

Collective Accountability to Affected People Workshop with Resident/Humanitarian Coordinators

Final Report

17 June 2021

1. EXECUTIVE SUMMARY

Former Emergency Relief Coordinator (ERC), Mr. Mark Lowcock, singled out Accountability to Affected Populations (AAP) as the “biggest failure” of the humanitarian system in his final speech as ERC in April 2021. While recognizing that humanitarian action saves millions of lives every day, he called on the humanitarian community to do more to listen and respond to what affected people have to say about what they require. He highlighted the high cost of complacency and maintain a status quo and referred to the increasing scale and complexity of humanitarian crises globally which is further overstressing the collective humanitarian response capacity, and which requires an approach that is more sustainable and puts affected people at the center.

To maximize on the renewed momentum and focus on AAP, a number of Resident and Humanitarian Coordinators (RC/HCs) convened in a virtual workshop to: (a) identify the critical barriers in the system’s ability to deliver system-wide AAP, (b) agree on the “gold standard” that the system should work towards, and (c) propose concrete practical steps to make the required progress, by drawing on some best practices and reflecting on the evolving challenges that would need to be addressed to facilitate the required step change in AAP.

Building on the outcomes of the Peer-to-Peer workshop of December 2019, the RC/HCs agreed on the relevance and value of the IASC’s AAP Framework as a critical tool (the “what”) to support HCs and HCTs engage collectively and collaborate to better listen to, engage and respond to the feedback of affected communities. At the same time, they stressed the importance of addressing the critical barriers in working collectively to deliver on collective AAP (“the how”) – as implementation continues to be the main challenge. The discussion pointed to several best practices that should be amplified, replicated and documented to drive change across the various contexts. These include: the need to work with and further **empower local communities and organizations** to lead the response with the support of international actors (through capacity sharing and resourcing); **de-centralized humanitarian response** through an area-based approach (ex. in Syria) that is physically closer to affected communities and enables **solid context and conflict sensitive analysis** to drive humanitarian assistance that takes the realities and inputs of affected communities into account. Several RC/HCs (northwest Syria, Cameroon, Lebanon) noted the importance of **investing in a two-way dialogue with communities** which is built on trust and transparency, including by managing expectation of what humanitarian partners can and cannot do. They also noted that **greater representation of affected populations in HCTs and key coordination structures, and expanding partnerships** beyond the ‘usual suspects’ was critical to ensure that the perspective of communities is included in decision making; the need to **work better with Governments**, who are ultimately accountable to their populations, to deliver in response to their feedback and needs. Furthermore, a number of RC/HCs (Burkina Faso, Lebanon, Syria) pointed to the importance of **dedicated AAP capacity** as well as **dedicated and flexible funds** to strengthen collective AAP to provide some predictability to HCT’s collective effort.

The RC/HCs referred to **evolving challenges** as they deliberated on the ‘gold standard’ of collective system-wide AAP, namely: a trend in various crises, where **national governments are increasingly reducing humanitarian and civil society space** through increased politicization and militarization of humanitarian action; the reluctance by some governments to support cash-based programming which is reducing the efficiency of humanitarian action; the **increasing mistrust of international humanitarian action** by national governments and local communities; the **COVID-19 pandemic** adding an additional barrier to establishing a regular and trusting dialogue with national authorities and/or communities; the **imbalanced narrative on the humanitarian community’s failures** without highlighting important achievements including the saving of millions of lives due of humanitarian assistance; the opportunities and challenges presented in the **interface between AAP to localization**, which could, in some highly

politicized contexts, impede effective advocacy with national authorities on principled humanitarian action; and the **importance of holding HCs and HCT members equally accountable** to meaningfully engage with and respond to the feedback and perceptions of affected communities.

