- SMS: 1

Have community feedback mechanisms



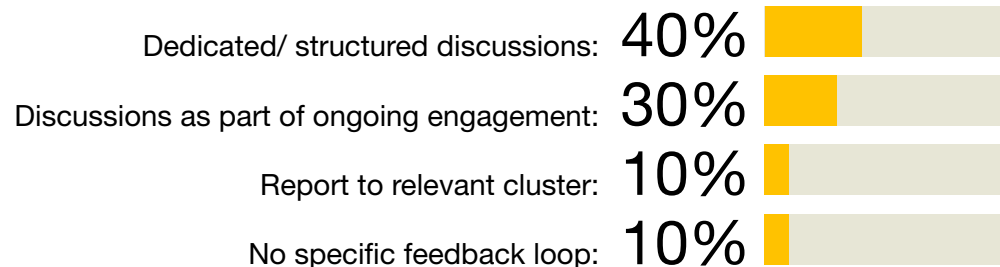
Frequency of collecting feedback



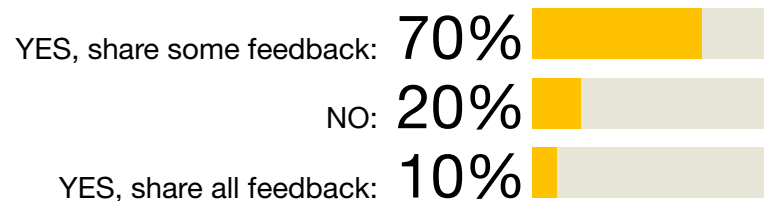
Formats to receive community feedback



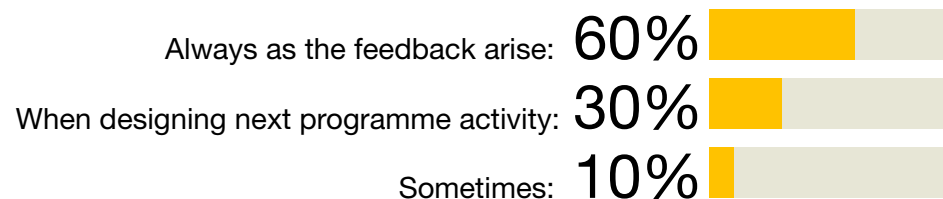
Response/ communication back to communities



Community feedback data sharing with other humanitarian actors



Frequency of course correction in programmes



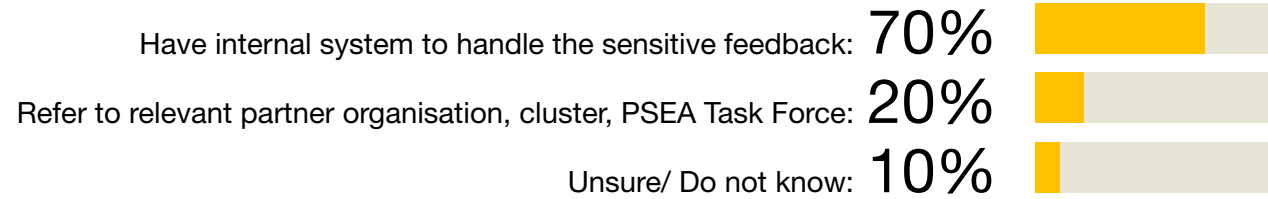
Key challenges in rolling out feedback mechanisms

- Budget to run the process: **7**
- Challenges due to access: **7**
- Unable to reprogramme resources based on community feedback: **6**
- Skills/ systems to engage communities: **4**
- Managing feedback in a timely, fair, and appropriate manner that prioritises the safety of the persons who provided feedback: **4**
- Skills to analyse data: **3**
- The volume of feedback versus operational capacity: **3**
- Referring feedback that do not fall within the scope of the organisation to another relevant party: **3**

