

# **GUIDE TO COMMUNITY ENGAGEMENT AND ACCOUNTABILITY TO AFFECTED POPULATIONS IN AFGHANISTAN**





## UNFPA

Delivering a world where  
every pregnancy is wanted,  
every childbirth is safe and  
every young person's potential is fulfilled.



## Acknowledgements

This Guide is the result of collaboration among many individuals. Thanks to all those who gave time, energy, and expertise in developing this Guide. Your valuable contributions have been critical to shaping and improving the content of this Guide for UNFPA staff and implementing partners.

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## Foreword

UNFPA plays a critical role in ensuring that lifesaving reproductive health services, provision of reproductive health commodities and psychosocial support to crisis-affected people, including women, girls, young people, and persons with disabilities, are integrated into humanitarian preparedness, response, and recovery phases across Afghanistan. This complex context creates enormous challenges as well as opportunities. Communication, feedback, and participation - all elements of Accountability to Affected Populations (AAP) has never been more critical.

Making the voice of the affected population a guiding principle by using country-specific information and feedback will ensure humanitarian action is more effective and accountable to the people and communities we aim to serve. This requires building on the community engagement that UNFPA Afghanistan regularly does and integrating feedback within its programming to contribute to strategic and operational decision-making.

I am pleased to present the Guide to Community Engagement and Accountability to Affected Populations in Afghanistan for UNFPA and Implementing Partners. This Guide will provide timely guidance to staff and implementing partners on effective and practical elements of AAP in our work in Afghanistan. This Guide will be updated periodically to inform the programme planning and overall decision-making processes within UNFPA in the Afghanistan response.

Dr. Aleksandar Sasha Bodiroza  
Country Representative  
UNFPA Afghanistan



Photo: Husni Husni, UNFPA  
UNFPA conducts a community listening session with women's group in Bamyān Province, Afghanistan to learn about their perceptions of UNFPA's assistance on maternal and reproductive health.

# How do I use this Guide?

This Guide provides staff and implementing partners of UNFPA in Afghanistan with a common approach to systematically build accountability to affected populations (AAP) into their work. It provides an overview of AAP approaches and activities that can be applied to any type of programme or operation at any point in the programme cycle, as well as tools to support accountability in the work of UNFPA and its implementing partners in Afghanistan.

This Guide can be used as portable cards for workshops or discussions on individual topics or as a manual, printable in its entirety. Embedded throughout are tools, training, and tips. These are identified in each section by a circle of Afghan Jali pattern work.

The primary audiences for this Guide are UNFPA staff, managers and organizations supporting the implementation of UNFPA’s programme in Afghanistan. These audiences have been consulted about what to include and how to word content for the Afghanistan context. UNFPA staff, often working directly with implementing partners, support the crucial work of implementing partners and various stakeholders in its work. The Guide has been designed with those various needs in mind.

Afghanistan-specific case studies are included throughout, highlighting examples of good practice. Practical tools and training packages support the Guide, which are linked to throughout from UNFPA, UNICEF, Red Cross Red and Crescent Movement, Collective Service (partnership between the International Federation of Red Cross and Red Crescent Societies, United Nations Children’s Fund, the World Health Organization) and the Global Outbreak Alert and Response Network), as well as key stakeholders from the public health and humanitarian sectors.

## Feedback and review

Comments on the Guide are welcome at any time and can be sent, along with enquiries, to [husni@unfpa.org](mailto:husni@unfpa.org). All comments received will be addressed in the next revision of the Guide.

# Abbreviations

AAP	Accountability to Affected Populations
A&Y	Adolescent & Youth
AWP	Annual Work Plans
CFCM	Community Feedback and Complaint Mechanism
DRR	Disaster Risk Reduction
FDGs	Focus Group Discussion
HCT	Humanitarian Country Team
HRP	Humanitarian Response Plan
IASC	Inter-Agency Standing Committee
IM	Information Management
IP	Implementing Partner
IPMR	Implementing Partner Monthly Reports
MHT	Mobile Health Team
MYP	Multi-Purpose Youth Center
PME	Planning, Monitoring and Evaluation
RMNCH	Reproductive, Maternal, Newborn, and Child Health
SADDD	Sex, Age and Disability Disaggregated Data
WPR	Work Plan Progress Reports

# CHAPTER 1

## What is Accountability to Affected Populations?



Photo: UNFPA

Crisis affected woman receives UNFPA's dignity kits in Khost Provinces, Afghanistan.

## What are the commitments on AAP?

Globally, UNFPA has endorsed the commitments to accountability to affected people and agreed to incorporate AAP into the policies and operational guidelines of the organization and promote them with operational partners, within UN and Humanitarian Country Teams and amongst cluster members.<sup>1</sup>

AAP under these commitments is defined as:

“An active commitment to use power responsibly by taking account of, giving account to, and being held to account by the people humanitarian organizations seek to assist.”<sup>2</sup>

In 2022 UNFPA, alongside Inter-Agency Standing Committee (IASC) principles, reaffirmed a commitment to:

- Acknowledge that affected people, in all their diversity, are always the first responders in a crisis and are active agents in their own relief and recovery.
- Acknowledge the collective responsibility and accountability as leaders of the international humanitarian system to deliver on AAP commitments.
- Recall commitments to support Humanitarian Coordinators (HC) and Humanitarian Country Teams (HCT) to develop, implement and monitor collective AAP, including through country-level action plans.

<sup>1</sup> UNFPA Grand Bargain Report, 2021, accessed 21 October 2022 at [https://interagencystandingcommittee.org/system/files/unfpa\\_-\\_self-report.pdf](https://interagencystandingcommittee.org/system/files/unfpa_-_self-report.pdf)

<sup>2</sup> Established in 1992, the Inter-Agency Standing Committee (IASC) is the primary mechanism for coordinating the work of agencies involved in humanitarian assistance. Its Commitments on Accountability to Affected People bind responders to inform, as well as solicit, hear, and act on the voices, priorities, and feedback of affected people.

- Commit to bringing affected people's views and perspectives on the quality and effectiveness of humanitarian assistance and protection to the IASC, HCTs and other coordination structures regularly to inform decision-making, including on course correction.
- Reaffirm commitments to increase participation in, and support of, locally led coordination platforms and local leadership, including women and young people; also committing to ensuring greater gender balance and representation of local leadership and local voices, including women-led and youth-led organizations, in all their diversity, at every level of humanitarian decision-making, including the HCT and other coordination forums.
- Finally, call upon the donor community to support predictable, multi-year and flexible funding to enable the system to provide timely responses to affected people, informed by their engagement in decision-making and the feedback they provide.<sup>3</sup>

**AAP is not a separate programme or activity – it is a mindset that should be part of everything that is done and integrated across all work, whether that be in activities or interventions in development or humanitarian response settings.**

<sup>3</sup> Statement by Principals of the Inter-Agency Standing Committee (IASC) on Accountability to Affected People in Humanitarian Action, 2022.

## How well is AAP being implemented?

Encouragingly, there was recognition in the Evaluation of the UNFPA Capacity in Humanitarian Action (2012-2019) of many examples of accountability to affected populations mechanisms in place to differing degrees across the sample of countries examined for the evaluation. Furthermore, the involvement of communities increases the transparency and accountability of implementing partners towards the people they serve.<sup>4</sup>

However, despite this progress, there is a lack of systematic incorporation of AAP within UNFPA programming, and there are gaps in knowledge of AAP across UNFPA staff – conceptually and pragmatically on establishing feedback and complaints mechanisms which were identified as an area of improvement.<sup>5</sup> This has resulted in duplication of efforts and missed opportunities for institutional synergy and consistency in approaching this important area.<sup>6</sup>

In Afghanistan, UNFPA has demonstrated the ability to scale up and respond to the emerging and deepening reproductive health and psychosocial needs of women and girls through its Mobile Health Teams, Family Health Houses, Psychosocial Counselling Centers, and Multi-Purpose Youth Centers. These programmes, alongside AAP initiatives such as the Community Listening Initiative, provide an excellent base to broaden and strengthen AAP.

<sup>4</sup> UNFPA Remote monitoring Guidance 2021, 14.

<sup>5</sup> Evaluation of the UNFPA capacity in humanitarian action (2012-2019), accessed 25 October, 2022 [https://www.unfpa.org/sites/default/files/admin-resource/Final\\_Humanitarian\\_Evaluation\\_Report\\_pages.pdf](https://www.unfpa.org/sites/default/files/admin-resource/Final_Humanitarian_Evaluation_Report_pages.pdf)

<sup>6</sup> Evaluation of the UNFPA capacity in humanitarian action (2012-2019), accessed 25 October, 2022 [https://www.unfpa.org/sites/default/files/admin-resource/Final\\_Humanitarian\\_Evaluation\\_Report\\_pages.pdf](https://www.unfpa.org/sites/default/files/admin-resource/Final_Humanitarian_Evaluation_Report_pages.pdf)

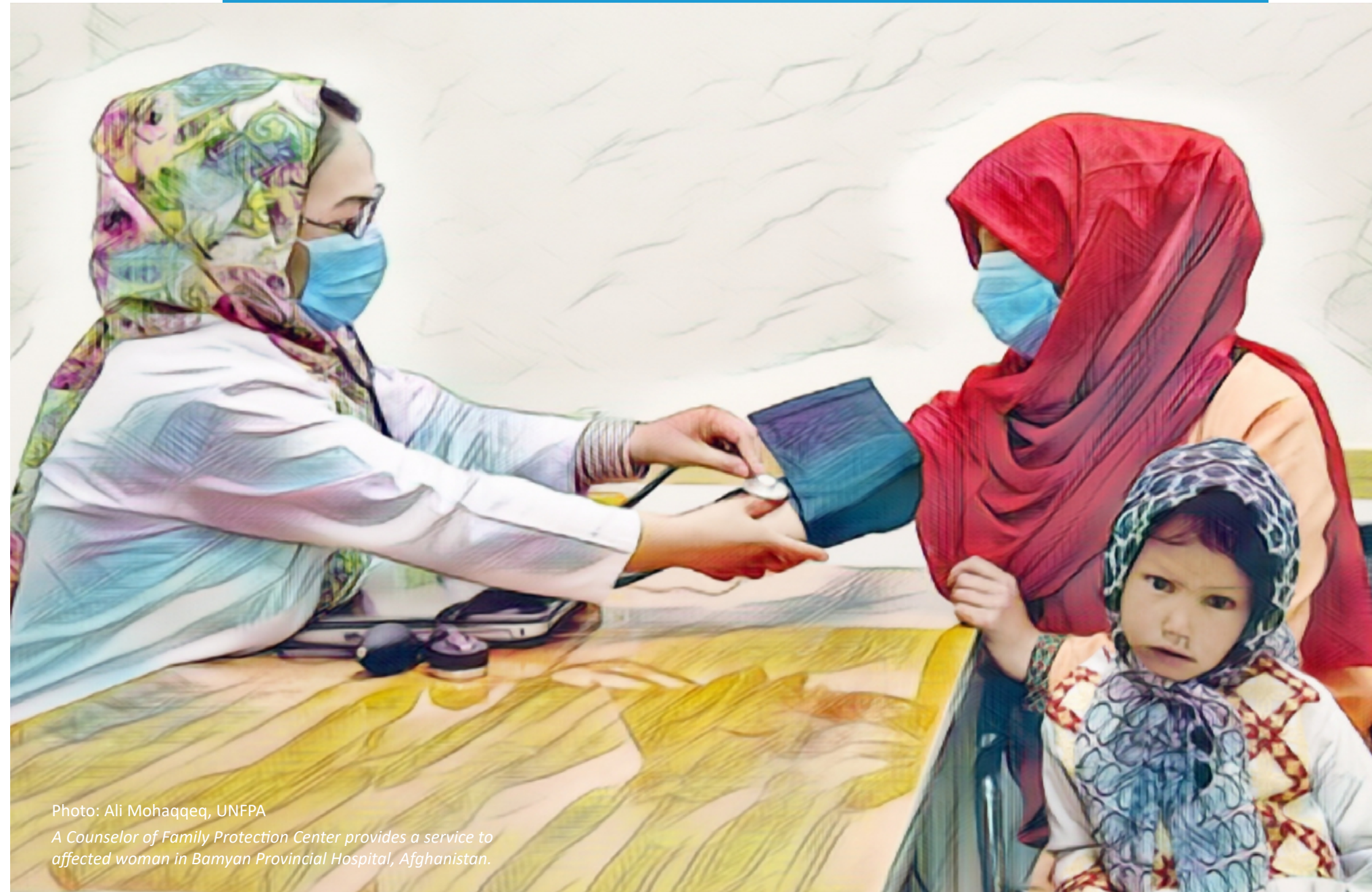


Photo: Ali Mohaqqueq, UNFPA

*A Counselor of Family Protection Center provides a service to affected woman in Bamyán Provincial Hospital, Afghanistan.*

## What are the benefits of accountability?

In Afghanistan, AAP can contribute to UNFPA's work by making humanitarian programming at the field level more accountable to

affected people in its programming. It contributes to better quality and relevant interventions and leads to more impactful and sustainable outcomes. It ultimately supports participation and ownership, which at the core is empowering communities to advocate to local decision-making authorities on their behalf.

