

ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

MAPPING TO CREATE AN AAP BASELINE FOR THE R4V REGIONAL RESPONSE

September 2021



Inter-Agency Coordination
Platform for Refugees and
Migrants from Venezuela

TABLE OF CONTENTS

GLOSSARY OF KEY TERMS	3
ACRONYMS.....	5
INTRODUCTION AND METHODOLOGY	6
OVERVIEW OF FINDINGS.....	9
HOW DO WE SCALE-UP COLLECTIVE APPROACHES?.....	20
RECOMMENDATION	22

GLOSSARY OF KEY TERMS

ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

According to the IASC understanding¹, one many organisations adhere to, Accountability to Affected Populations, is “an active commitment by humanitarian actors to use power responsibly by taking account of, giving account to and being held to account by the people they seek to assist”. It ensures that communities are meaningfully and continuously involved in decisions that directly impact their lives and recognize the community of concern’s dignity, capacity, and ability to be independent².

AFFECTED POPULATIONS

This refers to people in crisis-related contexts whom humanitarian actors seek to assist, including those at risk of being affected by a crisis. It also encompasses all people who benefit from community-based programming, whether they host affected populations or are communities of origin/return/transit or at risk.

COLLECTIVE APPROACH TO AAP

A collective approach to AAP is a multi-actor, multi-service initiative encompassing the whole humanitarian response rather than a single agency or programme. It focuses on two-way communication: providing information and gathering input from communities via feedback collection mechanisms. It can help close the feedback loop by informing communities about how their input has been taken into account. Collective approaches to AAP seek to put people rather than projects at the centre of accountability, focusing on the overall response and engaging in a comprehensive dialogue to minimise confusion due to fragmented systems and maximise resources.

COMPLAINTS AND FEEDBACK MECHANISM (CFM)

This is a process for receiving feedback and responding to complaints from people affected by crisis or those impacted by humanitarian actors’ presence and assistance. CFMs foster quality and responsive programming and help build trust and stronger partnerships with communities. It further creates a safe space for communities to willingly report issues that require humanitarian actors to inquire, investigate and/or follow up. It can also be a channel to report humanitarian staff misconduct such as SEA allegations, fraud or corruption cases.

PARTICIPATION

Participation means putting affected populations at the centre of the humanitarian response. This can be achieved by ensuring communities are included in the decision-making process to deliver assistance that is relevant, timely, effective and efficient. As well as, putting people first and recognising the importance of understanding of, and responsiveness to, the diversity within communities. Humanitarian actors can foster a participatory environment by opening two-way communication channels that encourage dialogue and feedback of different groups and sharing information transparently with affected communities at all times of the response.

¹ https://interagencystandingcommittee.org/system/files/aap_psea_2-pager.pdf

² https://www.unhcr.org/handbooks/aap/documents/UNHCR-AAP_Operational_Guidance.pdf

TRANSPARENCY

This is providing accessible, appropriate and timely information to affected populations. It is one of the cornerstones of accountability; it helps build trust that facilitates two-way communication between parties. It involves sharing information in the most appropriate manner ensuring the language is understood by the different groups in a community through channels that consider their preferences and communication behaviours.

TWO-WAY COMMUNICATION

This is also known as “community engagement”, which refers to an interactive process in which information is shared, and feedback actively received (closing the feedback loop). Accountability is not a one-off event. It requires direct and sustained engagement with communities, through transparent and continuous two-way communication. It requires actions and approaches that enable communities to meaningfully participate in key decisions throughout the programme cycle: assessment and analysis, planning and design, resource mobilization, implementation, monitoring and evaluation.

ACRONYMS

AAP: Accountability to Affected Populations

C4D: Communication for Development

CEA: Community Engagement and Accountability

CFM: Community Feedback Mechanisms

CoC: Code of Conduct

CWC: Communication with Communities

CVA: Cash and Voucher Assistance

FGD: Focus Group Discussion

JNA: Joint Needs Assessment

KII: Key Informant Interview

NNGO: National Non-Governmental Organization

PSEA: Protection against Sexual Exploitation and Abuse

INGO: International Non-Governmental Organization

IASC: Inter-Agency Steering Committee

MEAL: Monitoring Evaluation Accountability and Learning

R4V: Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela

RCCE: Risk Communication and Community Engagement

RMRP: Refugee and Migrant Response Plan

SEA: Sexual Exploitation and Abuse

SOP: Standard Operating Procedure

WG: Working Group

INTRODUCTION AND METHODOLOGY

ACCOUNTABILITY TO AFFECTED POPULATIONS

Accountability to Affected Populations in humanitarian responses requires aid actors to provide affected populations with accurate information, listen to and respond to their feedback and complaints, and include them in decisions that affect their lives. AAP is an essential part of good humanitarian programming at the programme or agency level to ensure assistance is relevant and efficient and strengthens trust between communities and humanitarian actors. Because of its transversal nature, AAP is not the responsibility of a single team or organisation; it is instead a shared responsibility of all actors and staff.

Collective AAP approaches seek to extend this approach further. It focuses on the overall response by putting people rather than projects at the centre to maximise available resources, minimise AAP action overlap among humanitarian actors, and reduce confusion about ways to reach aid actors in the served communities.



Through the RMRP2021, the Inter-Agency Coordination Platform for Refugees and Migrants (R4V) has committed to putting affected populations at the centre of its regional response by including AAP components in its planned action. In addition to continuously promoting the centrality and importance of AAP approaches for the individual work of partner organisations of the R4V, efforts are increasingly being made to support the adoption of collective approaches.

The key objective of the **Mapping to create an AAP baseline** was to conduct a stocktaking exercise of the current implementation conditions of AAP across the R4V response. The exercise aims to provide a clearer picture of the existing capacities, gaps, challenges, and opportunities to strengthen AAP as a joint effort between R4V Platform partners in collective approaches.

