Review Report

“Community Feedback Mechanism”

&

“Beneficiary Accountability Framework” among 3DF IP-CBOs

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ABBREVIATIONS

3DF - Three Diseases Fund
3MDGF - Three Millennium Development Goal Fund
ARV - Anti-retro viral
BA - Beneficiary Accountability
BAF - Beneficiary Accountability Framework
CBO - Community-Based Organization
CFM - Community Feedback Mechanism
CMPC - Community Malaria Prevention Committee
DIC - Drop in Centre
FMO - Fund Management Office
HE - Health Education
IP - Implementing Partner
LLIN - Long-Lasting Insecticidal Net
M&E - Monitoring and Evaluation
NGO - Non-Governmental Organization
PLHIV - People Living with HIV
SHG - Self-Help Group
SOP - Standard Operating Procedures
SW - Sex Worker
TB - Tuberculosis
Review on existing accountability practices among the partner CBOs in handling community feedback

1. Background and Rationale

“The 3MDG Fund will build on progress of 3DF in developing a Beneficiary Accountability Framework, ensuring this is linked to existing structures and township plans”\(^1\).

The period of 2009-2012 marked the very first experience of a multi-donor trust fund working directly with local civil society organizations in Myanmar. To promote transparency, accountability and voice of project communities in the Three Diseases Fund (3DF) program as well as to improve program impact, the Fund introduced a Community Feedback Mechanism (CFM) in 2009 under Round II. Following the two pilot activities in selected project sites, the CFM was implemented by CBOs/LNGOs as part of their accountability framework in 45 townships across seven states and divisions in 2010.

The 3DF Fund Management Office (FMO) facilitated seven organizations with necessary technical assistance to develop appropriate feedback tools/communication channels, attend the relevant trainings and hire independent consultants. During three year implementation period, they attempted to listen to the voices and concerns of community beneficiaries safely through their own feedback mechanisms, to respond in an appropriate and timely manner and to incorporate beneficiaries’ views in the program decisions. In January 2013, it came under review of the 3MDG CBO Capacity Building Officer through interviews with focal point persons and senior management level staff from 4 Yangon Based CBOs at their head offices. In order to get wider views and comments from CBOs in regional locations, the review was continuously conducted in March 2013. It was focused on 2012 feedback handling and responding processes at regional locations in Tachileik (Eastern Shan State), Patheingyi (Mandalay Division), Mawlamyine (Mon State), Hpa-An (Kayin State), and Shwe Gyin (East Bago Division).

As handling feedback and complaints is one of the standard benchmarks in the 3DF Beneficiary Accountability Framework (BAF), the 3MDG FMO was interested to understand more about existing practices among partner CBOs in handling feedback from local communities, with a view to starting a dialogue on what practices exist, what works, and what can be implemented during current and future programmes / projects. The findings will feed into the 3MDG lessons learned/beneficiary accountability consultative workshop proposed to take place in 2013. The findings will call for renewed commitment of both parties (3MDG Fund and Implementing Partners) to enhance the beneficiary accountability mandate into practical actions.

**Specific Objectives**

This review was designed to capture the existing BA and CFM practices across 3DF supported CBO projects throughout 2012 and had three specific objectives:

1. To gather information, relevant to BA and CFM
2. To map out existing feedback and response practice
3. To look at the resources and/or support needed in order to enhance accountability and responsiveness in 3MDG projects of CBOs/LNGOs

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\(^1\) Description of Action- Multi Donor 3MDG Fund 2012-2016 (Final Draft)
Target CBOs/LNGOs

Regional Base: AIDS Support Group-ASG (Tachileik in Eastern Shan State), Mahaythi Women Development Co-operative Society (Mawlamyine in Mon State), Phaung Daw Oo-PDO (Patheingyi in Mandalay Division)