Whether the context is humanitarian aid or development work, UNFPA staff and partners must act on the views and feedback received and be accountable to affected populations for decisions.

Improved accountability through more robust mechanisms ensures affected populations and people, especially women, girls, and persons with disabilities, in need of assistance are actively involved in decision-making and participate in the design and implementation of programmes and have opportunities to express demand for accountability. This is important since the lack of functioning accountability systems is one of the systemic causes of vulnerability that exacerbates the impact of crises.<sup>7</sup>

## How will AAP change what we do?

UNFPA Afghanistan has a long history of undertaking community engagement, including with adolescents and youth, girls, and women through Mobile Health Teams, Family Health Houses, Psychosocial Counselling Centers, and Multi-Purpose Youth Centers.

AAP initiatives can build on this strong base of community engagement, focusing on the rights and dignity of an affected community, ensuring that programmes are informed in a systematic way by the feedback received. Put another way; we are held to account by affected populations for decisions across humanitarian and development contexts.

<sup>7</sup> UNFPA strategic plan, 2022-2025 (DP/FPA/2021/8).

## ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

↑  
**HELPS ACHIEVE**

### COMMUNITY ENGAGEMENT



Providing information to communities about agencies' activities



Decisions are informed by the communities



Communities can assess and comment on performance

**CORRECTIVE ACTION**

### HOLDING AID WORKERS TO ACCOUNT



Protection from Sexual Exploitation and Abuse (PSEA) and other serious issues inflicted upon affected people

Source: IASC AAP and PSEA Task Team.



Photo: UNFPA  
UNFPA trained surveyor performs data collection in the communities, Afghanistan.

# CHAPTER 2

## How can AAP be institutionalized?

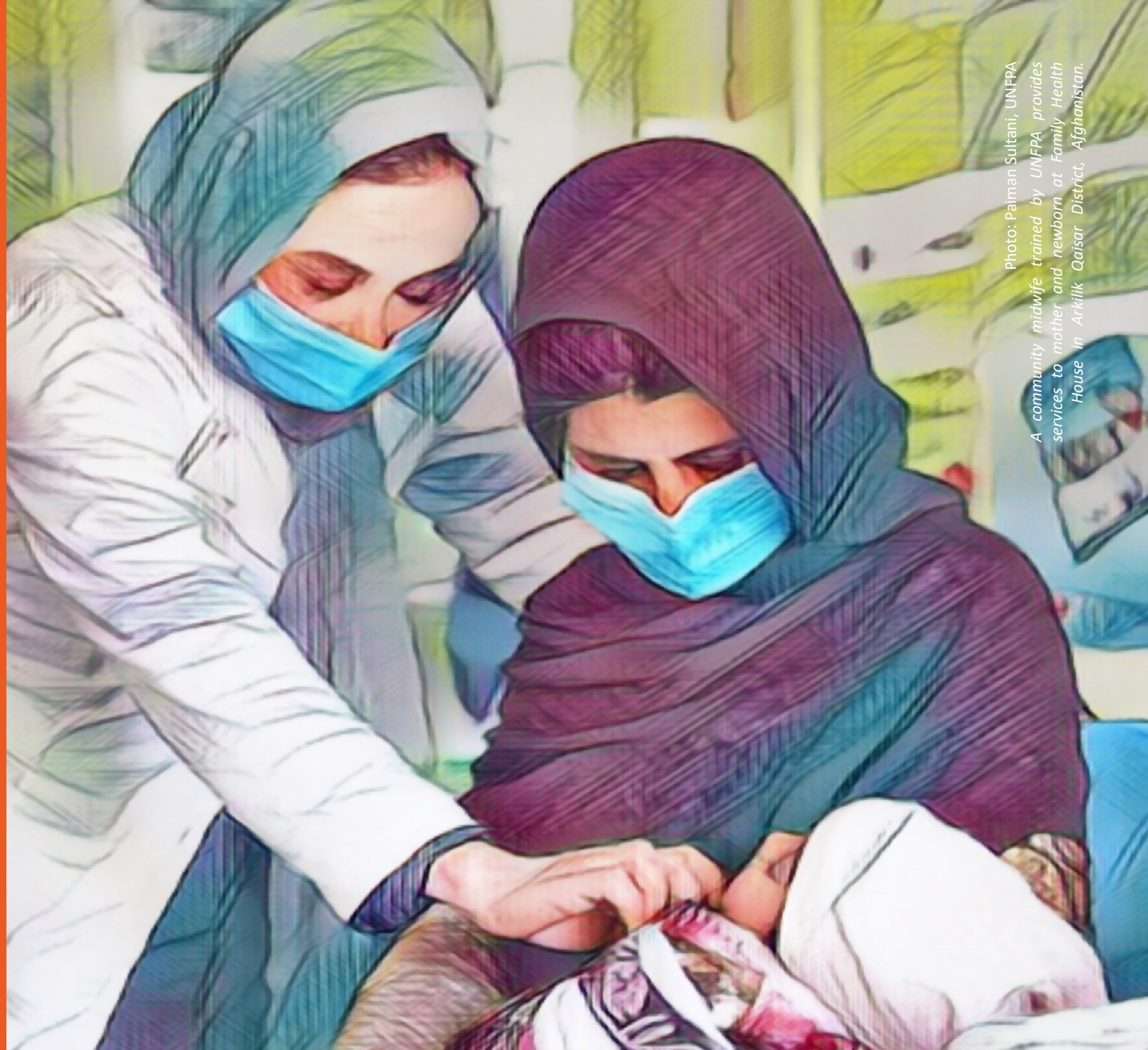


Photo: Paiman Sultani, UNFPA  
A community midwife trained by UNFPA provides services to mother and newborn at Family Health House in Arlik Qaisar District, Afghanistan.

Institutionalizing AAP means incorporating this into the foundation of the work done with communities in Afghanistan. Practically this means including AAP in policy, procedures, strategies, and programme operations documents such as logframes, job descriptions or standard operating procedures, capacity building, as well as in monitoring, evaluation, and audit processes so that it becomes systematized into programmes.

Practical suggestions for institutionalizing AAP include:


### Element to Address: UNFPA Staff and implementing partners understand what is required for AAP

#### How to achieve this?.....

UNFPA Afghanistan Senior Management Team:<sup>8</sup>

- **Communicate AAP commitments and lines of responsibility** and ensure that all staff and implementing partners understand them. This includes ensuring that the feedback and views of affected populations inform decision-making.
- **Communicate reporting lines to feedback and complaints mechanisms** to staff and implementing partners. This includes the UNFPA Afghanistan Community Voices and Accountability Platform, Community Listening Initiative, and other relevant programme feedback mechanisms. (See also: What is Feedback Chapter)
- Ensure that **AAP is a standing agenda item for meetings**, including those for the Senior Management Team (SMT), Programme, Operations, Monitoring and Evaluation, Clusters, and other relevant programmes or strategic meetings.

Tools, Resources, Examples



**Tool 1:**  
Tips on including AAP into Humanitarian Response Plans and Emergency Preparedness

<sup>8</sup> Senior Management Team refers to the Country Representative, Deputy Representative, Humanitarian Coordinator, Programme Coordinator and Programme Specialists in the context of UNFPA Afghanistan.

Element to Address: AAP is systematically integrated into the planning and implementation of programmes

How to achieve this?.....

IP Agreements, Annual Work Plans, Work Plan Progress Reports, and IP Monthly Reports include AAP activities clearly linked to indicators and budgets. At the cluster level, consider defining and agreeing on a common AAP, indicators, and budget approach.

Country Representative, Deputy Representative, Humanitarian Coordinator, Programme Coordinator, Programme Specialists, and Implementing Partners **allocate specific financial and human resources** for the implementation of AAP approaches within programmes. AAP is also to be included in the Country Office’s Minimum Preparedness Actions (MPA).

Staff and partners **access the actionable insights and recommendations on the UNFPA Community Voices Platform Dashboard** and, where relevant, make course corrections to programming and report on these corrections.

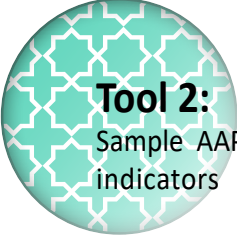
Embed **AAP approaches within clusters**: Include at least one AAP-related strategic objective in the Project, Cluster Strategy or Response Plan.

**Programme support functions such as the Operations Team, Communications, Security, Programme Coordination, Monitoring & Field Support Team, and Supply Chain & Nexus Cluster have clear responsibilities reflected in performance appraisal and development systems and documents that support AAP efforts** and programme course correction based on community feedback.

Programme Coordinator and Programme Specialists, staff:

- Ensure that Implementing Partners **have an engagement and accountability policy** developed through consultation with a range of staff to drive ownership.
- **Ensure that time is built into Implementing Partner Agreements and Annual Work Plans to allow for programme course correction** according to AAP feedback. This would include time for monthly and annual reflection meetings on programme course correction with staff and the community.

Tools, Resources, Examples



Element to Address: AAP is systematically integrated into monitoring, evaluation, and audit processes

How to achieve this?.....

Monitoring, mission terms of reference (TOR) and implementing partner audit tools include AAP activities.

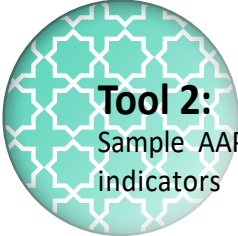
**AAP is included within performance appraisal and development systems and documents** of staff and implementing partners.

**IP Agreements, Annual Work Plans, Work Plan Progress Reports and IP Monthly Reports detail AAP activities** and monitoring arrangements.

**Agencies and clusters adopt and implement common approaches, strengthening collaboration** and avoiding duplication, particularly in feedback mechanisms.

Evaluation reference groups include representation of women- and youth-led organizations and organizations of persons with disabilities.

Tools, Resources, Examples



## Element to Address: Train and build the capacity of UNFPA staff and implementing partners on AAP-related actions and principles, and include these commitments to accountability in organizational strategy and policies

### How to achieve this?

UNFPA staff and implementing partners complete [Communication is Aid; Being Accountable to Affected People](#) by the Humanitarian Leadership Academy and [UNFPA Mandatory Course on PSEA](#).<sup>9</sup>

Country Representative, Deputy Representative, Humanitarian Coordinator, Programme Coordinator, Programme Specialists, and Implementing Partners ensure ongoing learning through bi-annual and annual learning forums on AAP.

Train UNFPA staff and Implementing Partners on AAP and related actions and principles, including the UNFPA Code of Conduct for SEA and Sexual Harassment and Minimum Initial Service Package (MISP) for SRH in Crisis Situations.

### Tools, Resources, Examples



[Communication is Aid; Being Accountable to Affected People](#) by the Humanitarian Leadership Academy and [UNFPA Mandatory Course on PSEA](#).

<sup>9</sup> UNFPA Afghanistan is in the process of developing AAP training materials which will be accessible in late 2022 and can supplement the training materials mentioned here.



Photo: Paiman Sultani, UNFPA  
A girl joins her mother to attend health services provided by UNFPA in Helmand Province, Afghanistan.

# CHAPTER 3

How do I integrate AAP into the humanitarian programme cycle?



Photo: Husni Husni, UNFPA

Women group shares their feedback on lifesaving interventions provided by UNFPA in Western region of Afghanistan.