METHODOLOGY

The Mapping to create an AAP baseline was designed to explore the IASC revised commitments to AAP and PSEA³ :

- **Leadership:** commitment and institutional integration of AAP approaches in the Humanitarian Program Cycle and strategic planning processes, including capacity building and training initiatives.
- **Participation and Partnership:** Adoption of mechanisms that feed into and support collective/coordinated people-centred approaches to enable affected populations to play an active role in the decision-making and ensure that the most affected are represented and have influence.
- **Information, feedback and action:** Adoption of mechanisms that feed into and support collective and participatory approaches that inform and listen to communities, address their feedback and lead to corrective action. Plan, design, and manage protection and assistance programmes that are responsive to the diversity and expressed views of affected communities.
- **Result:** Measure AAP (and PSEA) related results at the agency and collective level, including through humanitarian standards⁴.

Partnership and participation and information, feedback and action can be defined as operational commitments as they translate into activities implemented at the field level.

In the questionnaire structure and in reporting the Mapping results in this document, the commitments have been simplified, and only core areas for this baseline have been investigated.

The Mapping was conducted aiming at collecting both quantitative and qualitative data. Qualitative data was collected through a survey that was disseminated with platforms partners. Given the transversality of AAP, responses to the study were sought across different profiles. The questionnaire was completed by both professionals whose roles are closer to implementing AAP activities (e.g., communication, protection and PSEA, MEAL and CWC experts) and professionals with other technical backgrounds such as Shelter and CVA experts. The questionnaire included 21 questions that asked respondents to rate their knowledge of AAP and its application in their day to day work, including responsibility for different activities, and also enquired about coordination and opportunities for joint up collaboration. The survey finally gathered information on the current opportunities and needs to scale up collective approaches and the challenges and obstacles for such initiative. To support the ongoing work of the Support Spaces Working Group, some questions were tailored to the need to understand AAP practices across Support Spaces practices, which are essential structures where humanitarian actors from across R4V are in contact with affected populations. A total of 181 responses were received from across the platform.

Quantitative information was collected to complement the Mapping with details regarding the different national or sub-regional contexts. It was collected through 11 KIIs to coordinators of the sub-regional and national platforms and experts from across thematic groups that overlook AAP, such as CWC and protection, depending on the local structure.

³ <https://interagencystandingcommittee.org/iasc-revised-aap-commitments-2017-including-guidance-note-and-resource-list>

⁴ Such standards include the Core Humanitarian Standard and the Minimum Operating Standards on PSEA; the Best Practice Guide to establish Inter-Agency Community-Based Complaint Mechanisms (CBCM) and its accompanying Standard Operating Procedures.

KEY INDICATORS

To understand the current practices relating to AAP, some key indicators have been identified at the start of this exercise. Indicators have been based on the AAP commitments. They are intended to measure how AAP is currently implemented, taking into account the individual implementation lead by each organisation and their coordination with other stakeholders.

INDIVIDUAL AAP IMPLEMENTATION	COLLECTIVE AAP IMPLEMENTATION
% of organization that have an identified AAP focal point OR staff member for AAP	% of national, sub-regional or regional platforms who have an identified focal point OR staff member for AAP.
% of organizations that report providing information to affected populations	% of partners who coordinate on providing information to affected populations
% of partners who report to consult with affected populations as part of their response.	% of partners who take part to joint participation activities with the affected populations in the assessments, design and planning, implementation or monitoring and evaluation phase of the response.
% of partners who report having an established community-based feedback and complaint mechanism.	% of partners who report they participate in inter-agency community-based feedback and complaint mechanisms established for the participation of affected populations.
	% of organization who report to coordinate with other partners or organization on AAP activities.

Having established indicators will allow to measure progress when another similar exercise will be conducted in the future and look at whether actions implemented to strengthen overall AAP within the R4V response have had a positive impact.

OVERVIEW OF FINDINGS

PARTICIPANTS OVERVIEW

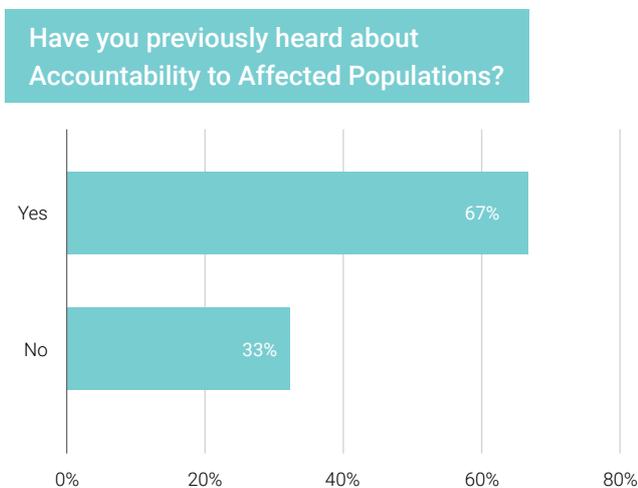


Qualitative interviews were conducted with members of the platform from the R4V national platform of Brazil, the GTRM national platform of Chile, the GIFMM national platform of Colombia, the GTRM national platform of Ecuador, the GTRM national platform of Peru, the R4V sub-regional platform of the Caribbean, the R4V sub-regional platform of the Southern Cone and the Regional R4V platform.

The majority (84%) of the respondents are directly involved in programme implementation or support colleagues in the field.

AWARENESS OF AAP AND CAPACITIES

The first commitment on AAP looks at how the organization has committed to AAP across its action. For this mapping exercise, the most relevant components of this commitment are the awareness of AAP among staff and human resources capacities dedicated to AAP.



The majority of the respondents (67%) have previously heard about AAP. While this is a positive result, about a third of respondents have not heard about it before⁵. This could be due to the fact that AAP is also referred to with other acronyms and definitions across the sector, e.g. CWC, C4D, CEA, RCCE.