As such, the RC/HCs highlighted the importance of strengthened system-wide action at both field and global levels. Specifically, at the global level, they called for **renewed commitment and prioritization by the IASC at the senior most levels for collective AAP** which translate to more coherent systemwide approach to AAP and stronger commitment and accountability by HCTs. In addition, in the spirit of mutual accountability, they noted the importance of stepped up **advocacy with donors** to invest in and support collective AAP efforts, including by addressing the critical issue of the power dynamics. They also noted the importance of making available **dedicated AAP capacity as well as flexible and dedicated funding** to support HC and HCT efforts to drive forward collective AAP. They also noted the importance of investing in dialogue and platforms at country-level to **generate the required trust** for the creation of strong coalitions to make the required progress in AAP, particularly at the HCT level, but also with local Governments, local organizations and donors.

In an effort to ensure coherence of efforts in support of field leadership in delivering on collective AAP, the co leads of the IASC's Results Group to on Accountability and Inclusion (UNHCR and UNICEF) as well as the co-leads of the IASC's time-bound sub-group on collective AAP (WFP and IFRC) joined the workshop to provide an overview of key AAP tools being developed and capture feedback from field leadership. Similarly, the Chief of OCHA's Pooled Funds Branch joined to give a visual of possible pooled funds resources that might be made available to support a number of champion countries to deliver on collective AAP.

In terms of the way forward, the workshop concluded with the following agreed actions/recommendations:

1. IASC Principals to prioritize system-wide AAP including by relaying strong collective message on the importance of joined-up work and collaboration to deliver on the system's goals to be more responsive to the feedback of affected people.
2. Guided by the IASC's AAP Framework, the HCs are to lead efforts with their respective HCTs to develop country-specific AAP Action Plans and monitor their implementation.
3. Building on the concrete actions proposed by the HCs as well as efforts by the IASC, pilot collective AAP approaches in a number of countries as a proof of concept (and ensure the required capacities and resources are made available)
4. Strengthen dialogue and advocacy with donors to support efforts to deliver on system-wide AAP on the ground.
5. IASC to develop a compilation of best practices geared towards field leadership to support their efforts to apply creative approaches to collective AAP across contexts.

2. KEY DISCUSSION POINTS

SESSION I: INTRODUCTION AND SETTING THE SCENE

Despite the important achievements of humanitarian action globally demonstrated through millions of lives saved through humanitarian assistance and protection, recent research and perception surveys¹ have highlighted that, despite all the good intentions, the humanitarian system is designed on what international agencies and donors assess is best and have to offer, and not on the expressed needs of affected populations. Three conclusions stand out:

- While affected people generally feel safe and treated with respect by aid providers, they indicate that much of the aid does not meet their priority needs. Affected people are largely satisfied with cash assistance, while humanitarians seem slightly less enthusiastic about it.
- Affected communities perceive feedback mechanisms to be less effective than humanitarian staff may perceive them to be.
- Even though there have been increased efforts to include affected people in the design of humanitarian action and programs, overall, there has been little change in how affected people view aid compared to previous years.

The workshop on Collective Accountability to Affected People with Resident/Humanitarian Coordinators hosted by the IASC secretariat and the Peer-to-Peer Project, was an opportunity to identify how humanitarian leadership can champion Accountability to Affected People (hereinafter AAP) by (i) Reflecting on the outcomes of the 2019 Peer-2-Peer Knowledge Sharing Workshop on Leadership and AAP, (ii) Identifying the ‘gold standard’ in collective AAP and barriers in delivering on it, (iii) Identifying “game-changers” at country level to strengthen collective AAP and (iv) presenting key tools and resources available to RC/HCs to support their efforts to deliver on collective AAP.

The session started with RCs and HCs sharing some best practices across various contexts. **Burkina Faso:** a full-time AAP expert sitting with OCHA and available for the HCT together with an inter-agency AAP working group supporting HCT leadership. Linking AAP to the COVID-19 response and health partners and other actors led to a stronger system-wide AAP that supports human rights and dignity in a context marred by insecurity and huge protection challenges.

Syria: A cost-shared, Inter-agency AAP taskforce, and including specific expertise (ex: on PSEA Advisor hosted in the RCO) which insured linkages with risk-management efforts, and contributed analysis on context sensitivities. The **northwest Syria** operation was identified as a unique learning opportunity² as an operation that is run by national organizations with the international community playing a ‘support’ role aimed to help Syrians help Syrians by bringing funding, coordination, legitimization and advocacy.