Accountability to affected populations must be integral to each stage of the programme cycle. People who reported they were consulted and could give feedback were two to three times more likely to be positive about the relevance and quality of aid received than those who had not.<sup>10</sup> In 2022, research identified challenges in engaging with communities in UNFPA programmes in Afghanistan.<sup>11</sup>

Challenges identified from the 2022 research and potential solutions to involving communities and integrating feedback are listed below.

## ACCESS TO 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%




Challenges to access affected communities  
90% YES  
10% NO



Box 1: Challenges to access affected communities, UNFPA Capacity Mapping on Accountability to Affected Populations, 2022 (conducted with 10 Implementing Partners).

<sup>10</sup> 2018 State of the Humanitarian System.  
<sup>11</sup> UNFPA Afghanistan, Capacity Mapping on Accountability to Affected People, 2022.



Problem	Solution
<p>Budget or funding is constrained for AAP.</p> 	<ul style="list-style-type: none"><li>● Be honest about the limitations of funding in the Afghanistan context. Explain to the community if donor funding is limited to health-related initiatives. Think about different community members and how this message can reach all community members through the communication channels they use.</li><li>● Document and consolidate community feedback from women, adolescents and youth, men, and elderly and share it with donors to help persuade them to be flexible to requests from the community on funding and budgets.</li><li>● Stakeholder analysis may identify if other agencies or the de-facto administration in Afghanistan could meet needs outside the UNFPA programme.</li></ul>
<p>Challenges due to access: no physical access/internet access to the Afghan province, district, or village.</p> 	<ul style="list-style-type: none"><li>● Conduct remote surveys, polls or focus group discussions (Face-to-face/technology/telephone) where possible and appropriate.<sup>12</sup></li><li>● Consider using available tools such as the <a href="#">UNFPA Afghanistan Community Voices and Accountability Platform</a> or other tools in-country such as <a href="#">Whole of Afghanistan Assessment</a> or <a href="#">Awaaz Afghanistan</a>.</li><li>● Use remote observations (or sensing) using GPS data, satellite images, pictures, or other innovation-based tools to engage people.<sup>13</sup></li></ul>
<p>Engagement with all members of the communities.</p> 	<ul style="list-style-type: none"><li>● Encourage mahrams (male relative escort), men and Community Shuras (council) to support women’s participation.</li><li>● Organize separate meetings for men and women and avoid mixing both genders to respect the de facto administration regulations.</li><li>● Establishing separate or smaller subgroups to allow the participation of different groups (women, adolescents, persons with disabilities, Community Shuras) to speak without the presence of more vocal or senior members of the community, could be considered.</li><li>● Partner with organizations of persons with disabilities or older people’s organizations if specialized communication is required, e.g., sign language.</li><li>● Consider gender roles and dynamics. For example, avoid meetings at times women might be preparing meals or doing housework and ask women about barriers they might face participating and how to overcome these, e.g., providing childcare or carer attendance during meetings.</li><li>● Choose meeting venues that are physically accessible and safe for people with mobility limitations or visual impairments.</li></ul>

<sup>12</sup> UNFPA Guidance on the Use of Remote Monitoring, 2021.  
<sup>13</sup> UNFPA Guidance on the Use of Remote Monitoring, 2021.

Programme Design Phase

Community members and key stakeholders have a long history of being engaged in planning and designing UNFPA programmes in Afghanistan, including men, women, boys, girls, and marginalized or at-risk groups. **Additional opportunities to integrate AAP into context analysis and needs assessments are outlined below.**

Element to Address: Understanding vulnerabilities and how different groups are affected during crisis

How to achieve this?.....

AAP is about meaningful engagement, working with all community members, and actively seeking and putting forward the voices of the most vulnerable. Communities are made up of people from different social and ethnic backgrounds, of different genders, and with different educational experiences and economic resources. Communities can respond differently to crises depending on their vulnerability and social difference, characteristics, and context. Needs assessments can provide an understanding of the impact of each.

See [Worksheet: understanding vulnerability and social difference](#); [Collective Service Training on Understanding Vulnerability and Social Difference Module 2.1](#)

What is Vulnerability?

Vulnerability can be defined as the characteristics of individuals, households or groups that put them at risk of physical or mental harm and/or of being unable to meet their basic needs (definition adapted by SSHAP from Wisner et al. 2004). Social circumstances usually create vulnerability more than physical/biological characteristics. For instance, women are not vulnerable just because they are women but because of socially or culturally determined gender roles which can limit their ability to access resources or make decisions. Gender roles – like all social and cultural constructs – can vary considerably between different settings. For example, some households, communities, or individuals are more vulnerable during disasters due to poverty. Poverty is likely the result of (pre-disaster) social, economic, and political factors in the place where they live. Pre-existing inequalities also exacerbate vulnerability during emergencies. These pre-existing inequalities are often deepened during crises – including when emergency responses are poorly designed and do not take vulnerabilities into account.

What is Social Difference?

Social difference refers to the aspects of social differences between people, households, and groups. Depending on the setting, some aspects of social difference may mean that some people are more vulnerable than others during a crisis. Some examples include gender, race or ethnicity, religion, etc.<sup>14</sup>

Tools, Resources, Examples



**Tool 3:**  
UNFPA Community  
Listening Initiative



**Tool 6:**  
Menu AAP Questions  
for Needs Assessments



**Tool 7:**  
Training Tools on  
Vulnerability and Social  
Difference



**Worksheet:**  
Understanding  
Vulnerability and Social  
Difference

14 Module 2: Understanding context, vulnerability and inequality in public health and humanitarian emergencies, Collective Service Social Science Training Package, 2021.

Worksheet: Understanding vulnerability and social difference

Fill out the Worksheet by considering the needs of the people or organizations you are catering to or working with. Continue adding notes describing the potential groups impacted by your programme or who may benefit. Also, try to think about other people or organizations who might also benefit from or have interests/needs that can be connected to your work. You can fill out different worksheets for different groups. Using this Worksheet, you can build a picture of the potential groups of communities.

It is helpful to add names or brief descriptors for each community group. If you don't have a name, think of one that represents the group in a useful way for UNFPA. Naming these groups makes it easier to discuss with your team or other stakeholders. You can do this informally, for instance with friends or colleagues. You can also do it formally as part of a meeting. Ideally, you could also talk to all stakeholders who are in contact with your work to check your assumptions.

What do you call this group?

Can you draw them? Or paste a picture here that represents them?	What are their needs, pre-existing vulnerabilities, and how will social differences affect this?		
	What are you offering them?		
	How many of the group are there?	How many will you reach?	How frequently will you interact?

# CASE STUDY

## Community Engagement with Health and District Shuras

### Context and scope

Since 2021, the UNFPA Implementing Partners have been working with members of Health Shuras, District Administrations and District Shuras to identify areas to establish service delivery points such as Mobile Health Teams (MHTs). Community involvement through community leaders and elders, such as the Malik (head of the village), support the establishment of MHTs. Understanding the perspectives of the community in setting up a safe space, and to mobilize community support for MHTs. This involves a clear understanding by the community of the UNFPA's mandate achieved through regular and transparent communication about what UNFPA provides. Engaging and coordinating with all members of communities to ensure they understand the purpose, location and benefits of the safe spaces will enable the participation of a larger number of women and girls. Ensuring the involvement of and buy-in from the community for the sustainability of the initiative is vital to the success of the safe space.

### Outcome/impact of community engagement and/or accountability to affected populations

The programme interventions were designed to address the needs of vulnerable populations. Interventions were designed, such as MHTs to address the lack of RH services in the provincial areas. In addition to the increased access to health/Reproductive Health services, this also brought a sense of community ownership for the MHT facilities.

### Factors for success /lessons learned

- IP project staff visited the white areas - or areas where the nearest health facility is about 10 kilometers away, or a three-hour walk - and met with community elders, male and female community health workers (CHWs), and women to identify their needs and the site selections.
- After a review of the requests, UNFPA-supported MHTs were assigned in those areas.
- The MHTs provided RH services, including antenatal care (ANC), postnatal care (PNC) services to pregnant and lactating mothers, and family planning. They addressed sexually transmitted infections (STI) among women of childbearing age.
- As a result of the joint efforts of the community elders, IP, and the provincial EPR (Emergency Preparedness and Response) committee members, ACCESS to RMNCH services in those locations increased.

## Understanding the context of communities

Undertaking knowledge, needs and context, both formal and informal knowledge of social, cultural, economic, and political factors, is already an ongoing part of UNFPA programming in Afghanistan. Additional opportunities to understand the context of communities strengthen AAP and are outlined below.

### Element to Address: Ensure AAP related questions are included in a needs assessment and context analysis is undertaken, including risk and capacities of communities

#### How to achieve this?.....

Building on good practices, such as involving the community health shura (Shura-e-Sehi) and bringing this contextual knowledge together with other sources of information and data, can provide a good overview of the context in which UNFPA is working in Afghanistan.<sup>15</sup> Needs assessment and context analysis data should be analyzed together. Commonly used models for analyzing data include stakeholder, SWOT, or problem tree analysis.

A context analysis should consider at a minimum:

- What **key languages** are used by the population? Which language do different social groups best comprehend and prefer? How does this vary according to other dimensions, such as gender and age? (Note: the assessment will need to separate between languages used in formal spaces, ethnic languages, mother tongue, the language of instruction, etc.).
- Is the **intervention taking place in an urban or rural setting?** Community demographics and profiles can vary widely in each setting.
- How is **power created, maintained, or resisted** between customary village leadership, village elites and other households? What is the wider network of relationships between the village and local decision-making authorities and power holders at the district, provincial and national levels?
- Do **contextual factors differ across seasons?** How might geography impact inequalities?
- What are the **different types of movement of people** (seasonal/permanent, cultural, economic, conflict-related, tourism, etc.)?
- Who are the **community leaders, groups, and networks** in the context?
- What is the **role of gender and diversity** in the context?

<sup>15</sup> Community health shura (Shura-e-Sehi) aims to comprise male and female elders and the Family Health Action Groups (FHAG), a group of women volunteers who are responsible for reaching 10–15 families each. Mid-Term Review of the Family Health House Model, Afghanistan, 2020.

- According to **MoPH criteria**, how active and representative is the **Community Health Shura**? Are discussions held regularly with the community?
- What are the **levels of social cohesion and trust** amongst each level (village, district, province, national)?
- What are the **points of conflict or tension** in the community?
- **Culture and beliefs in the community**, particularly for issues related to the health programmes
- What are the **existing capacities and strengths** in the community?
- What other **stakeholders currently provide services** (MoPH, INGOs, LNGOs)?<sup>16</sup> For example, REACH operates the Whole of Afghanistan Assessment for countrywide humanitarian response. In this response-wide assessment, communities through household surveys share their views on their needs and priorities in response, as well as on the information and communication landscape (accessing humanitarian information and ways to give feedback to aid agencies, including on sensitive issues such as PSEA).<sup>17</sup>
- Are there **differences in the needs, preferences, or capacities of different groups**? For example, do male community leaders list different priorities to other groups?

The following methods can be used in a face-to-face setting or remotely to undertake context analysis:

- **Desk review** of academic and grey literature on the affected areas to provide critical evidence of knowledge gaps and published literature.
- **Interviews or use of a brief scoping questionnaire** with key stakeholders in the affected or at-risk area that will provide up-to-date information to complement the desk review. Consider data collection methods for each target group. For example, young women might not feel comfortable speaking in front of their elders. Remote interviews (e.g., via WhatsApp or Skype) with stakeholders in affected communities might also be considered where access is limited.
- **All data should be sex-, age- and disability-disaggregated** to allow for a better understanding of the different needs and preferences across different groups. Be aware of gaps in the data or groups you may have missed.