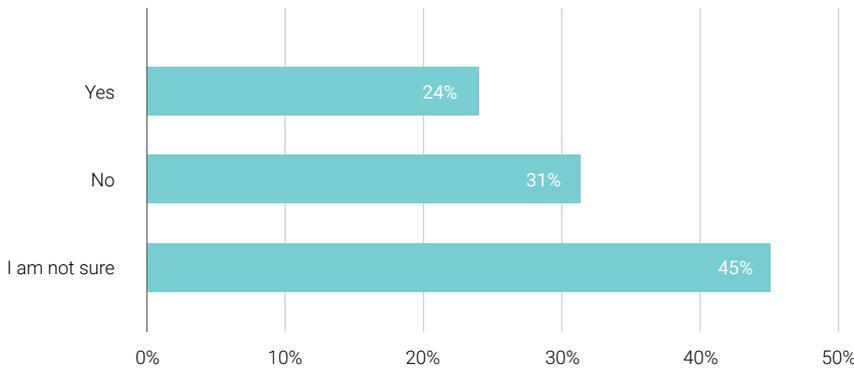
⁵ The survey ended at this point for respondents who responded 'no' to this question, meaning future data only represent the answers of the 67% of the respondents who have heard about AAP previously to completing this survey.

Disaggregating the data by type of organisations, it can be observed that local actors, Faith-based organisations, Community-based organisations and NNGOs have the least awareness of AAP. As these actors are the ones that work most closely with affected populations, this result might be due to the fact that while participation happens in reality, it is not recognised formally as such due to lack of capacity or lack of systematisation of some processes. Chile, Peru and Ecuador are the countries that report the least awareness about AAP. While in Chile many organisations are new to a response coordination structure such as the R4V and might need support in developing AAP capacity, Ecuador and Peru have a higher number of partners which are faith-based organisations, community-based organisations and NNGOs, which might influence the results.

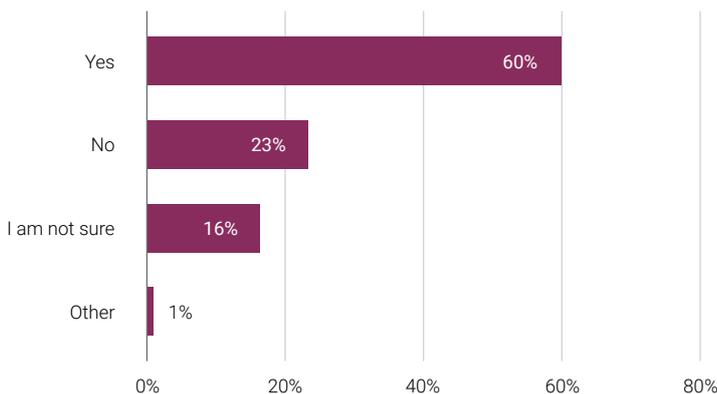
The majority of respondents have received an induction or training on AAP. However, almost half of the respondents have not. This result is confirmed by most interviews highlighting that capacity building is one of the most needed areas of support from the regional level. The CWC working group of the R4V National Platform of Brazil has planned an AAP training for 2021 open to all platform partners. The need to conduct training was also highlighted by the CWC working group of the GIFMM National Platform in Colombia plan to conduct live training; the Caribbean explained that capacity is stretched and self-paced learning materials might be more helpful. Capacity building is a priority for increased AAP implementation, especially for collective approaches. To ensure that multiple actors can be engaged in the area, it is important to create learning spaces open to all actors partners of the R4V response. It is crucial to open training to programme and technical sectors experts.

The majority of respondents report they are somewhat or moderately familiar with AAP, highlighting that capacity building and training could help strengthen AAP practices and fill gaps that might be a barrier to the current adoption of AAP practices. Among people who have heard about AAP, 29% feel they are very familiar with the concept, showing good expertise among the R4V response that can be leveraged to scale up collective approaches.

Is there an Interagency AAP focal point where you work (local, national, sub-regional level)?



Does your organization have an interagency focal point where you work (locally)?



60% of the respondents report that there is an identified focal point for AAP locally in their organization. While this is a positive result, meaning organizations are aware of the importance of AAP and have activities in place to enhance dialogue with affected populations, the picture is very different for interagency and collective approaches: in this case only 24% of the respondent know of an interagency AAP focal point where they work. Currently, identified working groups that look at AAP in the collective sense only exist at the regional level, and at the national level in Brazil, Colombia and Peru. At the regional level, in Brazil and in Colombia aspects of AAP are embedded in the works of the CWC/C4D groups. In Peru instead, the Communication and Protection working groups are both looking at different aspects of AAP. In other platform groups, there are no dedicated spaces where AAP is worked on or discussed in the collective sense. AAP joint initiatives, such as providing information to refugees and migrant communities, are handled case by case at the coordination level.

INFORMATION SHARING AND TRANSPARENCY

Sharing information transparently with affected populations in an accessible and timely manner on organizational procedures, structures and processes that affect them is one of the three operational commitments of AAP.



67% - 76% always share information on how to access the services of the organization, the context, the organization CoC, the rights in the relation to personal data management.



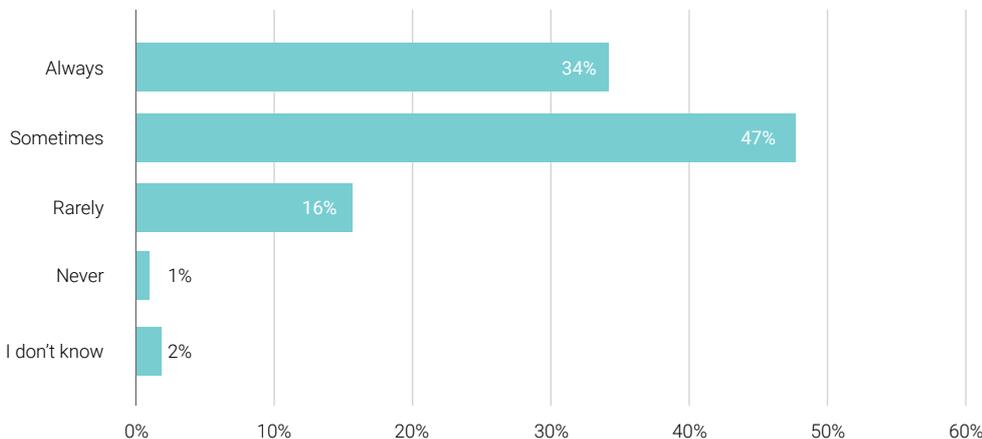
73% sometimes/rarely involve affected populations in developing information materials.

