**Action Points agreed at the December IASC Principals Meeting on**

**Accountability to Affected Populations**

1. Acknowledged that the State has the primary responsibility for people affected by emergencies. IASC collective efforts on accountability to affected people should not substitute or erode national lines and mechanisms of accountability.
2. Endorsed the five Commitments on Accountability to Affected Populations (CAAP): 1) leadership and governance, 2) transparency, 3) feedback and complaints, 4) participation, and 5) design, monitoring and evaluation.
3. Agreed to incorporate the CAAP into the policies and operational guidelines of their organizations and to promote them with operational partners, within the HCT and amongst cluster members. ***Action by:*** ***relevant IASC organizations*** (with the exception of ICRC and IFRC, which have their own mechanisms for this purpose).

## The Five IASC Accountability Commitments

**It was proposed that leaders of humanitarian organizations undertake to:**

**Leadership/governance:**

**Demonstrate their commitment to accountability to affected populations by ensuring feedback and accountability mechanisms are integrated into country strategies, programme proposals, monitoring and evaluations, recruitment, staff inductions, trainings and performance management, partnership agreements, and highlighted in reporting.**

**Transparency:**

**Provide accessible and timely information to affected populations on organizational procedures, structures and processes that affect them to ensure that they can make informed decisions and choices, and facilitate a dialogue between an organisation and its affected populations over information provision.**

**Feedback and complaints:**

**Actively seek the views of affected populations to improve policy and practice in programming, ensuring that feedback and complaints mechanisms are streamlined, appropriate and robust enough to deal with (communicate, receive, process, respond to and learn from) complaints about breaches in policy and stakeholder dissatisfaction.**

**Participation:**

**Enable affected populations to play an active role in the decision-making processes that affect them through the establishment of clear guidelines and practices to engage them appropriately and ensure that the most marginalised and affected are represented and have influence.**

**Design, monitoring and evaluation (DME):**

**Design, monitor and evaluate the goals and objectives of programmes with the involvement of affected populations, feeding learning back into the organisation on an ongoing basis and reporting on the results of the process.**

1. Agreed that the operational framework be piloted with relevant inter-agency feedback and complaints mechanisms in up to three countries (possibly overlapping with the PSEA pilot initiative) for further validation and refinement in the course of 2012, with a view to the IASC Working Group reviewing the results and endorsing the operational framework, once modified, for use by relevant IASC organizations and for promotion to the wider humanitarian community. ***Action by: the Sub-Working Group on the Cluster Approach, including its Sub-Group on Accountability to Affected Populations by December 2012.***
2. Agreed to conduct an in-depth dialogue with donors on the agreed commitments and when appropriate, using the draft framework, in order to ensure the feasibility of the operational framework and the required flexibility in funding streams. ***Action by: the Sub-Working Group on the Cluster Approach, including its Sub-Group on Accountability to Affected Populations.***
3. Requested all IASC Subsidiary Bodies to review their work plan against the CAAP. ***Action by: all Subsidiary Bodies by March 2012.***