Tools, Resources, Examples



<sup>16</sup> Social Science in Humanitarian Action Rapid Remote Context Analysis Tool (RR-CAT) in Epidemics.  
<sup>17</sup> [https://www.reachresourcecentre.info/country/afghanistan/?utm\\_source=sentinblue&utm\\_campaign=REACH%20Afghanistan%20%20WoAA%20and%20HSM%20%20November%202022&utm\\_medium=email](https://www.reachresourcecentre.info/country/afghanistan/?utm_source=sentinblue&utm_campaign=REACH%20Afghanistan%20%20WoAA%20and%20HSM%20%20November%202022&utm_medium=email)

Worksheet: Focus Group Discussions sample questions

QUESTION	Answer
These questions are to assist in guiding discussions for focus groups. Consider creating smaller sub-groups to give individuals a chance to feedback on the questions below. <sup>18</sup>	
1. What are the critical challenges in your community? What suggestions would you give to address these challenges in your context?	
2. How are people coping with these problems now? What is working well? What still needs to happen? What are the capacities and skills of different groups?	
3. What do you think the community can do to address the problems, and what support is needed from UNFPA or our Implementing Partner? What is the role of women, men, adolescents, and youth in decisions in the household?	
4. How can people in the community participate in decisions? How do people usually participate in decisions in this community? Is anyone excluded? What would enable people to take part in these approaches? For example, would women need childcare to attend meetings?	
5. If we do not have enough resources to help everyone, what is the best way to manage that?	

<sup>18</sup> IFRC CEA Focus Group Discussion Guide, accessed 1 October 2022 at <https://www.ifrc.org/document/cea-toolkit>



QUESTION	Answer
These questions are to assist in guiding discussions for focus groups. Consider creating smaller sub-groups to give individuals a chance to feedback on the questions below.	
6. What is the best way for UNFPA or the Implementing Partner to share information about the project with women, youth, and adolescents? Which languages? Channels? What type of information would people like to receive? How regularly should we share information?	
7. If you have questions, suggestions, or complaints about the project, how would you feel most comfortable sharing these with us? Through which channels? How would you like us to reply? What would be an acceptable time for us to respond?	
8. Who else is providing services or support in this community, and should they be involved in this project? For example, local authorities? Other NGOs or community organizations?	
9. Do you have any questions for us?	
See the complete tool and questions at Tool 13: Tips on running focus group	

### Understanding language and communication channels

Understanding and using people’s preferred languages is one way to directly address different vulnerabilities and inequalities and provide a good foundation for AAP.

## LANGUAGE DATA FOR AFGHANISTAN

There are between

40 - 59

languages spoken in Afghanistan.

Dari and Pashto are the official and most widely spoken languages by 77% and 48% of the population.

Dari, or Farsi, is the official name of the variety of Persian spoken in the country and is widely used as a lingua franca. The two official languages are followed by

Uzbeki (11%), English (6%), Turkmeni (3%), Urdu (3%), Pashai (1%), Nuristani (1%), Arabic (1%), and Balochi (1%).<sup>19</sup>

<sup>19</sup> Language data for Afghanistan, Translators without Borders, accessed 15 October 2022, at <https://translatorswithoutborders.org/language-data-for-afghanistan>



Element to Address: Understanding and using people’s preferred languages is one way to directly address different types of vulnerabilities and inequalities and provide a good foundation for AAP

How to achieve this?.....

To understand language and communication channels, staff and partners should ask in needs assessments, FDGs, or monitoring visits the following:

- **Guidance on preferred language for communicating** at the individual, household, and key informant levels (community-based organizations, leaders, or members). For example, people who cannot read and write need different communication channels. Instead of written text, illustrations could be used to convey a message. Alternative forms of asking and giving feedback should also be considered. For example, obtaining feedback via mobile phones might not work for everyone, particularly women who do not have access to a mobile phone. (See Tool 6 for language-related questions for a survey, focus group or assessments).
- Know the **preferred languages of the target populations** to develop materials in the correct languages.
- Understand **which groups may speak a language** which is often overlooked or not incorporated and dedicate specific data collection activities with those groups. Collect data on the languages spoken and language preferences of different groups.
- Make sure to ask **people living with disabilities, including those with obstetric fistula cases, about their language preferences**, which may be different, e.g., sign language. Be prepared to adapt your tools.
- Please **do not assume that people will prefer to read the same language they prefer to speak**. Ask what words you would use to describe this situation to understand.
- Prepare **material in a variety of languages**, if necessary.

- Collect data on **preferred communication channels and formats** of different groups.
- Conduct a **language sensitivity evaluation** to understand ethnic/conflict tensions affecting communication or communicators.
- Understand the meaning of **terms specific to the response**, e.g., ‘vaccine’ – testing terminology and comprehension by different groups.
- **Include language-related questions for new and ongoing surveys, assessments or focus groups.**

Tools, Resources, Examples



**Tool 8:**  
Language-related questions for new and ongoing surveys, assessments or focus groups, Translators without borders



**Tool 9:**  
Pocket Guide Information and Communication Questions in Rapid Needs Assessment



**Tool 10:**  
Communication Channel Matrix - strengths and weakness of communication channels

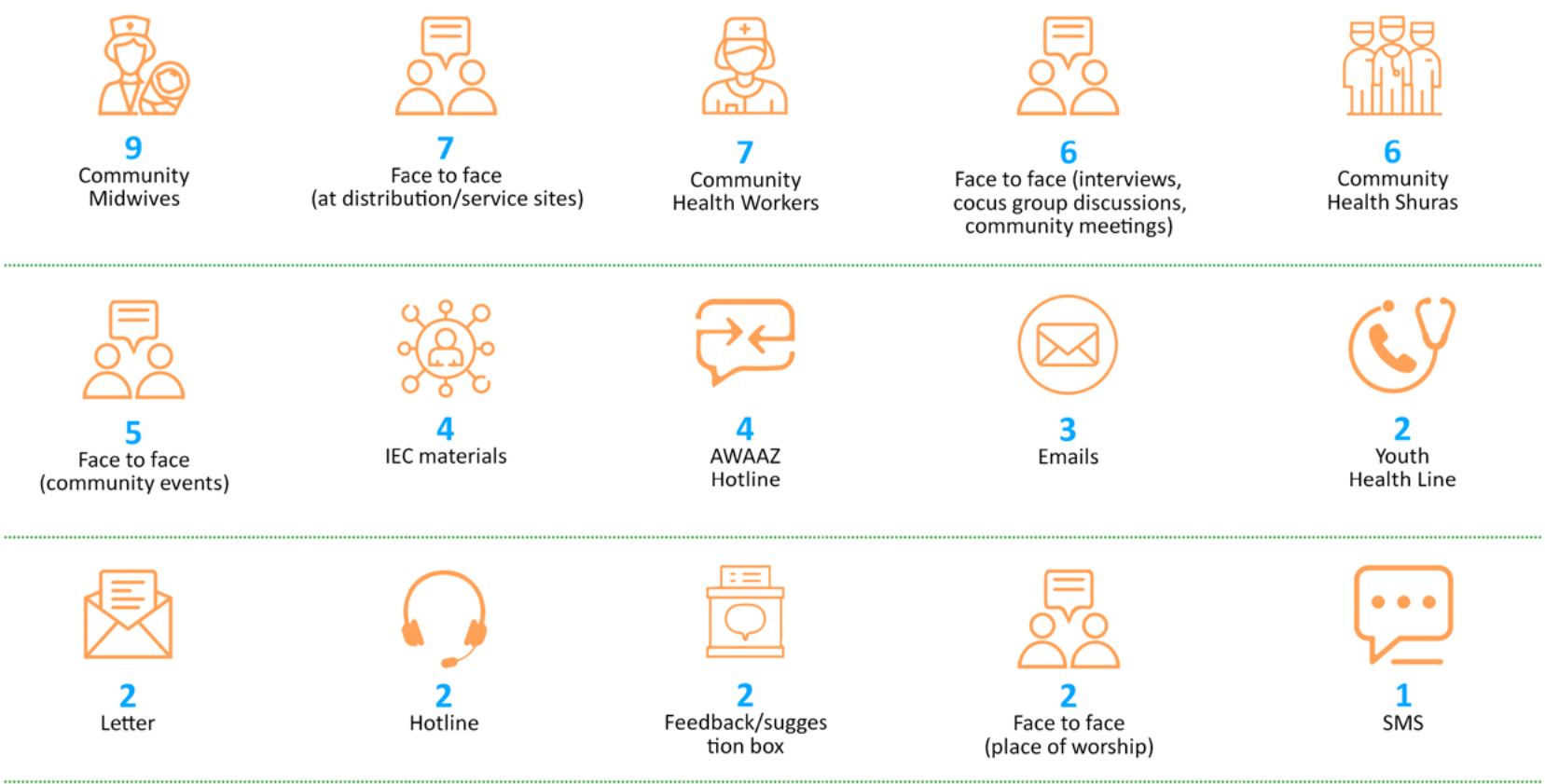


**Worksheet:**  
Understanding Communication and Language Landscape

How does UNFPA currently communicate with communities in Afghanistan?

Information Sharing With Communities

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



Source: UNFPA Capacity Mapping on Accountability to Affected Populations, 2022 (conducted with 10 Implementing Partners)

Worksheet: Understanding the communication and language landscape

What channels or sources does your audience rely on?	
How is news accessed?	How are concerns shared?
How are stories shared?	Ask questions?
Coordinate plans?	Other channels or sources?
Question	Notes
Do people have access to a source of power (electricity or generator) to keep devices charged?	
Literacy levels?	
Are they in dense urban areas or spread out across rural or remote areas?	
Can they afford mobile phones (e.g., the cost of calling/data)?	
Do people own or have access to smart mobile phones or mobile phones or other communication hardware? Consider how these devices change how messages are received and who can access social media channels.	
Are people digitally literate?	

# CASE STUDY

## Engaging with community members to improve reproductive health services

### Context and scope

UNFPA and IPs have been working with the community members to gain the support of the community in the implementation of MHTs to generate demand for Reproductive Health services like family planning, ANC, referral to health centers for clean and safe delivery, PNC and STI management through community meetings with leaders and elders including women. Regular community engagement has enabled UNFPA to support communities needing RH assistance tailored to their needs.

### Outcome/impact of community engagement and/or accountability to affected populations

Improvement in the uptake of RMNCAH services such as family planning, ANC, referral to health centers for clean and safe delivery, PNC and STI management through the MHTs.

### Factors for success /lessons learned

- Awareness building on the importance of the utilization of services in the community.
- Constant engagement with the community on the importance of RH services.
- Deployment of staff from the same communities, including women in the team.
- Know the language, social and cultural context.