Among respondents that know of AAP and continued to the in-depth part of the mapping (67% of the respondents), information sharing results are positive, showing that R4V partners agree on the importance of empowering communities with information to make informed choices.

When looking at the involvement of affected populations in the production of communication materials, the practice is not so common. Given the COVID-19 pandemic outbreak impact and reduced operational capacity in some transit locations, organizing co-creation and validation spaces for information material has sometimes been a challenge, but strengthening capacities in this area and working collaboratively could help find innovative solutions.

79% of the respondents report that they consult at least annually on the preferred communication channels of the affected populations. This data is confirmed through interviews. The majority of the sub-regional and national coordinators mention the inclusion of questions or KII with communities that seek this information.

We coordinate on information sharing with other organizations to avoid duplications

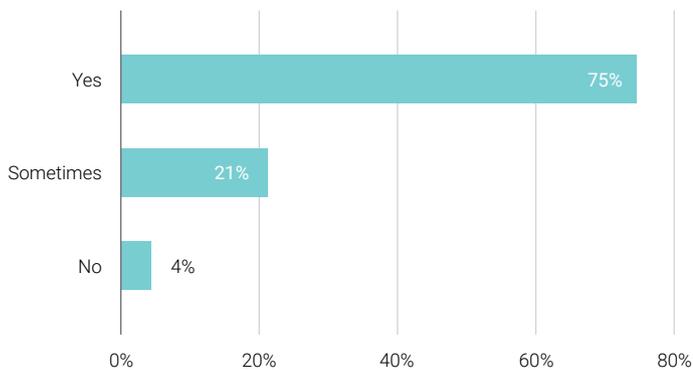


Coordination of information provision can happen on many levels. Coordination in this area is less common, though good practice exists in many contexts. For example, UNICEF, IOM, UNHCR and IFRC are coordinating regionally and nationally on the initiative of U-Report *Uniendo Voces* to bring information to young refugees and migrants digitally in a consistent manner. The CWC/C4D regional WG collaborates on different activities, including creating common messaging on COVID-19 vaccinations and information materials of the various routes in the region. In Ecuador, coordination happens more at the local GTRM⁶ level than at the national level. In the Caribbean, initiatives have been discussed at the coordination level. While building on current systems to enhance collective approaches is possible, coordination must be further strengthened, ensuring that it becomes a more common practice across the platform to ensure duplication is avoided.

PARTICIPATION

Enabling affected populations to play an active role in the decision-making processes that affect them is key to a relevant and effective response.

Do you consult with affected populations?



Most respondents have informal or established systems in place to consult with affected populations on their response. This is a positive result and signals that humanitarian actors are aware of the importance of creating spaces to interact and collaborate with the affected populations. When looking at how participation happens, we can see that most organisations make an effort to consult and collect qualitative and quantitative information (especially during assessments) though quantitative information collection is prevalent.

According to the demographic profile, groups are typically consulted separately, and efforts are made in most cases to at least sometimes consult with hard to reach groups such as indigenous communities.

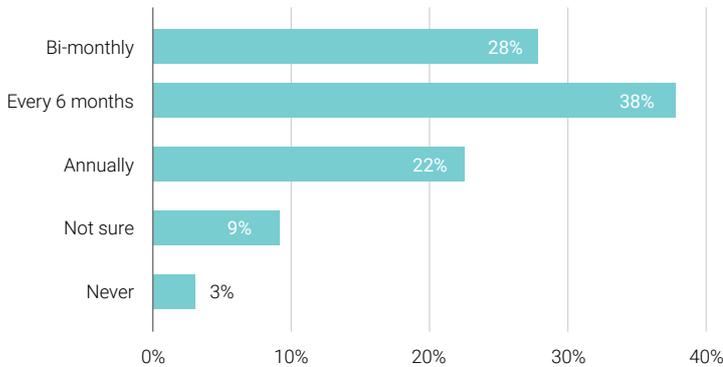
The mapping looked at all phases of the project cycle, whether and how communities are consulted, and to what extent.

While participation of affected communities is sought during assessments and humanitarian actors are aware of the necessity to ask people directly about their needs, priorities and preferences, this engagement is less common during planning, implementation, evaluation and reporting phases of the project cycle.

⁶ The GTRM National Platform of Ecuador is currently composed of 9 local GTRM platforms.

ASSESSMENTS

How often do you consult with affected populations in assessments?



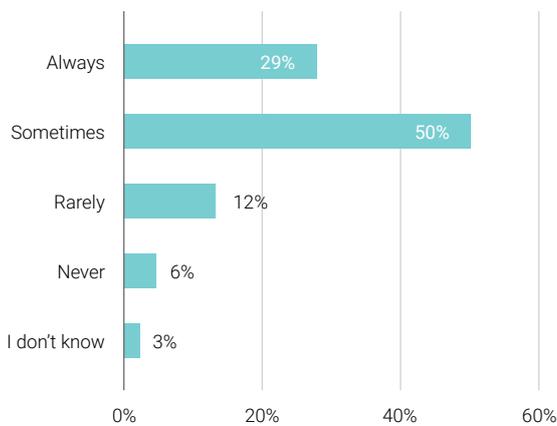
Results for consultation in assessments are overall positive. Ideally, consultation would happen regularly to ensure changes in contexts and needs can be constantly monitored. While this can be challenging, in practice, the results show organizations do consult with communities. Quantitative consultation during assessments happens once a year for 22% of respondents, every six months for 38% of respondents and every two months for 28% of the respondents. Qualitative consultation during the assessment is also done, and results are similar⁷.