The DRHC for the Syria operation pointed to the importance of representation of national partners as well as women in HCTs, as well as dedicated resources including a sub-group that focuses on AAP and inclusion. He mentioned the establishment of an HCT Strategic Steering Committee aimed at mainstreaming interconnected cross-cutting issues (AAP, gender, PSEA and inclusion) in a coherent and coordinated manner throughout the response. Better engagement with non-state armed groups in partnerships with specialized organizations (such as Geneva Call) was also needed.

¹ Including the [ODI research on Implementing collective accountability to affected populations](#) and the [Groundtruth Solutions report](#)

² The Peer-2-Peer Project captured the good practices around the integration of Syrian NGOs into the humanitarian response system in the cross-border operation to Northern Syria as of 2017 (see [here](#)).

The RC/HCs also shared examples from the various contexts pointing to a shifting operational environment for AAP. While there are differences in the operating environment – largely due to natural disasters, conflict, or climate driving humanitarian needs - in various crises around the globe, national governments are increasingly reducing humanitarian and civil society space through increased politicization and militarization of humanitarian action. The COVID-19 pandemic has added an additional challenge to establishing a regular and trusting dialogue with national authorities and in reaching communities. It was noted more needs to be done to engage with government as well as non-state armed groups to better negotiate access hard to reach areas and vulnerable communities there.

The importance of further articulating the interface between localization and AAP was raised. While the increasing role of local actors and communities in humanitarian action is welcome as it enables a relevant and dignified response, it was noted that in some cases, especially in environments where there are strong links between local partners and political / armed entities, localization can reduce space to advocate with the government and non-state armed groups on a range of critical issues, including humanitarian principles and human rights

While noting the unique role of RC/HCs in providing leadership for collective AAP within the humanitarian community, the RC/HCs reflected on the importance of investing in and prioritizing trust-building among all stakeholders (including Governments, HCT members, cluster lead agencies, donors) who must be held equally accountable to affected populations throughout the humanitarian, development and peace nexus. The group shared divergent experiences on the level of commitment of HCTs in working collaboratively and coordinate efforts to better engage with and respond to feedback from affected communities. Tremendous engaging with communities and collective investment in AAP.

Participants noted that community engagement is often not well mainstreamed in humanitarian action and rather viewed as a one-off action (box-ticking exercise) and emphasized the importance of a common understanding of what AAP entails. Finally, it was highlighted that the lack of coherent internal UN engagement between pillars and within the country, regional and HQ leadership is another obstacle to achieving collective AAP, and that efforts should be made to overcome it.

Participants observed the need to work more and better with donors who have a key role to play to support collective AAP, through a coherent coalition grounded in key humanitarian principles and approaches (such as voluntary and dignified return) and to secure dedicated resources and capacity to achieve meaningful progress on AAP commitments. Donors should also be held accountable to support responses that are based on assessed needs rather than on political considerations, and also to address the critical power imbalance between service providers and affected communities.

The session concluded with an agreement to continue sharing best practices by contributing to a ‘best practice’ compilation that would further serve leaders in addressing challenges and strengthening AAP on the ground.

SESSION II: THE ‘GOLD STANDARD’ IN SYSTEM-WIDE AAP

Participants noted that while the ‘gold standard’ of AAP is clearly laid out in the IASC’s Collective AAP Framework, that its implementation exposes the following challenges and risks which must be addressed to achieve collective AAP as, not only a moral imperative as it gives people greater dignity and control over their lives, but also makes the humanitarian system more accountable and ensures cost efficiency:

- Different understanding of AAP commitments among humanitarian stakeholders

- Equating localization with AAP which could be problematic particularly in conflict and highly politicized settings
- Insufficient community engagement
- Insufficient efforts to streamline AAP across human rights, protection, gender, PSEA, inclusion, GBV work
- Inconsistent engagement across pillars of the UN system at local, national, regional and global levels.