Yangon Base: Community Development Association –CDA (Hpa-An, Hlaing Bwe, Kawkareik in Kayin State), Myanmar Health Assistant Association – MHAA (Shwe Gyi in East Bago Division and Ponnakyun and Kyauktaw in Rakhine State), Ratana Metta Organization- RMO (Yangon Division), Substance Abuse Research Association – SARA (Myitkyina, Hopin, Nam Ma Tee, Waing Maw, Tanai, Hsar Hmaw, Moe Hnyin in Kachin State)

Field Trips to Eastern Shan, Mandalay, Kayin, Mon and East Bago Regions

In March, the 3MDG Fund met project team of each partner- ASG, PDO, CDA, Mahaythi and MHAA in Tarchileik, Mandalay, Hpa-An, Mawlamyine and Shwe Gyi townships, presented the “What Beneficiary Accountability Is and why organization needs to set up Community Feedback Mechanism” and facilitated the process of CFM self-assessment conducted by Project Teams.

In addition, activities carried out by partner organizations for the Key Elements/Standard Benchmarks of BAF were reviewed. As a direct observation, 3MDGF went to 5 villages and 2 peri-urban wards, discussed with community beneficiaries, asked their preferences of the CFM channels/tools and observed their perceptions on CFM. The 57 project management staff and field staff, 2 independent consultants, 15 volunteer health workers, 91 community members and 1 village administrator involved in this review process.

2. Review Methods and Focus

The methods employed in gathering and assessing information were the following:

- Desk review: study of key documents related to BAF and CFM made available by CBOs/LNGOs
- Interviews with a cross-section of the relevant stakeholders (focal point staff, senior level management staff, independent consultant and relevant community beneficiaries)
- Direct Observation of CFM tools and practices in the field of each CBO

Duration of the Review
Desk Review and Field Visits (both Yangon and Regional Sites): March 2013,
Information Analysis and Reporting: April 2013

Information Analysis
The gathered information was analyzed by triangulation method. Triangulation of information gathered from the field visits by comparing the findings with assessment interviews, and comparing CFM summary reports every six month by CBOs and CFM annual review reports by independent consultants of each organization and published information.
3. Key Findings and Observations

(3.1) Review on Existing Feedback Tools and Practices among CBOs

The feedback tools used by partners were diverse, including direct verbal feedback from thematic focus group discussions or participation in regular Community Advisory Committee meetings. Feedback could also be given during regular monitoring or CFM consultant visits and meetings with beneficiaries and self-help groups. Home visits of patients, phone calls and written feedback through suggestion boxes in common places and availability of “ready to post” envelopes provided further feedback channels in most project sites. Besides, Most Significant Change (MSC) method was also used in 2011 and success stories were reported by IPs. Most of them distributed CFM promotion pamphlets, vinyl sheets and newsletter to improve understanding and to increase participation and raising awareness among project communities and key stakeholders.

For almost all of the valid feedback/inquiries/complaints of project communities, all partners put effort to handle and respond in every six month. However, only few IPs have focal point persons to assess and monitor the use and effectiveness of these tools. Existing tools should be assessed by CFM consultant and focal point staff with communities for more reliability, accessibility and efficiency. The tools need to be continuously strengthened and should be user friendly.