However, during the interviews with National Coordinators, challenges have been mentioned regarding collective consultations, especially as part of the RMRP annual planning process. Many organizations seem to be running direct consultation with communities independently while finding it challenging to do so in a collective manner. Additionally, the results of consultations, although conducted individually, are not systematically shared among the different actors, resulting sometimes in duplications by consulting the same communities/same topics, efforts and resources.

Enhanced coordination and having an interagency national focal point for AAP could support such efforts and ensure that affected populations can be directly consulted during assessments at least once per year.

PLANNING

How often do you consult with affected populations in planning?

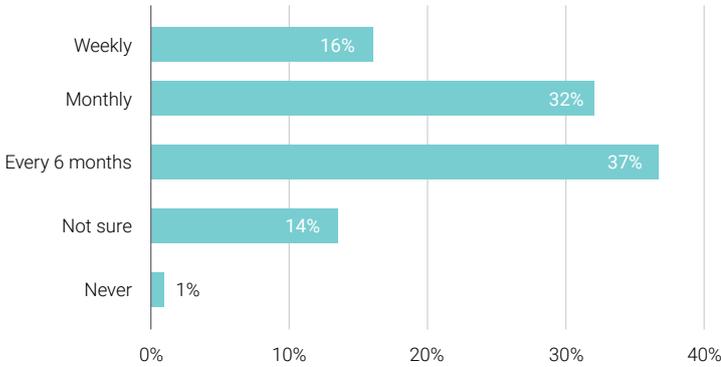


Consultation to plan activities together with affected populations doesn't always happen. The majority of respondents try to sometimes involve communities in planning exercises. However, this is a challenge. In addition to the complex context brought about by COVID19 and the mobile nature of the refugees and migrant communities, more efforts need to be put in place to operate in this sense. More effort should be made to involve affected people in planning, in spite of these challenges, which was mentioned by both an expert of the CWC taskforce of the GIFMM National Platform of Colombia and the Coordinators of the Sub-regional platform of the Caribbean and Chile.

⁷ 28% of respondents, every 6 months for 35% of respondents and every two months for 23%.

IMPLEMENTATION

How often do you collect feedback on assistance during the activities implementation?

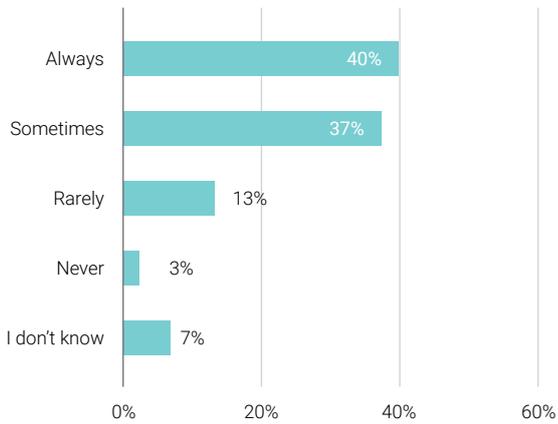


Participation during and after assistance is delivered, and results in these areas are overall positive, though participation could be further pushed to ensure the involvement of communities stays strong throughout the programme cycle.

While organizations are scaling up their efforts individually to improve their assistance and comply with donor requirements on AAP, it is essential to transfer this experience to collective action. Good practice must be shared widely on how communities are being involved in evaluations to encourage and collective approaches that monitor the assistance’s overall quality, relevance, and efficiency. This can be supported with improved coordination and by supporting partners with increased capacities.

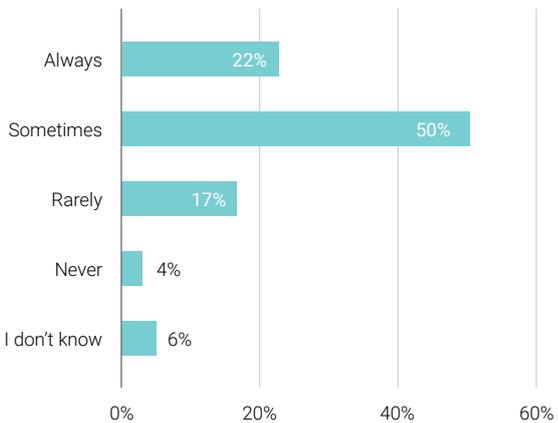
EVALUATION

Do you include affected populations in evaluations?



When asked about coordination in participation spaces, we can see that the results echo what has been said in qualitative interviews. There are some initiatives, but coordination is not an established practice for participation purposes and must be scaled up to encourage wider reach and action.

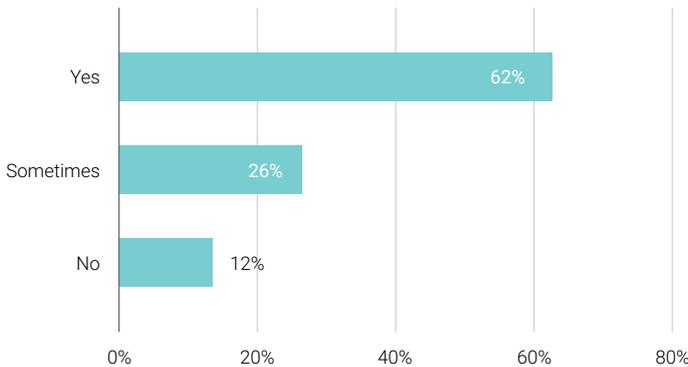
We coordinate with other organizations to carry out collective consultations



COMPLAINT AND FEEDBACK MECHANISMS (CFMS)

While not always systematic, the majority of the organisations are collecting feedback and complaints. Disaggregating the data by type of actor, it can be observed that this result is homogeneous. Implementing local partners (NNGOs, faith-based organisations, Red Cross Movement and Community-based organisations) reporting they always collect feedback, though sometimes not systematically.

In your programme or activity, are you systematically collecting feedback?