The participants outlined the following conditions that must be in place to facilitate the implementation of collective AAP:

- empowering local communities and organizations to lead the response with the support of international actors (through capacity sharing and resourcing);
- Decentralisation of the humanitarian response (area-based approaches) to be closer to affected communities, enhanced through context/conflict sensitive analysis.
- A greater investment by the HCT in community engagement, expanding partnerships beyond the ‘usual suspects’ and making the effort to have a genuine two-way dialogue that is built on trust, honesty, and transparency, including by managing expectations of what humanitarian partners can and cannot do.
- Greater representation of affected populations in HCTs.
- Dedicated AAP capacity to provide some predictability in implementation.

SESSION III: CONCRETE WAYS TO DRIVE FORWARD COLLECTIVE AAP ON THE GROUND

Participating RC/HCs were asked to consider and discuss what would need to be done on the ground to deliver on collective AAP, and what were the “game changers” to achieve this. They were invited to propose three critical elements that – if they came together – would make a difference beyond what already exists to deliver on collective AAP.

Participants noted that while the ‘game changers’ agreed at the 2019 Workshop were largely valid (*i.e.*: 1) *a mindset change*, 2) *greater focus on localisation*, 3) *leadership buy-in*, 4) *coordination of collective AAP to ensure coherence* and 5) *capturing the perceptions of the community and responding to their feedback*), some adjustments were required to reflect a shifting operational environment.

Additional elements that are important for strengthened AAP, include:

- Taking the commitment to collective accountability beyond the country level; to be a system-wide approach at the global level through IASC Principals’ commitments, messages, and support.
- At the country level, for RC/HCs to develop space for quality dialogue, and for the active engagement of all HCT members.
- The need for HCs/HCTs to invest in spaces to create quality and honest dialogue to hold all relevant stakeholders accountable for AAP including donors (not only to mobilise funds, but to change the power dynamics to do more and better) local organizations, communities and governments to build trust in the international humanitarian system.
- A package of support (AAP capacity and dedicated and flexible financing).

In an effort to streamline efforts and support to field leadership, the session was joined by representatives of UNICEF and UNHCR (co-Chairs of IASC’s Results Group 2 on Accountability and Inclusion), WFP and IFRC (co-Chairs of the OPAG Taskforce on collective AAP) and the Chief of the Pooled Funds Management Branch (OCHA).

SESSION IV: OVERVIEW OF KEY TOOLS AND RESOURCES AVAILABLE TO RC/HCS TO SUPPORT DELIVERING ON COLLECTIVE AAP

Ms. Bernadette Castel-Hollingworth (representing IASC's RG2 on Accountability and Inclusion) gave an overview of tools and resources developed by RG2 that are available to HCs and HCTs to support collective AAP efforts including a Portal on Accountability and Inclusion (which identifies best practices and relevant partners and capacity, with links to PSEA resources), as well as the Service Directory of partners that support AAP. She presented the IASC Results Tracker, a tool to measure and monitor the collective AAP performance at the country level. The tool uses existing data, for example from the Gender and Age Marker (GAM) and Multi-Sectoral Needs Assessments (MSNAs) to provide a baseline for HCs and country teams to understand gaps and prioritize AAP actions. She mentioned that all the tools of the RG2 work hand-in-hand and referred to the ongoing work that RG2 is doing on strengthening Feedback and Complaints Mechanisms.

Mr. Samir Wanmali and Alexandra Sicotte-Levesque convenors of the OPAG Taskforce on collective AAP, stressed that IASC efforts will build on country-level efforts and structures and best-practice when developing recommendations and proposals and noted the work ongoing through IFRC, UNICEF and OCHA to build capacity and expertise, including through the standby partnerships.

Ms. Alice Sequi (OCHA) encouraged RC/HCs to use Country-based Pooled Funds (CBPFs) to advance AAP and promote systemic and innovative approaches. On the CERF, Ms. Sequi highlighted the objective of the tool to promote a system change and bridge the gap between global commitments and country realities - in addition to supporting life-saving humanitarian action. This is done through the Funds' underfunded priorities window similar to what has been done to advance better programming on gender, and persons with disabilities – where there are clear intersections. She noted that a collective political commitment by the HCT on the issue was critical to making a strong case to access and prioritise CERF funds for collective AAP efforts, and noted the possible phased approach of support with select 'pilots' in several countries to generate learning and best practice prior to a wider roll out.