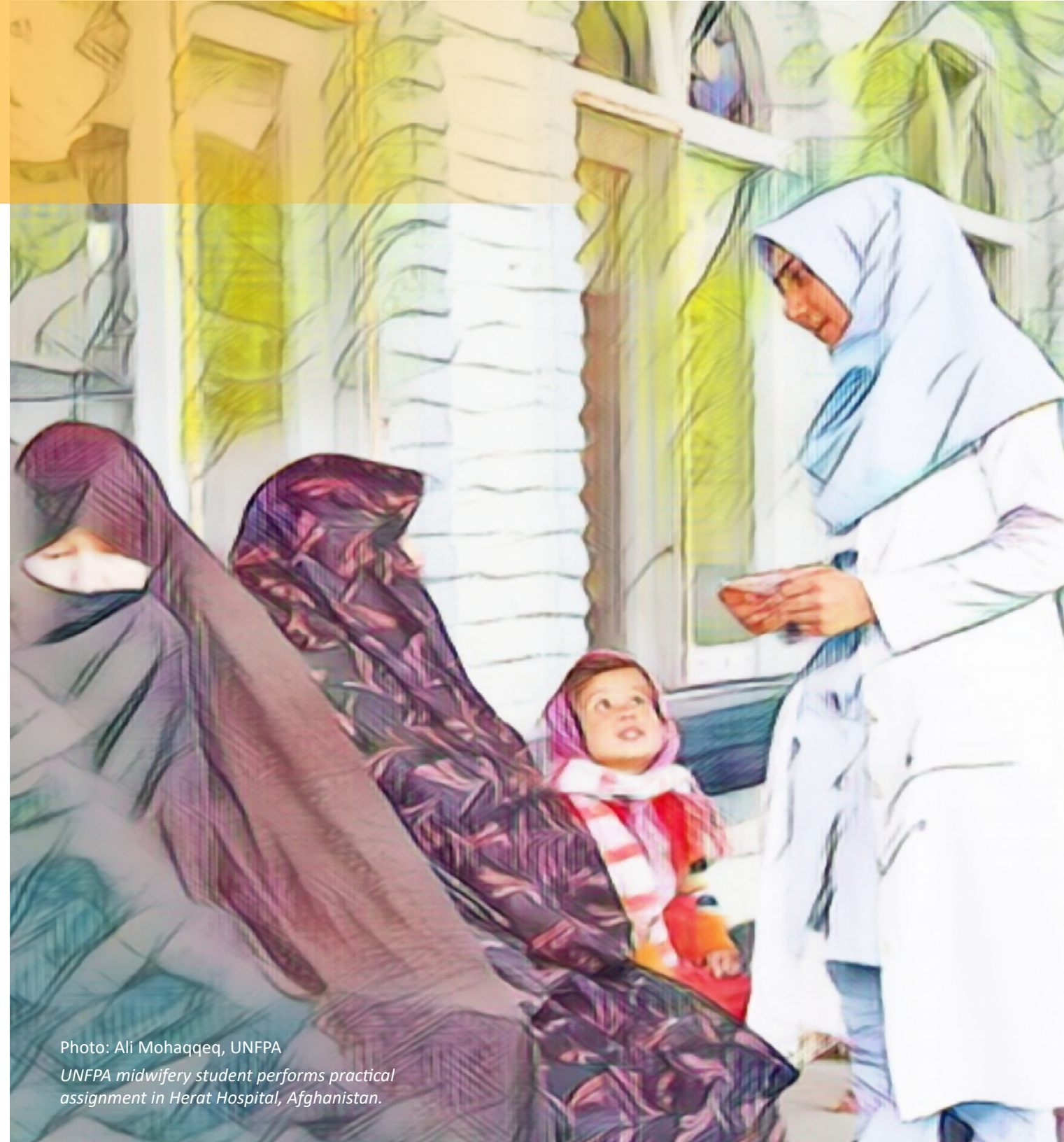


Photo: Ali Mohaqqueq, UNFPA  
UNFPA midwifery student performs practical assignment in Herat Hospital, Afghanistan.

## Implementation Phase

In implementing programmes, staff and partners will need to integrate AAP in the combined results of context analysis and needs assessments into key programme documents such as IP Agreements, Annual Work Plans, Work Plan Progress Reports, and IP Monthly Reports. Resourcing (human/financial budgeting) should be allocated within these documents, as well as in Humanitarian Response Plans.

Below are suggested ways to strengthen AAP in the programme implementation phase.

### Element to Address: Integrate AAP in contingency planning, preparedness strategy (i.e., minimum preparedness actions) and any pre-crisis inter-agency humanitarian strategic preparedness and response planning, including for anticipatory action

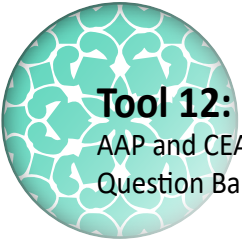
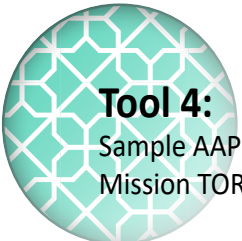
#### How to achieve this?

Practical steps to achieve this include:

- **IP Agreements, Annual Work Plans, Work Plan Progress Reports, and IP Monthly Reports should outline AAP activities and budgets** for UNFPA and implementing partner activities and programmes. Include activities that involve communities in programme design, budgets, and resources to support feedback mechanisms.
- **Fundraising appeals, project funding applications, IP Agreements, Annual Work Plans, Work Plan Progress Reports and IP Monthly Reports, and Humanitarian Response Plans should outline AAP activities and budgets.**
- A **communication and information strategy** that targets different groups of the affected population should be developed. Pre-draft and test questions with communities using AAP and other question banks.

- Indicators should include AAP for monitoring, audit, and evaluation of outcomes and describe how these lead to programme changes. (see [Monitoring and Evaluation Chapter](#))
- Describe how the Programme will include a feedback mechanism based on the preferred communication channels you identified in the needs assessment. (see [‘What is Feedback’ Chapter 3](#))

Tools, Resources, Examples



## Information Sharing and Communication

**Element to Address: Information sharing and communication - people need accurate, timely information to be able to take decisions about their lives**

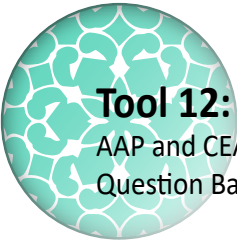
**How to achieve this?**.....

Staff and partners provide accurate, useful, and timely information from trusted sources in an appropriate language and accessible format that can allow communities to make informed decisions. Understanding the communication landscape and knowing what channels are used will determine how your programme or intervention is designed and implemented and the choice of information-sharing and complaints and feedback mechanisms.

Information should be **shared at regular intervals throughout the programme cycle**. Information shared should include the following:

- Information about the overall UNFPA Afghanistan Programme and how it will be managed and delivered, including how internal programme decisions are made using community structures and how community members can participate in these decisions. Include the specific specialist information about Reproductive Health, Youth, PSS, or Humanitarian Programme aims and timelines as appropriate for your Programme.
- Details of programme specific feedback mechanisms and Community Listening Initiative, including how to access it, what happens with feedback, when people can expect a reply and how data is managed.
- Action that has been taken because of community feedback and an explanation of why changes can't be made and why, including details of delays and challenges.
- When the Programme will end, and what will be handed over to communities.
- Rumours and false information should be addressed through appropriate channels and in appropriate languages or formats. Think about working in coordination with other agencies and clusters.

Tools, Resources, Examples



# Effective messages

**Transparent and informative:** Messages should be simple, clear, concise, and pre-tested with various groups before being broadly shared.

- Test messaging with the Health Shura, midwives, or Community Elders.
- Focus on pre-testing with women and youth to ensure messages are clear and understandable.

**Inclusive:** Messages should be age-appropriate, culturally sensitive, inclusive, and accessible.

- When connecting with adolescents and youth, explore digital channels and platforms that are used by adolescents and youth (such as radio programs or social media) as an example.
- Where applicable, adapt mobile/online platforms to engage and support girls and adolescent girls who may be unable to access services, committees, safe spaces, etc.
- Messages need to be accessible for people with visual and hearing impairments and understandable for people with intellectual disabilities.

**Appropriate:** messages should be drafted in appropriate languages and formats and adapted to different groups.

- Digital engagement can help scale the transmission of messages, essential information and life skills mentoring to girls, boys, and communities.<sup>20</sup>
- Engage girls in developing key messages.<sup>21</sup>

20 UNFPA-UNICEF, Global Programme to End Child Marriage, 2020.

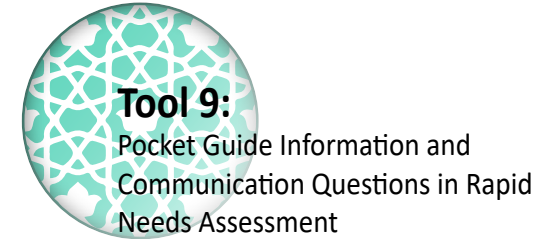
21 IASC Guidelines on Working with and for Young People in Humanitarian and Protracted Crises, 2020.

**Timely:** Messaging will be different at different stages of programmes.

- Consider when messaging is best shared with different groups and how community networks can share messaging. Build a social map of the community showing how the messaging could be shared between different groups.<sup>22</sup>

**Learn from other contexts:** Consider lessons around messaging from similar contexts.

- Consider drawing from lessons from other Islamic countries that present alternate messaging and multiple interpretations to counter the use of religion and culture to justify child marriage. Developing multiple narratives that counter messaging and perceptions around child marriage can support programming addressing child marriage.<sup>23</sup>



22 Risk Communication & Community Engagement: Practical Tips on Engaging Adolescents and Youth in the COVID-19 Response, accessed 27 Oct. 22 at <https://www.unicef.org/media/66761/file/Practical-Tips-on-Engaging-Adolescents-and-Youth-in-the-COVID-19-Response-2020.pdf>

23 UNFPA Afghanistan, Child Marriage Assessment in Afghanistan Inception Report to UNFPA Afghanistan, 2022.

## Community Participation

Make time for participation across the programme cycle considering the levels of participation below that can provide opportunities to strengthen AAP.<sup>24</sup>

Guiding questions for assessing community participation for staff and partners include:<sup>25</sup>

- Is information about the organization and response provided in accessible and appropriate ways to different affected groups?
- Can women, men, girls, and boys (especially those marginalized and vulnerable) access the information provided, and do they understand it?
- Are crisis-affected people's views, including those of the most vulnerable and marginalized, sought and used to guide programme design and implementation?
- Do all groups within affected communities feel they have equitable opportunities to participate in decisions about the response that affect them?
- Are all groups within the affected community aware of how to give feedback on the response, and do they feel safe using those channels?
- Are barriers to giving feedback identified and addressed?
- Is data provided through feedback mechanisms disaggregated by age, gender, and other relevant categories?

<sup>24</sup> Based on IAP2's Public Participation Spectrum, 2014

<sup>25</sup> Adapted from the Core Humanitarian Standard 4 on Participation, <https://corehumanitarianstandard.org/files/files/CHS-Guidance-Notes-and-Indicators.pdf>



Photo: UNFPA

UNFPA trained surveyors map the area during data collection process for Socio-Demographic and Economic survey in Kabul, Afghanistan.

## Element to Address: Ensuring all community members participate in the processes and activities led by UNFPA and Implementing Partners

### How to achieve this?

Practical steps to achieve this include:

- Staff and partners provide access to safe, appropriate, and equitable opportunities to participate in decision-making processes and activities across the programme cycle. This includes setting up and maintaining the participation mechanisms agreed during planning, e.g., community committees or representatives, regular focus group discussions with different groups, and town hall meetings.
- Identifying meaningful roles that communities can play in the provision of services, such as outreach or awareness-raising or programme leadership. Consider implementing a community committee or engaging volunteers in programming.
- Build on spaces that exist to create opportunities for participation, in particular for women, youth and adolescents.
- Provide information to communities and people affected by the crisis about UNFPA and the programmes it is implementing, and what they intend to deliver.
- Communicate in languages, formats and media that are easily understood, respectful and culturally appropriate for different members of the community, especially vulnerable and marginalized groups.
- Ensure representation is inclusive, involving the participation and engagement of communities and people affected by crisis at all stages of the work.
- Encourage and facilitate communities and people affected by crisis to provide feedback on their level of satisfaction with the quality and effectiveness of the assistance received, paying particular attention to the gender, age, and diversity of those giving feedback.

Tools, Resources, Examples



Worksheet: Understanding programme participation levels

Fill out the Worksheet by considering your programme's level of participation and steps you might need to take to encourage participation in your programme. Think about current barriers, solutions, and risks in each category and record the status and solutions in the answer column. Discuss and share this with the community you are working with.

Categories of Participation	Description	Answer
Informed	A form of passive participation where the affected population is informed of what is going to happen or what has occurred in the Programme.	
Consultation	The affected population provides information in response to questions in needs assessments or questionnaires or their perspective on a given subject and does not influence the process or decision-making. This is a very limited form of participation.	
Involved	Communities are involved in helping to make decisions at key stages throughout the project, e.g., through regular community meetings to present plans and ask for people's feedback. However, while the community provides input, the organization makes the final decisions.  Participation through material incentives or supply of materials, cash, or labour is an example of this.	

Collaboration

The affected population participates in the analysis of needs and programme conception and has decision-making powers with final decision-making in the hands of UNFPA.

Empower

The affected population takes the initiative, acting independently of external organizations or institutions. Although it may call on external bodies to support its initiatives, the project is conceived and run by the community; the aid organization participates in the people's projects.

Based on IAP2's Public Participation Spectrum, 2014 and Participation Handbook for humanitarian field workers Involving crisis-affected people in a humanitarian response

# CASE STUDY

## Designing Menstrual Hygiene Kits for Adolescent Girls in Afghanistan

### Context and scope

As part of UNFPA Accountability of Affected Population (AAP) and commitment to active adolescents and youth engagement UNFPA consulted with Afghan Adolescent Girls to co-design a menstrual hygiene kit that would meet their needs and aspirations during Focus Group Discussions. Supplies of menstrual products and supporting materials through dignity kits are crucial for women and girls to manage menstruation in times of crisis in a safe, hygienic, and dignified manner. These products enable them to continue to work, attend school, and participate in daily life, including accessing services. Without appropriate, adequate, and acceptable quality products, girls and women may be restricted in their mobility and experience additional barriers in participating in these activities, which may increase their vulnerability.<sup>26</sup> The Focus Groups aimed to understand Afghan Adolescent Girls' Menstrual Hygiene needs, the types of sanitary materials they prefer, understand the way girls manage their menstruation, and the preferred channels to receive menstrual hygiene kits and give feedback.