Table: Numbers of feedback received by CBOs/LNGOs in 2012

<table>
<thead>
<tr>
<th>Organization</th>
<th>Number of Feedback (Jan-Dec 2012)</th>
<th>Common channel/tool</th>
<th>Three most common feedbacks</th>
<th>Other accessible tools</th>
</tr>
</thead>
</table>
| ASG          | 386                              | Most from 30 suggestion boxes | i. Inquiry and request for more Care & Support for PLHIVs  
ii. Request for ARV Drug Free of Charge  
iii. Thank you letters | Other tools use: in the community meetings, in person at project office |
| PDO          | 134                              | Most from 26 suggestion boxes | i. Thank you letters  
ii. Request for project extension and additional primary health care services  
iii. Inquiry for Water and Sanitation services | Other tools use: Focus Group Discussion, in person to volunteer health promoter |
| CDA          | 431                              | Most from 70 suggestion boxes | i. Inquiry for the extension of project services  
ii. Request to provide additional | Other tools use: in person direct feedback, in the CMPC meetings |
<table>
<thead>
<tr>
<th>Organization</th>
<th>Suggestion Boxes</th>
<th>Tools Used</th>
<th>Feedback Requests</th>
</tr>
</thead>
</table>
| Mahaythi | 289 | Most form 12 suggestion boxes | i. Positive feedback and thank you letters  
  ii. Complaint letters to SW-SHG members  
  iii. Request for extension of current project services and additional primary health care | Other tools use: providing ready to post envelopes, receiving direct feedback through workshop, gathering meeting, SHG meeting and M&E visits |
| MHAA | 1490 | Most from 194 suggestion boxes | i. Inquiry for the extension of project services  
  ii. Training request for first aid and minor illness  
  iii. Thank you letters | Other tools use: telephone, in person direct feedback |
| RMO | 16 | Most used ready to post envelopes | i. Suggestion on the project services that organization provided to target communities, (e.g. suggestion to change the type of food and nutrition items)  
  ii. Request for other services (e.g. primary health care services for general population who live in rural area)  
  iii. Complaint letters (e.g. information about fraudulent actions of the project staff) | Other tools use: 5 suggestion boxes, receiving direct feedback at operation office |
| SARA | 354 | Most from 15 suggestion boxes | i. Thank you letters for drug treatment services  
  ii. Request letters for additional services e.g. vocational trainings and financial support to start businesses for project beneficiaries  
  iii. Complaint letters about the attitude of some staff at DICs. | Other tools use: awareness raising sessions, in person direct feedback during visit to DICs |
(3.2) Team Capacity

Resources such as fund, human resource (focal point), team/organizational capacity, manuals and materials, strategic guidelines are all vital elements for effective implementation and sustainability of BA. 3DF supported CFM budget to each partner for setting up the mechanism and hiring a technical consultant and provided accountability trainings to CBO project staff and Township Medical Coordinators (TMCs). In addition, 3DF has been networking with existing accountability initiative in country such as Accountability & Learning Working Group (ALWG) \(^2\) and Local Resource Centre (LRC) \(^3\) to learn practical experiences of other NGOs in accountability issues and to access resource persons. For the accountability training and feedback policy development, RMO, CDA and SARA took the necessary services from accountability resource pool (ALWG) apart from their independent consultants, recruited in terms of six monthly basic. ASG, PDO, Mahaythi and MHAA have not fully developed feedback policy, procedure and flow chart yet. In this case, interest and support of CBO governing boards are essential for the sustainability of CFM. Most of the BA frontline facilitators (community volunteers and field staff) received insufficient orientation about BA and CFM that hampered the effective implementation of BA activities. In the period of 2012, there was trained staff turnover and volunteer drop out. Most of the current project staffs haven’t built technical competencies to strengthen the accountability and feedback system. They have less confidence to carry out the CFM without technical capacity and proper guidelines. Besides, qualified resource person is shortage in regional locations to provide required consultancy service and tailormade training.

(3.3) Process of engagement with community beneficiaries

Using a range of feedback tools, partners engaged beneficiaries in project implementation as well as in monitoring and evaluation. At first, engagement process started with advocacy meeting involving local authorities, target communities and other key stakeholders. This process included in developing appropriate tools and required materials. Next, they distributed pamphlets to project communities and set up suggestion boxes at common places in the project sites. And then based on their respective SOPs, partners collected, categorized, handled and responded the community feedback six monthly by independent consultant with project team and occasionally by project managers/coordinators. Finally, in 2012, the CFM activities were more familiar among the project communities after appropriate amount of sensitization and advocacy efforts.

(3.4) Results of engagement with community beneficiaries

CBOs, promoting beneficiary accountability and project quality, have had results/benefits not just for target communities in the project areas, but for staff, managers and the organization as a whole.