The RC/HCs welcomed the development of IASC tools and integrated support to country operations. They highlighted the need for a flexible, quality, and adaptable approach to mitigate the risk of a 'box ticking' exercise and/or overburdening the field with too many tools.

The RC/HCs commended efforts to develop the IASC's AAP Framework and noted the importance of cluster lead agencies prioritizing its implementation together with HC/HCT. The HCs emphasised the importance of a 'support package' to enable its implementation and welcomed the potential for dedicated funding and capacity in addition to the availability of IASC tools.

4. CLOSING AND NEXT STEPS

The following key actions/ recommendations were agreed:

1. IASC Principals to prioritize system-wide AAP including by relaying strong collective message on the importance of joined-up work and collaboration to deliver on the system's goals to be more responsive to the feedback of affected people.
2. Guided by the IASC's AAP Framework, the HCs are to lead efforts with their respective HCTs to develop country-specific AAP Action Plans and monitor their implementation.

3. Building on the concrete actions proposed by the HCs as well as efforts by the IASC, pilot collective AAP approaches in a number of countries as a proof of concept (and ensure the required capacities and resources are made available)
4. Strengthen dialogue and advocacy with donors to support efforts to deliver on system-wide AAP on the ground.
5. IASC to develop a compilation of best practices geared towards field leadership to support their efforts to apply creative approaches to collective AAP across contexts.

ANNEX 1. METHODOLOGY AND AGENDA

The two-and-half-hour virtual workshop created the space for a frank dialog between RCs and HCs on challenges and opportunities in fostering collective AAP. Co-facilitation by three participants (RCs/ HCs) aimed to strengthen ownership and set the condition for an honest discussion between peers, with the support and insights of agencies undertaking critical work in collective AAP within the IASC (see Annex 2 for the full list of participants).

The virtual workshop brought together four Resident and Humanitarian Coordinators (Lebanon, Burkina Faso, Cameroon, Syria), one Deputy Humanitarian Coordinator (North-western Syria) and two Resident Coordinators (Bangladesh and Costa Rica) . The RG2 Co-Chair of IASC Reference Group 2 on Accountability and Inclusion, and the Co-leads of the OPAG Taskforce on Collective Accountability joined the discussion in the second part of the workshop given their important role in advancing system-wide AAP and anchoring this work in country-level realities. The IASC representatives briefed on the tools that are being developed to support HC/HCT efforts to deliver on AAP and sought feedback on how to deliver a systematic and relevant system-wide effort.

<p>15:00 – 15:20</p>	<p>Introduction <i>Brief introduction including laying out the objective of the workshop.</i></p> <p>Session I: Setting the Scene <i>Brief reflection on the outcomes of the 2019 AAP workshop (including the AAP Framework).</i></p> <ul style="list-style-type: none"> • <i>Why collective AAP needs to be at the core of humanitarian action.</i> • <i>What is humanitarian leadership’s (HC and HCT) role in achieving this.</i>
<p>15:20 – 16:15</p>	<p>Session II: The ‘gold standard’ in system-wide AAP</p> <ul style="list-style-type: none"> • <i>What is the ‘gold standard’ in collective AAP that we should be striving for as a system.</i> • <i>What are the barriers in delivering on this ‘gold standard’ and what needs to be done to overcome them.</i>
<p>16:15 – 17:10</p>	<p>Session III: Concrete ways to drive forward collective AAP on the ground</p> <ul style="list-style-type: none"> • <i>What needs to be done on the ground to deliver on collective AAP.</i> • <i>What are the “game changers” to achieve this.</i>
<p>17:10 – 17:25</p>	<p>Session IV: Overview of key tools and resources available to RC/HCs to support delivering on collective AAP</p>

	<ul style="list-style-type: none">• <i>Overview of available tools and resources to support HCs and HCTs on collective AAP.</i>
17:25 – 17:30	Closing and Next Steps