HOW DO CFMS WORK

55% Formal system are in place and feedback is collected regularly

- 36% Sometimes staff makes opportunity for listening
- 9% Feedback collected as needed

47% Feedback is formally recorded and analysed to be part of decision making

- 48% Trends are sometimes/regularly discussed internally
- 9% No systems in place to analyse feedback

73% Feedback is formally responded to

- 25% Feedback may or may not be responded
- 2% Not responding to feedback

MOST COMMON CHANNELS TO COLLECT FEEDBACK

1. Email
2. Suggestion boxes
3. Telephone hotlines

Barriers mentioned to these activities are lack of capacities, lack of knowledge and systems to systematise feedback and the difficulty to find a functional model. Capacity building and support with ready-to-adapt tools will be fundamental to scale up action in this area, especially to encourage collective approaches to AAP.

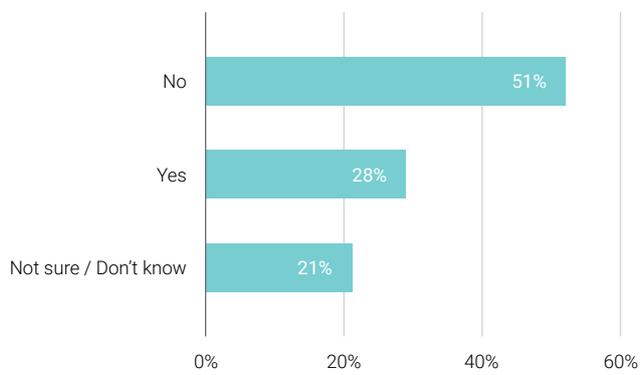
Coordination of collective CFMS is currently not joint among R4V partners, especially to collect feedback on the overall response. This aspect was discussed during the qualitative interviews. Coordination and collective systems are more common between implementing partners and donor organisations working on a specific

project together. For example, in Peru, implementing partners of UNHCR use systems of the donor organisations to collect feedback when relevant. In Ecuador, implementing partners of INGOs, such as CARE and HIAS, and implementing partners of WFP are also using the systems and implementing protocols developed by their donor partners.

The fragmented system to collect feedback, with each organisation having their hotline or email address, can be a problem in some contexts. However, in other contexts, standardisation of systems is not a priority: for example, in Ecuador, different systems are needed to reflect differences in the local contexts.

Many interviewees agree on the need to have minimum standards to identify trends and mention that it would be good if partners of the R4V shared feedback reports or systematisation more regularly to discuss community perspectives and take them into account to shape and modify the response.

Do you coordinate feedback and complaints mechanisms?



The data from the survey confirms this information, with the majority of respondents reporting that they do not coordinate CFMs.

The mapping exercise had a section to focus on CFMs in Support Spaces across the platform.

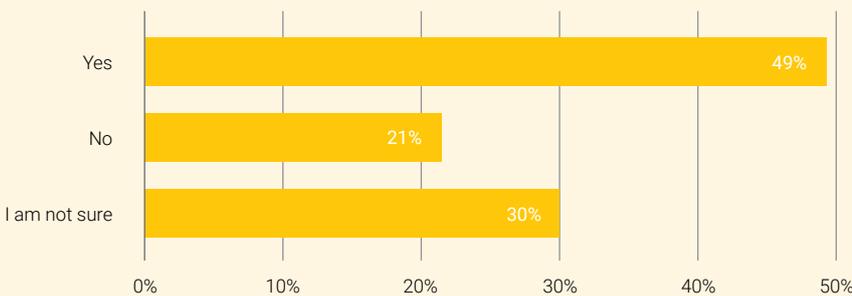
11% of the respondents of the survey are part of the Support Spaces Network and involved at the local or national level in the delivery of activities linked to this initiative. While this section specifically asked about CFMs of the Support Spaces, it is important to underline that information from this important group is reflected across the whole mapping.

The Support Spaces are a regional initiative which seeks to promote a coordinated network of spaces where information, guidance and basic services are provided. Depending on the location, a Support Space can be managed by different organisations jointly, or it can be independently run by one actor only, for example in case of information points. This variety of models can influence the results of these questions on CFMs.

Because of their often collective nature, inter-agency CFMs seem to be more common across the Support Spaces network than among other actors. 50% of the actors work together on collecting community inputs with collective systems which feed more organizations through one same mechanism. While there is a need to strengthen such practices, there already is a good base that could be leveraged to understand more about needs and opportunities to scale up joint work in feedback collection.

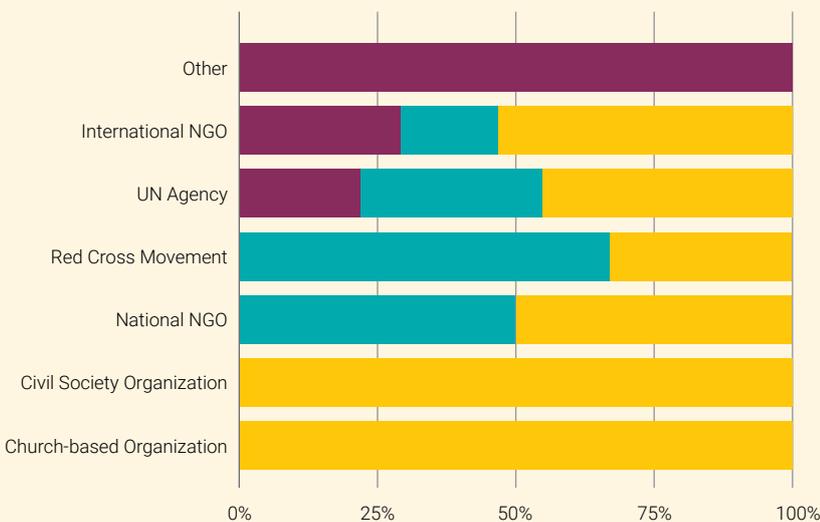
SUPPORT SPACES

Is there a CFM in the support space you are part of?