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\(^2\) ALWG has been established in late 2008 and steered by 8 local and international NGOs “to promote institutionalization of accountability practices among civil society organizations in order to strengthen good governance in Myanmar”. Website: [www.alwgmyanmar.org](http://www.alwgmyanmar.org)

\(^3\) LRC is a host organization for ALWG. Since 2008, it has been providing humanitarian accountability training series in cooperation with accountability resource pool for the staff of NGOs/CBOs. Website: [www.lrcmyanmar.org](http://www.lrcmyanmar.org)
Results include (1) documented feedback policies and procedures including technical guidelines, (2) staff compliance with basic accountability obligations, (3) timely provision of relevant organizational information to target populations, (4) correction of minor mistakes and effective risk management of the organization using CFM, (5) increased interest and involvement of local authorities and well-wishers in the national response to 3 diseases at township level, (6) increased trust and communication between organizations and the communities through a community-based approach, (7) improved planning and use of resources by partners based on identified needs, (8) valuable management information through feedback system, (9) enforced quality services and (10) stimulated two-way discussions on a regular basis between CBOs and the people they work for.

**Table: Specific Feedback and Positive results**

<table>
<thead>
<tr>
<th>Organization</th>
<th>Specific Feedback Received</th>
<th>Positive Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASG</td>
<td>To provide ARV Drug, to appoint PLHIV Project Staff and to form PLHIV Self Help Group.</td>
<td>After the discussions with board members, key stakeholders and local well-wishers, Shinbarkula, Local ARV Drug Fund, has been established. 3 PLHIVs staffs are appointed. 2 SHGs, Dawn and Pwint Thitsa, have been formed.</td>
</tr>
<tr>
<td>PDO</td>
<td>To change items of nutrition support, to organize HIV HE sessions in the evening</td>
<td>Recommended nutrition items are supported. HIV HE sessions are rescheduled to provide in the evening. Likewise, this practice was applied in TB and Malaria HE sessions.</td>
</tr>
<tr>
<td>CDA</td>
<td>To distribute more number of LLINs that are proportionate with number of family members and to give LLINs to the migrant people</td>
<td>The suggestions were reported to 3DF. Then, additional 4300 LLINs were distributed in 2012.</td>
</tr>
<tr>
<td>Mahaythi</td>
<td>To educate SWs to use female condoms.</td>
<td>Mahaythi provided more HE sessions and arranged peer to peer health talks. As per one to one discussion during monitoring visit, SWs widely use the female condom. Condom usage behavior among the positive couples is also increasing and demand for condom supply is becoming higher.</td>
</tr>
<tr>
<td>MHAA</td>
<td>To provide gloves to Social Malaria Workers for safer blood test To provide more malaria drugs (from both Rakhine and Shwe Gyin sites)</td>
<td>MHAA reported to head office and provided not only gloves but also thermometers to 194 SMWs (both Rakhine and Shwe Gyin) in Dec 2012. MHAA planned to procure in next quarter.</td>
</tr>
</tbody>
</table>
RMO  | To review the existing structure and strategy of the organization  | RMO conducted a strategic plan workshop, reformed 5 departments and developed more clear ToRs for Executive Committees. All staff agreed to set up CFM not only for health project but also for other livelihood and child projects. Feedback review team and review board are also reformed to incorporate the views of project beneficiaries in program decisions.

SARA  | To clean up syringes and needles being discarded besides the roads in the wards that causing nuisance to the public  | SARA and other IPs together with the local administrative committee members discussed and made plans to clean up syringes and needles with the help of local volunteers, daily wagers and outreach workers and which was supervised by the local community.