### Some selected questions in the FDG included:

1. What essential hygiene products do you need to stay clean and healthy?
2. What do you use for washing your body?
  - Bar soap/liquid soap
  - Type of Shampoo
3. What do you use for washing clothes?
4. Packaging of dignity kits? Which one do you prefer?
  - Backpack
  - Tote bag
  - Bucket
  - Others

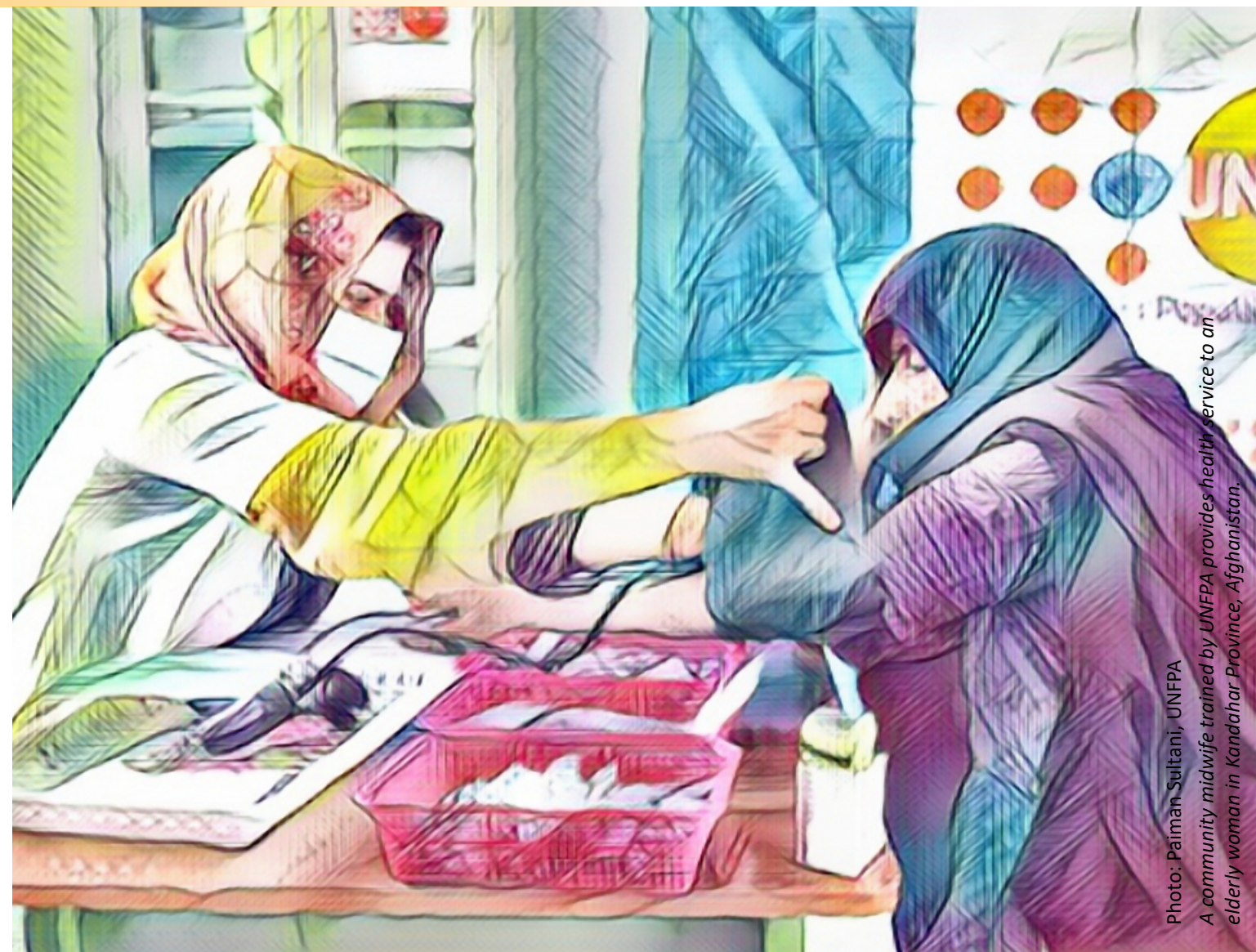


Photo: Palman Sultani, UNFPA  
A community midwife trained by UNFPA provides health service to an elderly woman in Kandahar Province, Afghanistan.

### Outcome/impact of community engagement and/or accountability to affected populations

Focus Group Discussions were conducted with adolescent girls and included several questions to determine what hygiene items should be included in a dignity kit or distributed separately and how the kit should be packaged. Separate discussions were held with adolescent girls in different age groups to capture any differences between the age groups. An ice-breaker exercise was conducted to address the possibility of discomfort about discussing menstruation among Afghan girls, followed by open discussions about their experiences around menstruation. A total of 12 questions were asked of the participants for 90 minutes per session.

During the FDGs UNFPA Adolescent and Youth (AY) Programmes team also probed how people would like to receive information and feedback on the kits and, more broadly, on the work within this area.

### Factors for success / Lessons learned

- Consulting with other programme teams on questions that could be incorporated within the FDGs that touched on broader AAP activities such as feedback avoided duplication.
- Sharing this information across UNFPA and IPS teams contributed to learning and course correction around AAP for other programme teams.
- Consider including UNFPA or IPs teams within AAP initiatives, where appropriate, to model good AAP practice.
- Asking questions to ensure that MHM programming is adapted for women and girls with disabilities. This is important in adapting communication and kits for visually impaired and hearing-impaired women and girls to help women and girls visually and hearing impaired to visualize and understand their bodies, the physical changes during puberty, the biology behind menstruation and how to manage their monthly period with pride and dignity.
- Schedule regular feedback sessions to adapt and amend the contents of MHM kits throughout the programme.



Photo: Ali Mohaqqueq, UNFPA

*UNFPA Psychosocial Counselor provides counselling support to an Afghan woman in Daikundi Province, Afghanistan.*

## How to integrate accountability to affected populations into monitoring and evaluation?

Participation, representation, and inclusion should be ensured throughout monitoring and evaluation processes.<sup>27</sup> Community participation in monitoring and evaluation processes should aim to include a wide range of community stakeholders, including marginalized and at-risk groups, organizations, and stakeholders. This assists the Programme in running well. Issues can be identified quickly, problems solved jointly, and activities implemented with the community's full support, input, and even resources.

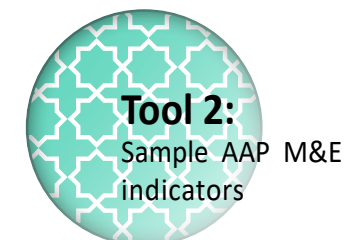
### Element to Address: Planning and designing monitoring processes should address AAP in a meaningful way

#### How to achieve this?

Practical steps to achieve this include:

- Country Representative, Deputy Representative, Humanitarian Coordinator, Programme Coordinator, Programme Specialists, and IPs should include **AAP in monitoring and evaluation activities and processes**. For example, monitoring visits should include AAP questions within monitoring checklists and the terms of reference (ToR) for monitoring visits should consist of AAP.
- Country Representatives and Deputy Representatives, Programme Leaders and IPs ensure that **AAP is a standing agenda item for monthly, quarterly, and annual meetings**, ensuring that feedback collected through monitoring data is discussed and considered regularly.
- Humanitarian Coordinator, Programme Coordinator, Programme Specialists, and IPs include **AAP indicators within programmes**. Suggested indicators at a minimum should include:
  - IPs report monthly, quarterly, and annually on their AAP progress in programmes and humanitarian responses.
  - Country Office performance in AAP.
  - AAP course correction in programmes as a result of feedback from communities.

Tools, Resources, Examples



<sup>27</sup> Guidance on integrating the principles of leaving no one behind and reaching the furthest behind in UNFPA evaluations, 2021

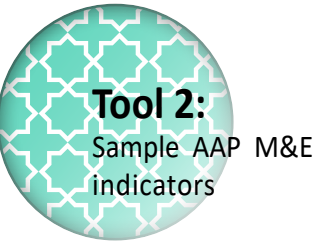
Element to Address: Planning and designing evaluation processes should address AAP in a meaningful way

How to achieve this?.....

Practical steps to achieve this include:

- Evaluation reference groups should include representation of women- and youth-led organizations and networks as well as organizations of persons with disabilities.
- Evaluation questions should include questions related to AAP and should be discussed with the community in advance of commencing the evaluation.
- Evaluations should collect information on factors of exclusion and discrimination, as well as disaggregated data by various factors including, but not limited to sex, ethnicity, age, disability, geographic location, income, or education.
- Evaluation findings should provide an analysis of the integration of AAP, including an analysis of the systems and structures that perpetuate factors of exclusion, discrimination, inequity, and inequality based on substantiating evidence.
- Ensure communities understand the purpose of the evaluation and what happens next to manage expectations, as sometimes people can think an evaluation is an assessment for a new programme.

Tools, Resources, Examples



Worksheet: Integrating AAP into Monitoring Visits: Suggested questions

Monitoring Checklist – Suggestions to incorporate			
S. No		Yes/No	Remarks
1.1	Have the community been consulted on location or design of programme activities or construction?		
1.2	Have changes to Programme, including activities or timeline been discussed with communities?		
1.3	Have funding constraints been discussed with communities?		
1.4	Have selection criteria or other humanitarian processes been discussed with communities?		
1.5	Have issues raised in any community feedback processes been discussed and how to act on this feedback?		
1.6	Have AAP activities and indicators been included in programme plans and budgets?		
1.7	How has information been shared and with whom?		



Photo: Paiman Sultani, UNFPA  
Afghan children in the local community of Herat Province, Afghanistan.

## What are Community Feedback and Complaint Mechanisms?

UNFPA defines a Community Feedback and Complaint Mechanism (CFCM) as a “system that is rooted in community input so that the structure is both culturally- and gender-sensitive and that it captures the diverse needs of women, adolescents’ girls, young people, elderly, LGBTQIA+ and people with disabilities, and implementing partners on UNFPA humanitarian action to improve the effectiveness and relevance of its programmes.”<sup>28</sup> For UNFPA, CFCMs are the structure through which affected populations can report complaints.<sup>29</sup> Feedback can also include questions, praises, requests, or rumours.

A CFCM is seen as effective if, at minimum, it supports the collection, acknowledgement, analysis, and response to the feedback or complaints received, thus forming a closed feedback loop. The mechanism is ineffective when the feedback loop is left open. Community Feedback and Complaint Mechanisms can address problems before they escalate and improve the impact of UNFPA work in Afghanistan by identifying areas for improvement, monitoring the performance through the eyes of the community, and building trust with communities. They should ideally be developed with communities and collect feedback and complaints across the humanitarian programme cycle.

### What are the differences between a Feedback and Complaints Mechanisms?

Feedback and complaints mechanisms have important differences. These include:

#### Feedback

Feedback is formal or informal communication from persons of concern received through feedback mechanisms. It can be positive or negative (complaint) and guides programming or requires corrective action (response). Feedback does not necessarily always require a response/action, and the stakeholder can be asked if they require a response/action. If not, a commitment would be made to pass on the feedback received to relevant organizations/partners.<sup>30</sup>

#### Complaints

Complaints are formal or informal communication that allow for the expression and follow-up of specific grievances, they may provide a negative reaction or viewpoint and can be used to demand redress. They require a response and a priority for action.<sup>31</sup> Culture and contextual elements are key determinants in both instances.

<sup>28</sup> Guide 2: How to Strengthen Accountability through Community Feedback and Complaints Mechanisms in Humanitarian Action, UNFPA 2022

<sup>29</sup> Guide 2: How to Strengthen Accountability through Community Feedback and Complaints Mechanisms in Humanitarian Action, UNFPA 2022

<sup>30</sup> Alnap, What Makes Feedback Mechanisms Work? Literature review to support an ALNAP–CDA action research into humanitarian feedback mechanisms Francesca Bonino and Alexandra Warner. 2014. pg 9.