1. Email
2. Suggestion boxes
3. Telephone hotlines

Is there a CFM in the support space you are part of?



IS IT A COLLECTIVE CFM?

50% YES
 41% No
 9% Not sure

⁸ The taskforce will be convened after the launch of this report.

CFMs are not a new topic for Support Spaces. The existing resources toolkit, which supports organizations part of the network to implement services in a coordinated and coherent manner, has a full section about this topic. In the 2021 toolkit revision this section has been revised and improved to further support the work of participating actors in this area. CFMs will also be a key topic explored through capacity building opportunities and training will be coordinated and conducted together with efforts of the AAP Taskforce⁸.

PSEA

One fundamental component to being accountable to affected populations is having strong CFMs that can collect SEA complaints. Links between AAP and PSEA are crucial and must be made between the two areas to ensure existing mechanisms for feedback can also collect SEA complaints. Ideally, a complaint and feedback mechanism should be able to receive SEA and broader accountability complaints.

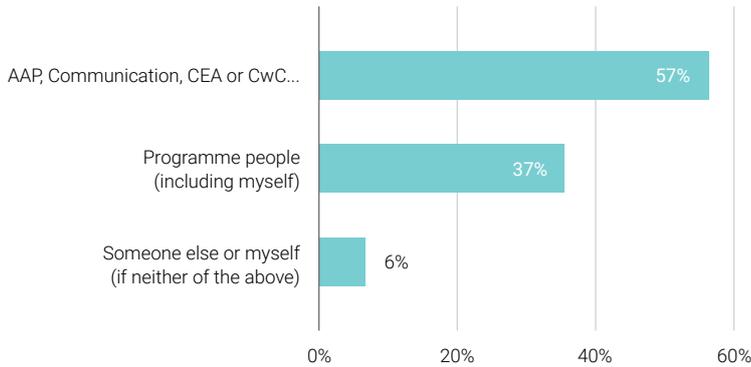
A starting point to enable such links has protocols that address complaints according to their nature. SEA complaints need to be treated with specific protocols that respect and ensure confidential handling. Respondents of the mapping are aware of this, and 73% of the organisations report they have developed specific and different SOPs to respond to either SEA or programmatic complaints. 16% report that a course of action is identified on a case by case basis, while 11% are not sure or report not having separate protocols to handle SEA or programmatic complaints.

While this data is useful, it is not exhaustive. More in-depth analysis at the local and national level is needed on the relationship between existing CFMs and SEA. This will help build systems that are inclusive and efficient so that they can receive all type of complaints confidentially, which are then handled in the most adequate manner based on their nature. Joint action is also an important theme that must be further explored to understand potential for scaled up collective PSEA action. For this reason AAP and PSEA must coordinate and work together and efforts are being made at the coordination level to ensure that work plans are aligned and some activities can reinforce and build on each other.

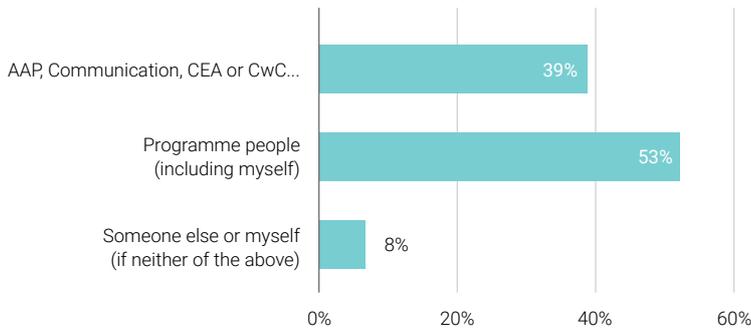
WHO DOES WHAT?

To understand who is responsible for AAP in view of identifying how to strengthen capacities and systems at the local level to encourage and scale-up collective approaches, the mapping explored who implements AAP activities across the response. A question was asked for information sharing and transparency, participation and CFMs. Accountability to affected populations is a shared responsibility of everyone, and in practice, it can be implemented by many people working across the response. This is often mentioned in interviews, especially by Coordinators of the sub-regional platforms of the Caribbean and the Southern Cone and the National Platform of Chile. In these interviews, it was highlighted how often the same person covers different roles and has responsibility for several areas.

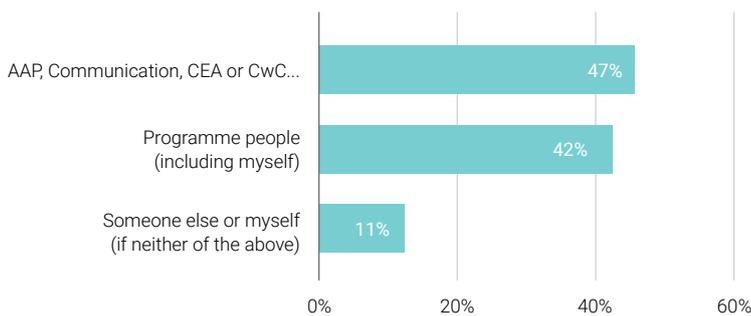
Who is responsible for the production of materials (leaflets, video, digital) directed at refugees and migrants?



Who is responsible for participation of affected populations activities?



Who is responsible for setting up and managing CFMs?



The survey shows that programme people are as involved in planning and implementing activities as Communication, CWC and Protection experts, who are usually tasked with AAP responsibilities.

This reality must translate into an increased effort to include different experts in AAP training opportunities or include AAP modules in existing training to ensure more colleagues can have an induction on the area. If wider knowledge is created about AAP and collective approaches, it will be easier to “connect the dots” in implementation contexts and make sure people are aware that they can find counterparts and focal points in staff trained on participatory approaches.

HOW DO WE SCALE-UP COLLECTIVE APPROACHES?

CURRENT COORDINATION PRACTICES

While there are some joint initiatives, AAP coordination among partners needs to be strengthened. Most existing coordination and inter-agency initiatives are regarding information sharing but are less commonly focusing on CFMs or fostering participation.