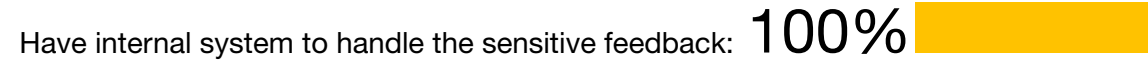
Sensitive Feedback



Handling sensitive feedback on SEAH



Handling sensitive feedback on fraud/ corruption



Community Satisfaction



Ways to measure community satisfaction in programmes

Regular programme monitoring: 9

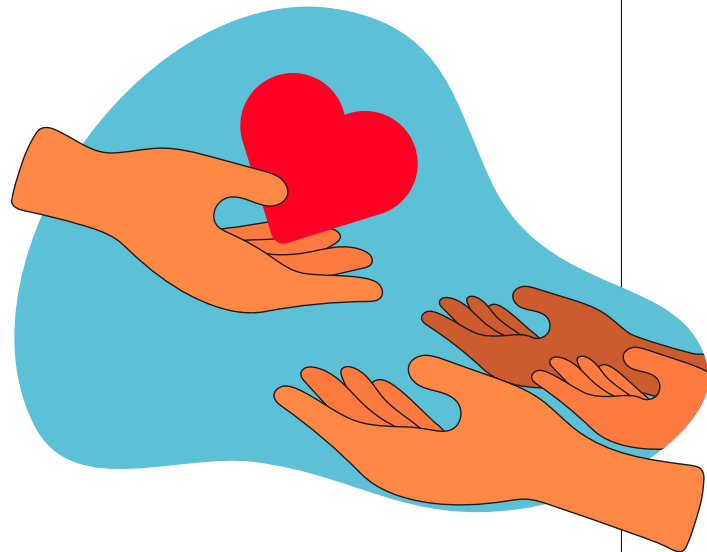
Post distribution monitoring: 4

Satisfaction survey: 2

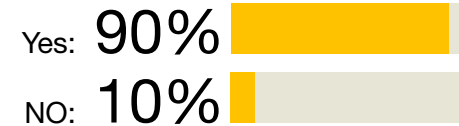
Community perception survey: 2

We do not measure satisfaction: 1

Access to Communities



Challenges to access affected communities



CHALLENGES TO REGULARLY ENGAGE WITH AFFECTED COMMUNITIES

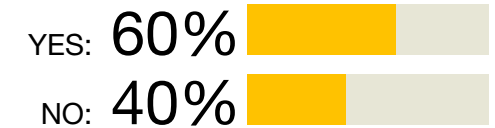
Locations and topographic challenges: 60%

Communities are conservative and reluctant to engage with aid providers: 40%

Specific groups are inaccessible: 20%

Not allowed to engage with community without an official approval: 20%

Change of community engagement dynamic under new administration

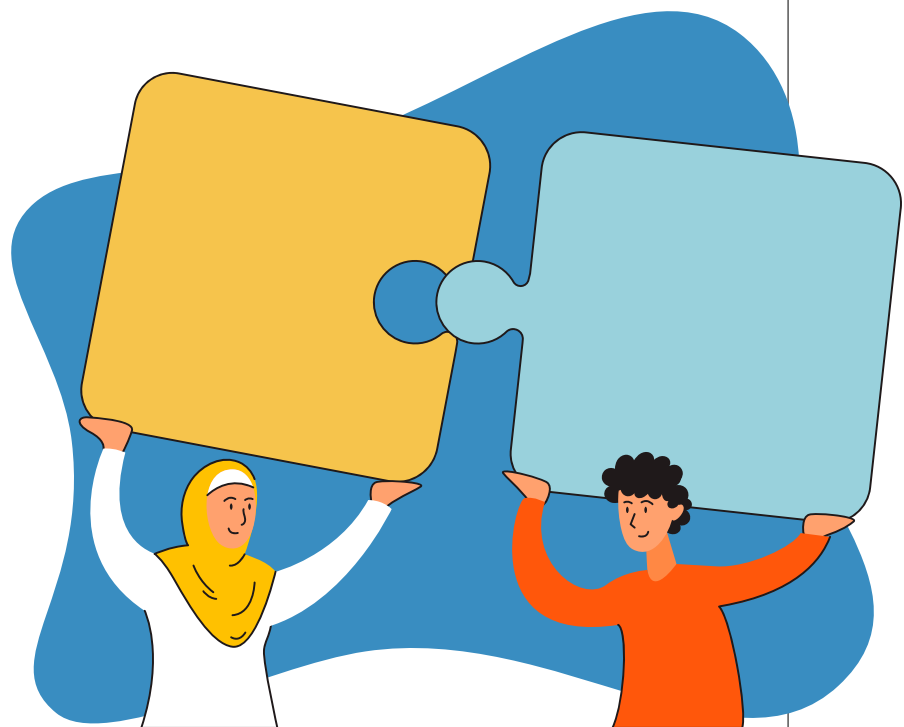


If yes, how

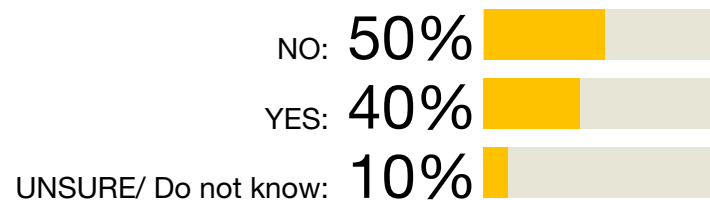
Mahram requirement to accompany female staff

Challenge to address issues of protection for vulnerable people

Capacity Building and Strengthening



Staff with community engagement and AAP training



Key challenges in rolling out feedback mechanisms

Training: 7
Combined training and mentoring approach: 6
Online learning: 6
Guidance notes: 5
Mentoring: 5



For more information, please contact: husni@unfpa.org

AREAS OF COMMUNITY ENGAGEMENT AND AAP TO STRENGTHEN

Training on introduction to community engagement and AAP: 100%

Community feedback mechanism (focusing on communication channels): 90%

Community feedback data management (as part of closing the feedback loop): 90%

Community feedback referral pathways: 90%

Addressing accountability to communities in the programmes: 90%

Inter-agency approaches to community engagement and AAP: 90%