(3.5) Review on 3DF Beneficiary Accountability Framework

Based on the success of CFM and recommendation from mid-term review of the 3DF program by external evaluation, the 2010 3DF Beneficiary Accountability Framework (BAF) was later developed through a series of discussions and a final consultative workshop involving international and local NGO implementing partners. The consultancy led a participatory process of formulating a 3DF BAF involving key stakeholders of all Implementing Partners. This collective formulation of BAF was for the purpose of mainstreaming beneficiary accountability across all 3DF supported projects using a rights-based and community led approach. The framework has since served as a guidance tool to engage meaningfully with communities in project planning, design and implementation. The key elements/standard benchmarks incorporated in the framework are (1) a statement of commitment & delivery plan, (2) information sharing mechanism, (3) participation, (4) complaints handling & feedback mechanism and (5) gender accountability (gender sensitivity &mainstreaming).

The review process of IPs BA commitments studied the following elements: (1) IPs statement of BA commitment – commitments may include external standards, codes, principles, and guidelines, in addition to internal values, mandate, principles, policies and guidelines. This includes commitment to 3DF operational guidelines which required IPs to meaningfully engage with communities in all program processes. (2) A baseline or an analysis of the current status of the organization’s accountability framework.

Based on the IPs’ understanding and implementation of BA Standards, it was noted that all partners are in organizational learning stage. Among them, two IPs (ASG and RMO) are making significant progress in putting

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4 Beneficiary Accountability Framework is a statement containing a set of definitions, procedures, and standards that specify how an organization will ensure accountability to their project beneficiaries. 3DF commissioned a beneficiary accountability consultancy to help develop a common 3DF Beneficiary Accountability Framework. Niechu Angami, consultant, led the framework development process in 2010.
accountability to beneficiaries on the project agenda and two IPs (CDA and RMO) have initiated steps towards learning international standards like HAP Standard, systematic Sphere compliance and NGO code of conduct. As BA is the organizational commitment, most of them need to get necessary support and strategic advices from governing board/executive committee.

(3.6) Challenges in Practice

- It was expected that civil society would play a key role in independent monitoring and feedback. However, target communities in previously hard to reach or unstable areas were not yet sufficiently empowered to participate fully in the project.

- Further challenges for effective use of feedback tools were related to, ethnic language barriers, low literacy and culturally or context inappropriate designs.

- Besides, turnover of trained staff, volunteer dropout, scarcity of resource persons (CFM technical consultant), and limited understanding of BA processes represented other obstacles.

- The current practice for handling feedback and responses on a six monthly basis is not effective when project communities raised urgent and important issues.

- Not only is access to information essential for improving health awareness and access, it is impossible to mobilize for change without it. People cannot demand services and accountability if they do not know what they need and what they are entitled to. In order to enhance accountability and quality, provision of timely, clear and relevant information sharing to project communities is required.

- All IPs launched CFM; however some organizations still don’t have documentation policy and procedure.

- Inadequate attention of governing boards and senior management teams of some IPs for providing strategic advice on how to translate the core elements of the BAF into practice slowed down efforts for community participation in some project sites.

Based on these experiences, lessons Learnt for 3MDGF include (1) possible integration of the accountability framework into the 3MDG M&E strategy, (2) taking into account the IPs’ capacities and operational costs, as well as the time needed, (3) providing on-going technical assistance to IPs in terms of enhancing quality & accountability management system and (4) creating more opportunities for sharing and cross learning of BA experiences, expertise and lessons gained by IPs over the year.
Conclusion and Recommendations

Quality of feedbacks has improved since 2012 as communities have received more information and have understood better the project goals and activities. Besides, the effect of improving the quality of the project services and promoting accountability to beneficiaries through CFM has served the local partners to identify and strengthen their planning, management, stakeholders’ engagement, risk management and communication systems. However, more work remains to be done to empower beneficiaries living in hard-to-reach or unstable ethnic areas to participate meaningfully in the project and to conduct proper information campaign to promote BA activities. Visibility of BA initiatives in documentation processes of all IPs should be strengthened.

Continuing attention should be paid to necessary budget provision, project staff competencies, ethnic language barriers, low literacy and culturally appropriate feedback designs for effective use of the accountability mechanism.