<sup>31</sup> Alnap, What Makes Feedback Mechanisms Work? Literature review to support an ALNAP–CDA action research into humanitarian feedback mechanisms Francesca Bonino and Alexandra Warner. 2014. pg 9.

# CASE STUDY

## Systematically listening to communities: Afghanistan Community Listening and Accountability Initiative

### Context and scope

UNFPA has been implementing lifesaving reproductive health services, provision of reproductive health commodities and psychosocial support to crisis-affected people, including women, girls, young people, and persons with disabilities across the Central Highlands region in Bamyan and Daykundi provinces since 2012.<sup>32</sup> These services are provided through Family Health Houses (FHH) - an integrated community health-based service that provides reproductive, maternal, newborn and adolescent and youth health services, and family planning interventions. Currently, 82 FHHs - 58 in Daykundi and 24 in Bamyan province - aim to provide lifesaving services in hard-to-reach communities across the region, where health facilities are located more than two to three hours walking distance or at least 10 kilometers away from where they live.

While the UNFPA intervention is community-led, it continues to ensure that the services are relevant and culturally appropriate to community members who regularly access the services. UNFPA and its implementing partners regularly engage with women, girls, men, boys, and other vulnerable groups, and when not present in person in communities, the communication is facilitated by the community midwives who run the FHHs.

To complement this community engagement system, UNFPA has recently designed a Community Listening Initiative, a systematic approach that allows communities supported through its humanitarian assistance to share their experiences, views and aspirations to tailor and improve the services as they see relevant to them and their communities.

### Outcome/Impact of community engagement and/or accountability to affected populations

The Community Listening Initiative aims to strengthen the ongoing UNFPA humanitarian response and prepare for future emergencies such as floods and anticipated impacts of the winter season. It will support stocktakes of pre-crisis information should there be an escalation of humanitarian needs and climate-related disasters in the country. This initiative will be updated periodically to inform the programme planning and overall decision-making processes within UNFPA and to advocate community views about humanitarian assistance in the Afghanistan response.

The Community Listening Initiative employed a focus group discussion (FGD) approach. A series of four FGDs were conducted across three districts in Bamyan Province, namely Bamyan Centre (Ahangaran), Punjab District (Dahan-e-Baldarghoto and Nai Qul), and Waras District (Qawm-e-Mirza), from 25 to 27 September 2022. A total of 81 community members participated in the FGDs. The communities were selected based on urban and rural living conditions to learn about the context and challenges faced by various segments of communities in participating in UNFPA humanitarian decision-making processes.



Photo: Husni Husni, UNFPA  
Women attend vocational training in Western  
region of Afghanistan.

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### Factors for success/lessons learned

- Aligning with the localization agenda (rolled out regionally), this initiative builds on existing engagement structures in the community and UNFPA programming to close the feedback loop.
- Closing the loop by taking into consideration the context of Afghanistan and the work of UNFPA in hard-to-reach provinces and through communication channels that exist within programmes has meant that the programme could be planned and implemented quickly.
- There are limitations and challenges in undertaking these community listening sessions. The FGDs were conducted in one province only (Bamyan), therefore it does not provide a good representation of the Central Highlands region as another province (Daykundi) was not included in this initiative due to geographical/location and time constraints.
- Another limitation was the participants were only separated by gender (women and men), and the findings may not represent the special needs of some segments of communities such as adolescents and youth, elders, women, and men.
- There were challenges to cover more locations due to the distances between one to another community, and in addition to this was the security restrictions.
- The report is available in English, Dari and Pashto and provided back to communities for them to discuss and consider.

<sup>32</sup> UNFPA Community Listening Initiative, Central Highlands Region, Afghanistan, 2022 accessed at <https://reliefweb.int/report/afghanistan/unfpa-community-listening-initiative-central-highlands-region-afghanistan>

### Specific Considerations in CFCMs for Women and Youth

Women and youth-friendly feedback and complaint mechanisms enable these groups to participate to voice their needs and priorities, share their concerns and exercise their rights. Supporting access to context-specific, gender-sensitive, age-appropriate, inclusive, safe, equitable, confidential, and transparent ways for women, adolescent girls, and young people to receive information, provide feedback and share complaints throughout a CFCMs is crucial.<sup>33</sup>

#### Outcome/Impact of community engagement and/or accountability to affected populations

**Intersectionality considerations should guide the development of the CFCM.** The definition of «intersectionality» is taken from **UNFPA's AAP and Inclusion Framework** and refers to the viewpoint of women, girls, adolescents and youth, elderly, and those who identify as LGBTQIA+; and persons with different types of disability, ethnicity, nationality, religion, preferred language, level of education and literacy, interchangeably as affected communities and/or populations throughout the document.

Some specific considerations for women- and youth-friendly CFCMs in Afghanistan include:

- **Planning with different community members in mind:** Planning and developing CFCMS with, and for, women and youth will encourage participation and strengthen the mechanism. Women, girls and AY, including those with disabilities should be given the opportunity to actively engage in the planning, implementation, and analysis of CFCM data collection activities.<sup>34</sup> Programme staff should consult local WLO, youth-led organizations and networks on how to identify and mobilize women, girls, and AY for participation in the CFCM process, as they can provide important insights on how, when and where women, girls and AY can be reached.
- **Gender responsive:** A robust gender analysis should lay the foundation to which CFCMs are established, and received feedback from CFCMs should be conducted, and subsequent relevant measures put in place to ensure accessibility and participation of women and girls.

- **Safe and confidential:** CFCMs should support women, girls, and AY by being safe, accessible, and confidential, to provide feedback and report concerns, without risking any harm or retaliation. Efforts must be made to earn trust by clearly explaining how the CFCM works, including how confidentiality is ensured. CFCMs should not inflict or exacerbate conflict or divisive power dynamics among the affected population or between humanitarian actors and the community.
- **Community-based approaches:** Community-based approach reinforces the dignity and self-esteem of affected populations and empowers all actors, particularly women and girls. It requires the recognition that they are respected and meaningful participants in decision-making to encourage a diversity of perspectives from a broad group of stakeholders (including government, international and local NGOs, community-based local organizations and community beneficiaries).<sup>35</sup> It includes understanding community concerns and priorities, mobilizing community members, supporting collective community decision-making, building on traditional social practices of community cooperation, and engaging local social networks.<sup>36</sup>
- **Closing the loop:** Once feedback loops are established it is important to ensure that women and adolescents receive clear feedback on how their participation has influenced outcomes and should be supported to share that feedback with their peers. For example, when collecting information on dignity kits, clear transparent communication on how feedback has influenced the outcomes of items within the kit should be disseminated via appropriate channels to reach members of the community.

<sup>33</sup> IASC, Gender and Humanitarian Action Handbook, 2018  
<sup>34</sup> UNWomen, WEI, UNFPA Covid-19, Gender, And Disability Checklist, 2021.

<sup>35</sup> Inter-agency Field Manual on RH in Emergencies. 2018.  
<sup>36</sup> AAP Handbook for UNICEF and partners. 2020.

# CASE STUDY

## Types of Feedback Mechanisms: UNFPA Adolescent and Youth Focus Group Discussions

### Context and scope

Adolescents and youth (AY) are a vital positive force in emergency preparedness and response. They have wide-ranging capacities and unique needs, but they often get lost between programming for AY and programming for adults. Afghanistan's youth population is among the highest in the world with 67% under the age of 25, and almost half of the total population under 15 years. UNFPA is committed to prioritizing regular, systematic, and meaningful participation of young people as an essential condition for the inclusiveness and success of humanitarian response. This commitment is rooted in the [Global Compact for Young People in Humanitarian Action](#), by applying the IASC Guidelines on Working with and for Young People in Humanitarian and Protracted Crises.

Based on the IASC Guidelines, there are three main modes of participation: consultative, collaborative, and young people-led participation. One is not necessarily preferred over the others. All three are legitimate and appropriate, but they may not always be possible to apply during a humanitarian response without having first invested in youth-led preparedness.

In 2022, UNFPA started an integration of AY in its humanitarian response including integration with RH and PSS services and providing AY targeted interventions such as establishment of Multi-purpose Youth Centers, activating peer educators and volunteer networks, and child marriage programming. In order to ensure validation of project interventions, and to get ideas and insights from young Afghans, the UNFPA Adolescent and Youth Programme team actively solicited feedback during FGDs on AY programming, with participation of 19 youth activists and supporters.



Photo: YHDO  
Adolescent girls participate in the menstrual hygiene focus group discussion in Herat Province, Afghanistan.

### Outcome/Impact of community engagement and/or accountability to affected populations

"This is the first time I am being asked 'what do you need?'"  
a young male from Kandahar

Young people representing various organizations, youth-led networks and educational institutions in Afghanistan joined the meeting to bring their perspectives on the current state and challenges of youth in Afghanistan, as well as proposing innovative and culturally and religiously relevant interventions for UNFPA programming.

### Factors for success/lessons learned

- Having clarifying questions that could be used to guide the FGDs.
- Where no formal feedback mechanism exists, FGDs can provide an invaluable way of building knowledge on programming and context.
- FGDs can allow the collection of feedback on various topics.
- Being asked for feedback on specific topics may solicit feedback which would not otherwise be raised if culturally sensitive feedback is not given freely.
- Establish a network of youth engaged in their communities to support sharing of information, opportunities, and insights with the UNFPA AY team.

Worksheet: How to set a Community Feedback and Complaint Mechanism

Step 1	Tips
Start by defining the purpose, expected uses and needs for establishing a CFCM mechanism within the context of UNFPA programmes. Consider if a CFCM already exists that could be used (i.e., Community Voices and Accountability Initiative)	<p>Assess, discuss, and understand:</p> <ul style="list-style-type: none"><li>Consider the need for establishing a programme specific CFCM mechanism or using the UNFPA Afghanistan Community Voices and Accountability Platform as a feedback mechanism, in consultation with the AAP Specialist.</li><li>Consult with men, women, AY, and elders of the community on how they would like to provide feedback.</li><li>Consider the community and characteristics of the culture in providing feedback or complaints within the context of Afghanistan.</li><li>Consider how this will contribute to the programme monitoring system and meet the commitments of accountability for UNFPA and build on existing pro-gramme structures. For example, can a Family Health House, Health Post, Family Health Action Groups, or Community Health Shura form part of a feedback and complaint loop of data?</li><li>Consider how it will assist with acceptance, hu-manitarian access, and security of UNFPA in the community.</li><li>Discuss the feedback mechanism in meetings, clusters, and workshops, explaining why it’s needed and collecting input on how it should work and how data could flow. See Community Feedback and Complaint Flow Diagram below.</li><li>Consider if an interagency community feedback mechanism is needed and what mechanisms al-ready exist that could be used or built on for feed-back.</li><li>Consider how feedback can be collected confiden-tially. Discuss and consider the Standard Operating Procedures, UNFPA Afghanistan Community Voices and Accountability Platform for standards for data collection and analysis.</li></ul>

Step 2	Tips
Human and financial resources: roles, responsibilities of team members as well as budget should be defined in the CFCM.	<p>Involve key team members and/or identify skill sets as follows:</p> <ul style="list-style-type: none"><li>Management/leadership: Get support for feedback mechanisms and how it will act as a key tool for improvement to programmes.</li><li>Programme, operations, and implementing partner staff: Discuss with staff how feedback will be incorporated in programmes. Use existing meetings as the time to discuss how feedback will influence outcomes.</li><li>Information management: Where technology is used, or data will be visualized, who will assist with management and visualization of data?</li><li>Feedback collection officers/enumerators: Ensure gender balance in enumerators who will collect feedback, training in data collection and use of tools such as Kobo to collect data.</li><li>Monitoring team: Discuss how feedback data can be included in monitoring. (See suggested monitoring questions below). Customer satisfaction questions are currently collected as part of monitoring of programmes in Afghanistan, so consider how to build on this data.</li></ul> <p>Costs should be budgeted for:</p> <ul style="list-style-type: none"><li>Feedback boxes, help desk equipment, feedback forms, lockable file cabinets and folders, design and printing costs for infographics and other communication materials, translation costs materials for people with disabilities (using visual materials, braille, audio, etc.), and venue rent for feedback activities.</li><li>Technological resources: Hardware such as laptops, tablets, and phones, as well as software, including anti-virus software, software to develop radio or video messages, running costs for an online feedback platform or hotline, technical support, and maintenance should also be budgeted for.</li></ul> <p>(See Tool 11 UNFPA Afghanistan AAP Budget Tool)</p>