Only 22% of the survey respondents say they coordinate CFMs, mostly between donor organisations and implementing partners, rather than among organisations working in the same geographical area or collaborating in any sector or working group. When looking at the activities aimed at fostering the participation of affected populations, most organisations (50.4%) report that they sometimes coordinate and 22% report that they always coordinate, meaning there is a good basis to scale up collective action in this sense. Coordination is most common in platform processes such as JNAs, which is confirmed during interviews with National and Sub-regional Platforms coordinators.

CHALLENGES AND OPPORTUNITIES FOR INCREASED ADOPTION OF COLLECTIVE AAP APPROACHES

In addition to understanding the current conditions of implementation of AAP across R4V members, the survey explored the needs and challenges of partner organisations to start working more closely and scale up shared collective AAP approaches.

Firstly, it was important to identify the current barrier to implementing interagency and collective approaches. The word cloud below visualises some of the most common answers.



The main barriers mentioned are the lack of interagency AAP focal points in the national and sub-regional platforms and a lack of operational and technical capacity to implement such approaches. Another barrier or challenge often mentioned is the need to adhere to organisational policies regarding confidentiality and data sharing, which usually means it is difficult to work collaboratively on activities that foresee managing people's personal data. During the qualitative interviews, it was also mentioned that some contexts would not benefit from adopting one consistent approach because the reality of different locations within the same country is often very diverse, as highlighted by the National Platforms Coordinators of Ecuador. Finally, to implement common approaches, it is important to count on a common system that would define a framework and ensure that different organisations work with the same understanding of AAP and with similar priorities.

OPPORTUNITIES FOR IMPLEMENTATION

Through an open-ended question, participants of the survey were asked about the main opportunities for increased collaborations on collective AAP approaches. The main areas identified relate to:

- Existing good coordination among partner organisations: many participants highlight that good relationships have been established across organisations, and R4V has helped to build rapport that could be leveraged for increased adoption of collective approaches.
- The potential reaching further: Collective approaches would help organisations reach further than having consultations only with the affected groups they work with. This would help them consider the broader context and evaluate the views of multiple groups, which would better inform the response. A concrete example of this, which is partially already being implemented, is the collaboration of partners on JNAs, fostering broad consultation with different profiles that can help better plan for the RMRP2022.
- Avoid confusion for the affected populations: Different systems to collect feedback and complaints, different information platforms, and being consulted many times by different organisations for the same purposes can be confusing. By carrying out joint activities, interaction can be less fragmented, ultimately making the communication between affected people and aid actors more immediate, without asking them to figure out which system is the most adequate to their needs.
- Learning and resource sharing: Organisations are interested in sharing learning and hear about other organisations' work and solutions. Working collectively on AAP could favour such an exchange and build a community of practice that enhances collective knowledge and action about the area.

In addition to the opportunities identified it is important to remember that 60% of the respondents report they have an AAP focal point. Many also provided examples of the work they are already doing, which shows that many organisations have the potential capacity to participate in collective efforts.

Challenges and opportunities show that work is needed to increase support partners and national platforms by strengthening capacities about collective approaches and supporting such initiatives with common guidelines and resources.

RECOMMENDATIONS

A set of recommendations emerge from this mapping that helps look at what are the priorities to set up a roadmap that would ultimately help R4V partners to increase the adoption of collective approaches:

BUILDING THE BASIS

- There is a need to have a common framework, guidance and minimum standards for AAP within the R4V response. Such effort could help set priorities collectively and general buy-in for enhanced collective approaches.
- There is a need to strengthen capacities across the R4V platform, particularly on collective approaches. To serve different learning needs and priorities, both live and self-paced training should be offered.
- Easy to use tools that can be adapted to the implementation contexts are needed to help organizations in the implementation of collective approaches. Common tools could help use the same systems, formats, and language to jump-start collaborations at the local level. To be used, tools (and in general AAP solutions) need to allow for certain flexibilities to ensure they support organizations across different implementations conditions.

WIDE INVOLVEMENT OF ACTORS

- It is necessary to establish Regional and National AAP Taskforces (or multifunctional teams) to ensure the existence of dedicated groups that can support AAP work at different levels and that can foster the collective approach that is needed. The taskforces must engage with different type of actors across R4V to ensure that an approach is implemented which is inclusive of diverse perspectives.
- It is essential to ensure different actors participate in future AAP initiatives to provide different perspectives. Participation of local actors should particularly be encouraged to ensure that processes reflect the plurality that composes the R4V.
- Including different experts in AAP training opportunities is critical to ensure that all staff working with affected populations have an induction on the area.

OPERATIONAL PRIORITIES

- Collective approaches to information sharing must include local actors and ensure that information provided to affected populations is consistent. Increased effort must be made from the coordination level to bring actors together, especially where a CWC/C4D working group exist to regularly create spaces for organizations to come together, share plans and needs and identify potential areas of joint up work.

- While shared feedback mechanisms might be challenging to implement, it would be good if partners of the R4V platform shared feedback reports more regularly to be able to adapt and improve the response through trends identified. A joint initiative to bring partners together to discuss feedback regularly could be a good start for further collaboration on CFMs.
- Linkages between CWC/AAP focal points and the Information Management teams must be strengthened to ensure that reports of information collected during assessments and through CFMs can be shared among partners. Increased collaboration with the Data Management team can especially support analysis of community inputs from across existing reports published by individual organizations, so that it can guide the work of different Sectors and WGs at the regional and local level.

This report establishes the basis to work further on AAP across the R4V response. Efforts will prioritize addressing the result of this report to scale up collective approaches and offer opportunities to strengthen capacities for all partners involved in the response. Future AAP actions and planning for the RMRP2022 will consider the recommendations resulting from this report to strategically tackle challenges and leverage opportunities for increased collaboration between humanitarian actors part of the R4V and affected populations across all areas of the response.



Inter-Agency Coordination
Platform for Refugees and
Migrants from Venezuela

WWW.R4V.INFO