At the same time, ownership of the process should not be only within the project team and it should be rest with leadership of the organization for sustained change in the organization’s accountability practices. The organizations that made commitments on BA and CFM should regularly monitor their performance, including in relation to the BAFs, staff competencies, sharing information, and enabling participation, handling complaints/feedback and learning. It is expected that monitoring and learning will provide context-appropriate ways for more accessibility and, precise information sharing on organizations involved and their quality of services. Further, ensuring timely feedback and responses will be facilitated.

The next step for 3MDG Fund is to mainstream the BAF, which had served as a guidance tool to engage meaningfully with communities but was not fully operationalized under 3DF program due to timing and resources constraints, across all projects of implementing partners. One of the ways to ensure that is by having a dedicated budget line in the project budget planning on accountability practices in addition to reporting requirement. The ultimate aim of this effort, besides promoting greater transparency and accountability in 3MDG Fund program, is for local communities to naturalize and own the accountability mechanism - so that they take a more proactive approach to holding the organizations and projects accountable to the people in the community and their needs.

Dissemination of Findings

In order to maximize cross learning and continual improvement, the Performance Management Unit will consider dissemination of key findings to the partners through consultative workshop in Yangon when relevant.

References

- 3MDG, February 2012. Description of Action, Multi Donor 3MDG Fund 2012-2016 (Final Draft).
- Niechu Angami, August 2010. 3DF Beneficiary Accountability Framework.
Annex I: CFM Self-Assessment Review Questionnaire

<table>
<thead>
<tr>
<th>Terms used</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Feedback</strong> – a positive or negative statement of opinion about something.</td>
</tr>
<tr>
<td><strong>Complaint</strong> – a formal expression of dissatisfaction or discontent about something.</td>
</tr>
<tr>
<td><strong>Community Feedback Mechanism (CFM)</strong> – a formalized mechanism that provides a safe, accessible and effective channel for individuals/community beneficiaries to give feedback and raise complaints and for a response or redress to be given. The questions on this form focus on CFMs for the community beneficiaries you work with and other local stakeholders.</td>
</tr>
</tbody>
</table>

**Notes for those answering the questions:**

1. Relevant Staff are encouraged to spend time in a group to discuss and answer the questions.
2. The questions are not meant to find fault but to identify existing practice, share lessons, and look for areas where additional support is needed. Sensitive answers will be kept confidential.
3. When return the completed questionnaire, it is required to include any other documentation that may help us to understand existing mechanism(s) to handle and address feedback, concerns and complaints from target beneficiaries and other relevant stakeholder – i.e. feedback handling and response policy, procedures, notes or minutes from meetings etc. These will all be treated in confidence and no data will be used without prior consent.

**Section A- Background Information and Context**

**A1. Background Information**

i. Name of your organization:

ii. Name & position of the person(s) completing this questionnaire:

iii. Date this questionnaire was completed (dd/mm/yy):

iv. Who should be contact for further information regarding these answers? Please include contact details:

**A2. What do individuals from the communities (where you work) usually do when they are dissatisfied with (or have a complaint/feedback/question/concern to raise about) aspects of a health project?**

i.

ii.

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5 This Assessment Review Questionnaire was modified from “Understanding existing practice among save the Children UK's partners in handling complaints-Bangladesh. Complaints Handling Questionnaire” developed by HAP Field Team for SCUK Bangladesh, 2008.
### A3. What may prevent an individual from the communities you work with from giving feedback?

i.

ii.

iii.

iv.

v.

### A4. Do other NGOs in your area of work provide mechanisms for beneficiaries/other local stakeholders to raise concerns/feedback/complaints?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DON’T KNOW</th>
</tr>
</thead>
</table>

(please tick as appropriate)

If ‘Yes’ → please provide information about NGO, description of its mechanism

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**Section B - Understanding the existing Community Feedback Mechanism - for those projects with a formalized channel through which beneficiaries can give feedback**