Step 3	Tips
Plan the Feedback Mechanism	<p>If this is a programme specific feedback mechanism, plan how feedback will be collected, responded to, analyzed, acted on, and referred, if necessary.</p> <p>For example, map youth networks and groups or other specific programme groups who you are seeking feedback from and engage in planning the feedback mechanism with them.</p> <p>If using UNFPA Afghanistan Community Voices and Accountability Platform, consult the Standard Operating Procedure, Common Data Points Template that outlines how to submit their data to the Community Voices and Accountability Platform.</p> <p>Feedback should be collected via various channels (see feedback visual loop below). Understanding what channels can be used can be done to understand the communication landscape. Ensure feedback mechanisms are coordinated and referral pathways put in place with links to collective decision-making at programme and HCT levels.</p>
Step 4	Tips
Train staff and implementing partners	<p>Develop an integrated capacity building approach to maximize resources and integrate cross-cutting areas such as AAP, Gender, and Disability and Inclusion. These will be harmonized via “people-centred approach” to ensure the complementarity of each of these lifesaving areas to help achieve the centrality of protection in response.</p> <p>If technological resources are being used, consider training in these tools.</p>

Step 5	Tips
Receive the feedback data, take action, and close the Loop	<ul style="list-style-type: none"><li>Record the feedback in a tool linked to a centralized database, using predefined categories (e.g., quality of services, complaints, perceptions, rumours).</li><li>Share the topline findings and issues and come up with recommended actions for UNFPA management and programme teams, and IPs. Share with relevant Clusters and Working Groups to reflect upon the recommendations and identify ideas for jointly advancing action on them, including for example identifying key advocacy messages and enhancing Cluster Frequently Asked Questions (FAQs).</li><li>Address cases that can be dealt with immediately (sector-specific). Discuss trends, issues, and proposed solutions. Agree actions to respond to feedback; for example, changing activities that are not working.</li><li>Refer sensitive feedback using the referral protocol and established pathways.</li><li>Link to other service providers. For example, Family Health House can link to BPHS and coordinate a referral system with BPHS provincial and field sites. AY programmes could consider linking with Youth Health Line.</li><li>Allocate time, roles and responsibilities, and time scales to ensure corrective actions take place in the short term.</li><li>Use the results to inform the next planning cycle.</li><li>Use the results as evidence in discussions with donors, governments, and other stakeholders.</li><li>Communicate the responses and action taken to affected populations.</li></ul>



Step 6	Tips
Promote the Feedback Mechanism	Ensure that community members have information about the feedback system and how to access it through key channels within programmes. For example, this could include having posters or information provided via mobile health teams or in Family Health Houses or mobilizing youth volunteers and networks such as Y-PEER and Youth and Last Mile Assurance Networks. Implementing partners play a key role in promoting the feedback mechanism and monitoring follow up and referrals from various programmes.
Step 6	Tips
Monitor the Feedback Mechanism and continuously improve	Allocate time, roles and responsibilities, and time scales to ensure the feedback mechanism is monitored and improved across the programme cycle.



## Awaaz Afghanistan: Promoting Collective Accountability and Community Engagement in Afghanistan

### Context

The humanitarian situation in Afghanistan is one of the most severe and complex crises in the world, with many people seemingly stuck in a perpetual cycle of critical situations as a rising insurgency, increasing insecurity and the impact of the COVID-19 pandemic exacerbate existing humanitarian needs while simultaneously generating new ones. The COVID-19 pandemic and a sustained escalation in conflict across the country has led to unprecedented impact, with 24.4 million people in need of lifesaving humanitarian assistance in 2022.

### Scope

Awaaz Afghanistan is a collective accountability and community engagement initiative that functions as a toll-free, countrywide hotline number (410) that affected populations can dial to access information and register feedback on assistance programmes. As a two-way communication channel, needs and priorities as reported on the ground are circulated to partners to help improve the quality of response in Afghanistan.

### Outcome/Impact of community engagement and/or accountability to affected populations

There is growing global recognition that systematic and collective engagement with communities can improve programme quality as well as build safer and more resilient communities. Awaaz functions as an interactive information, complaints, and feedback hotline which any Afghan mobile phone user can access for free.

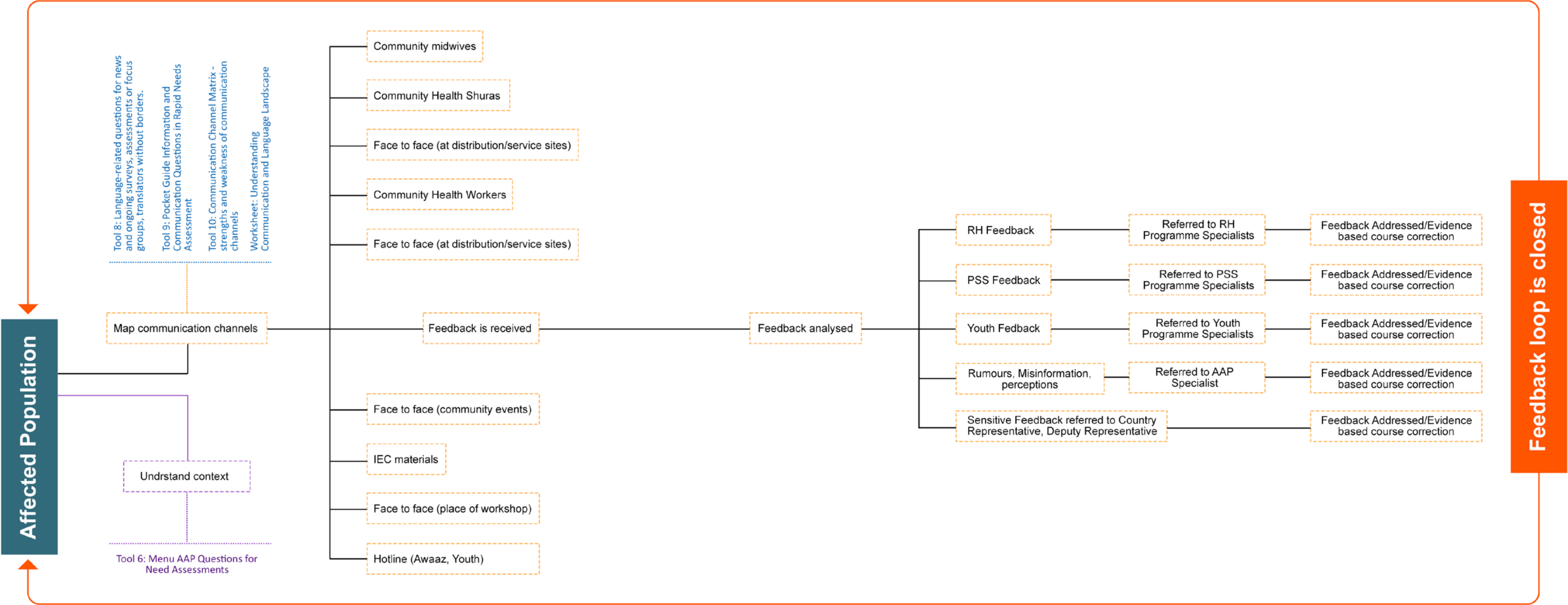
### Factors for success and lessons learned

As a collective mainstreaming and accountability mechanism, Awaaz lends itself to the World Humanitarian Summit’s (WHS) Grand Bargain commitments on local leadership, local action, capacity strengthening, and the participation revolution. Putting Afghan people at the centre of its operations, Awaaz’s 10 multilingual operators (50% of which are women) have handled more than 230,241 calls since the first call in May 2018, speaking directly with people from across Afghanistan. Establishing referral pathways with clusters and partners, cases requiring attention are shared (in agreement with the affected person) in a timely manner, helping the humanitarian response to swiftly align its delivery to actual needs. Having received its first COVID-19 related call-in mid-February 2020, Awaaz has closely collaborated with WHO and other partners on Risk Communication and Community Engagement (RCCE). Since then, Awaaz shares pre-recorded awareness-raising messages which were heard by over 57,000 callers from throughout the country and directly handled over 2,207 calls from all 34 provinces with callers inquiring about COVID-19.



How does UNFPA currently communicate with communities in Afghanistan?

The diagram below gives an overview of a CFCM management process, outlining the flow of information and data when setting up and managing the complaints and feedback mechanism in Afghanistan.



Data Protection in AAP

Element to Address: The safety and privacy of every person’s data that provides feedback must be protected

How to achieve this?

Privacy and data protection issues need to be carefully considered in AAP work in Afghanistan. Special attention should be paid to the information and data we collect in our AAP activities about:

- The people affected by the situation and their needs, the threats, and vulnerabilities they face, and their capacities.
- Data about context in which a response is taking place (e.g., legal frameworks, political, social, and economic conditions, infrastructure, etc.) and the humanitarian situation of focus (e.g., security incidents, protection risks, drivers and underlying causes/factors of the situation or crisis).
- Data about humanitarian response actors and their activities.<sup>37</sup>

Defining Data Responsibility

Data responsibility in humanitarian action is the safe, ethical, and effective management of personal and non-personal data for operational response, in accordance with established frameworks for personal data protection.<sup>38</sup>

- Safe | Data management activities ensure the security of data at all times, respect and uphold human rights and other legal obligations, and do not cause harm.
- Ethical | Data management activities are aligned with the established frameworks and standards for humanitarian ethics and data ethics.
- Effective | Data management activities achieve the purpose(s) for which they were carried out.

Data responsibility requires the implementation of principled actions at all levels of a humanitarian response. These include, for example, actions to ensure data protection and data security, as well as strategies to mitigate risks while maximizing benefits in all steps of operational data management as defined below. While data responsibility is linked to data protection and data security, these terms are different. Data protection refers to the systematic application of a set of institutional, technical, and physical safeguards that preserve the right to privacy with respect to the processing of personal data. Data security, applicable to both personal and non-personal data, refers to technical and organizational measures that aim to preserve the confidentiality, availability, and integrity of data.

Practical steps to achieve data protection with respect to the collection, storage, use and disclosure of personal data include:

- Train programme specialists and IPs on data protection, particularly focusing on the Community Voices Platform Data Standard Operating Procedure.
- Humanitarian Coordinator, Programme Coordinator, programme specialists and IPs develop risk mitigation strategies for data collection, analysis, and use.
- Conduct a privacy impact assessment to identify and minimize data protection risks. When the data retention duration is up or a request for removal is made, data should be destroyed effectively and appropriately.
- Assign a trained and qualified data protection focal point responsible for implementing, monitoring, and evaluating data protection measures.
- Raise awareness among affected populations on their rights in relation to personal data and informed consent.
- Assign categories of consent for the different types of data collected and data being referred on, so that the most sensitive data is protected.
- In IP Agreements, establish formal agreement on how data will be managed and protected.
- Humanitarian data should be retained as long as its foreseeable potential value outweighs the risks associated with retention. Sensitive data should only be kept for the time necessary for the specified purpose.

Tools, Resources, Examples



Tool 15:  
SOP UNFPA Afghanistan Community  
Voices and Accountability Platform

<sup>37</sup> Operational Guidance DATA RESPONSIBILITY IN HUMANITARIAN ACTION Results Group 1 on Operational Response February 2021 Endorsed by IASC Operational Policy and Advocacy Group (OPAG)  
<sup>38</sup> For the purposes of this Operational Guidance DATA RESPONSIBILITY IN HUMANITARIAN ACTION, ‘in accordance with established frameworks for personal data protection’ means that data management activities are guided by national and regional data protection laws or organizational data protection policies.



**GUIDE TO COMMUNITY ENGAGEMENT AND  
ACCOUNTABILITY TO AFFECTED POPULATIONS IN  
AFGHANISTAN**