<table>
<thead>
<tr>
<th><strong>B1.</strong> What mechanism(s) do you have in place through which beneficiaries and other local stakeholders can give feedback?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>B2.</strong> What influenced your decision to establish the formal mechanism(s)? Please list internal and external factors, events, etc.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>B3.</strong> How did you decide on the mechanism(s)? Please outline the steps in the process of setting it/them up, who was involved, why (how were they chosen, decided) and how.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>B4.</strong> Who can use the mechanism(s) / give feedback? Please list the different stakeholder groups</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>B5.</strong> What kind of feedback can be given? Please list all types of feedback that can be given and that will be given due consideration.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>B6.</strong> Please list the 3 most common feedbacks, who raise them and how you respond to them. (This is so FMO can gain an understanding of the range of issues CBO staffs are currently responding to.)</th>
</tr>
</thead>
</table>
### Common feedback received

<table>
<thead>
<tr>
<th>Concern (i.e. beneficiary, potential beneficiary, host community, partners, local authorities, etc...)</th>
</tr>
</thead>
<tbody>
<tr>
<td>i.</td>
</tr>
<tr>
<td>ii.</td>
</tr>
<tr>
<td>iii.</td>
</tr>
</tbody>
</table>

### 3DF project specific feedback received (Jan-Dec 2012):

#### When
- i.e. during what stage in the project cycle / during what activity in Month & Year

#### Who gives this feedback:

#### Channel used:

#### Effective Intervention made:

#### Results:

### B7. Is there a specific procedure to be followed from when feedback is given until a response is provided?

If yes please give the date this was adopted, and fully describe the procedure. If you have documentation (feedback policy, procedure guidelines, etc.), please share.

### B8. How are staff and beneficiaries/other local stakeholders informed about the feedback handling and response procedure? Please give details of any communications, workshops, trainings, meetings, etc. that took place

<table>
<thead>
<tr>
<th>Staff</th>
<th>Beneficiaries/other local stakeholders</th>
</tr>
</thead>
</table>

### B9. Please outline the steps taken after feedback/concern/complaint is received, and list who is involved in each step?

<table>
<thead>
<tr>
<th>Step</th>
<th>Who</th>
</tr>
</thead>
<tbody>
<tr>
<td>i.</td>
<td></td>
</tr>
<tr>
<td>ii.</td>
<td></td>
</tr>
<tr>
<td>iii.</td>
<td></td>
</tr>
<tr>
<td>iv.</td>
<td></td>
</tr>
<tr>
<td>v.</td>
<td></td>
</tr>
</tbody>
</table>

### Section C – Assessing the existing mechanism

#### C1. What are the existing tools/communication channels for community beneficiaries under the CFM?

<table>
<thead>
<tr>
<th>i.</th>
</tr>
</thead>
</table>
C2. What are the most common tools used by community beneficiaries?

- i.
- ii.
- iii.
- iv.
- v.

C3. How accessible and safe do you feel your procedure is to the following groups of people?

<table>
<thead>
<tr>
<th>Group</th>
<th>How accessible and safe?</th>
<th>Why? Explain your answer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(very, medium, not)</td>
<td></td>
</tr>
</tbody>
</table>

- i. Women
- ii. Children
- iii. Disabled people
- iv. Elderly

C4. Does your procedure state the following?

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes or No</th>
</tr>
</thead>
<tbody>
<tr>
<td>the right of beneficiaries and other specified stakeholders to give feedback</td>
<td>YES ☐ NO ☐</td>
</tr>
<tr>
<td>confidentiality and non-retaliation policy for feedback givers/complainants</td>
<td>YES ☐ NO ☐</td>
</tr>
<tr>
<td>the process for safe referral of feedback/complaints that it is not equipped to handle</td>
<td>YES ☐ NO ☐</td>
</tr>
</tbody>
</table>

C5. How do you monitor compliance with the procedure and ensure integrity of the system? Please list here who has overall oversight responsibility for the mechanism; how implementation in being monitored reviewed and reported against.

C6. How many feedback/complaints have you received up to Dec 2012, how many of these were valid and how many received a response? Please further disaggregate this data according to the records that you keep.

C7. What do you feel have been the advantages and disadvantages of having a formalized feedback channel as part of your project? And why? Please given examples where possible.
### Section C – Understanding the mechanism

<table>
<thead>
<tr>
<th>C8. What resources were necessary in setting up the mechanism? Please be as specific as possible, referring who led/managed the set up process, number of staff involved in set up and communication, related financial resources and other costs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>C9. What resources do you need on an annual basis to maintain the effective operation of the mechanism (indicating actual or projected)? Please be as specific as possible referring to human resources (including who is managing it, number of other staff, position of these staff and percentage of their time), financial resources (indicating area of spend), and other resources.</td>
</tr>
<tr>
<td>C10. In your opinion, has the mechanism been successful? If so, what are the positive results? Please be as specific as possible and provide examples.</td>
</tr>
<tr>
<td>C11. What are some of the main lessons learnt in setting up and running the mechanism? What advice would you give to another office embarking upon a similar process?</td>
</tr>
</tbody>
</table>

### Section D – Understanding what resources and/or support would be needed to implement formalized community feedback system across health project sites

<table>
<thead>
<tr>
<th>D1. Given your local knowledge, through what formal mechanism do you think beneficiaries and other stakeholders would feel most comfortable to listen feedback/complaints/concerns? List all for different groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>D2. What would be the main obstacles to be overcome in order to establish a formal feedback response mechanism in your programme/project? Please consider the following (as appropriate).</td>
</tr>
<tr>
<td><strong>External</strong> (related to the cultural, political, etc. environment in which you work)</td>
</tr>
<tr>
<td><strong>Staff related</strong> (thinking about staff capacity, attitudes, turnover etc.)</td>
</tr>
<tr>
<td><strong>Other obstacles</strong></td>
</tr>
<tr>
<td>D3. How could you improve the way in which your organization addresses feedback/concern/complaints raised by community beneficiaries?</td>
</tr>
<tr>
<td>D4. What resources and/or support would you need in order to improve your current CFM? Please be as specific as possible; who could provide this support, etc.)</td>
</tr>
</tbody>
</table>
D5. Please make any other relevant comments, and add information that you think would be useful in the context of this work but has not been captured above.
### Five Key Elements of 3DF Beneficiary Accountability Framework

<table>
<thead>
<tr>
<th>Five Key Elements of 3DF Beneficiary Accountability Framework</th>
<th>Operational Status by the organization (up to Dec 2012)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(1) A Statement of Commitment &amp; Delivery Plan</strong></td>
<td></td>
</tr>
<tr>
<td>The organization has a clear statement of commitment towards ensuring beneficiary accountability that is publicly available and ensures that adequate mechanisms are in place to measure compliance with agreed statement</td>
<td></td>
</tr>
<tr>
<td><strong>(2) Information Sharing Mechanism</strong></td>
<td></td>
</tr>
<tr>
<td>The organization makes relevant information publicly available in appropriate way which allows beneficiaries and communities to make informed decisions and choices.</td>
<td></td>
</tr>
<tr>
<td><strong>(3) Participation</strong></td>
<td></td>
</tr>
<tr>
<td>The organization has established systems that enable communities to input into decisions that affect them, including enabling stakeholders’ input into the broader project design and implementation.</td>
<td></td>
</tr>
<tr>
<td><strong>(4) Complaints Handling &amp; Feedback Mechanism</strong></td>
<td></td>
</tr>
<tr>
<td>The organization has a formal mechanism in place which ensures that the beneficiaries and communities can provide feedback, seek and receive response for concerns, and hold the project answerable to them.</td>
<td></td>
</tr>
<tr>
<td><strong>(5) Gender Accountability (gender sensitivity &amp; mainstreaming)</strong></td>
<td></td>
</tr>
<tr>
<td>The organization demonstrates serious commitment to Gender equity and sensitivity in every aspect of the project planning, design and implementation.</td>
<td></td>
</tr>
</tbody>
</table>

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