Background

Following the Inter-Agency Standing Committee (IASC) Operational Policy and Advocacy Group (OPAG) meeting of 19 May 2021, a time-bound Task Force was created1 to present a proposal to strengthen system-wide accountability to affected populations2. The Task Force conducted consultations with a wide range of stakeholders and identified mandatory areas of intervention to advance collective accountability in the next three years3.

The Task Force proposes a review of progress made after 12 months.

Purpose

This paper sets out recommendations for the consideration of OPAG in order to advance and prioritise collective accountability to affected populations (AAP), which extends to persons beyond those who receive direct assistance.

The Task Force recognises that wholesale reform is required if the international humanitarian system is to become truly accountable to affected populations, through shifting from a supply-driven to a community-led model. Many of the necessary reforms fall beyond the scope of this paper. The paper aims to establish first steps for the structural and cultural changes required if affected populations are to drive decision making.

These goals apply to all actors providing assistance and services, whether in humanitarian crises, public health emergencies or development settings. Collective accountability requires collective action by all relevant entities. The recommendations should result in a self-regulatory framework and all IASC members and relevant entities must commit to take appropriate measures within their own internal systems to contribute to collective accountability.

There is a strong business case for community engagement approaches. Participation of communities across all interventions strengthens actors’ understanding of any given context and supports the reduction and prevention of risks to affected populations. Localised knowledge identifies effective solutions that are sustainable. Participation and listening to affected populations support anticipatory action and prevention, both of which promote efficiency and effectiveness.

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1 Please see Annex 1 for the Task Force’s Terms of Reference
2 Please see Annex 2 for a timeline on progress to date on accountability to affected populations
3 Please see Annex 3 for a methodology of how the paper was developed and Task Force meeting notes
Recommendations:

1. **Accountable and enhanced leadership:** Strengthen the leadership capacity and include the voices of affected populations to enable institutional change. Affected populations must have access and, at a minimum, input to senior-level decision making. Broadening and deepening the understanding and value of accountability among humanitarian leaders, and the structural barriers to accountability, will increase the likelihood that they become stronger advocates, politically and financially, for affected populations to influence how humanitarian assistance is planned and delivered.

**Actions required:**

1. **Establish an IASC Principals advisory body of affected populations:** For an initial two-year period, this advisory body will inform and guide the Principals and the Emergency Directors Group (EDG) to improve collective accountability. This includes: EDG and IASC Principals holding an annual meeting on accountability to analyse the state of play, EDG meetings featuring community insights and a review of accountability processes as a standing item in the agenda in every crisis. Affected populations would rank organisations on accountability through a traffic light system. This body must consider intersectionality and diversity, including representation by community-trusted organisations led by women, persons with disabilities and other under-represented groups, as well as those who do not receive assistance.

2. **IASC members to undergo an independent audit against a common framework based on the Core Humanitarian Standard (CHS):** An independent verification process is necessary to ensure the objective assurance that IASC members are making progress against accountability standards and commitments. While several organisations have not ratified the CHS, it should be the basis for a common framework among all IASC members. The common framework should include a ranking system. Affected populations must participate in the ranking process.

3. **Humanitarian Coordinators (HC) to prioritise collective accountability in Humanitarian Country Team (HCT) compacts and performance appraisals:** IASC Principals to instruct HCs to prioritise collective accountability in HCT compacts and to ensure, through the EDG, that HC and HCT compacts reflect commitment to and progress on accountability. A formal process to review HCT compacts must be in place.

4. **IASC Principals ensure accountability to affected people becomes a key metric for senior leadership performance:** All IASC Members must adjust the requirements in their respective Country Director/Representative appraisals to include key performance indicators on AAP.

5. **IASC Principals to encourage and support Resident Coordinator (RC)/HCs and HCTs to develop and roll-out accountability Country Level Accountability Action Plans:** The Action Plans, including a monitoring framework, will be based on the IASC tools and frameworks and the recommendations from this document. Country Level Action Plans, built around a series of collective services for communities, will connect with and complement the work of development actors around broader social accountability processes, while ensuring that humanitarian principles are respected and upheld. The advisory body of affected populations (1.1) should review the implementation of Country Level Action Plans.

2. **Inclusive system and architecture.** The current humanitarian architecture lacks inclusivity and adaptivity, and often doesn’t build on existing coordination structures hampering local leadership’s ability to lead. By engaging affected populations in all their diversity throughout the programme cycle at the country level and in policy discussions at the global level, the international community increases its chances of implementing programmes that will be accessible, accepted and therefore sustainable.

**Actions required:**

1. **HCs to implement existing IASC guidance on participation, representation and leadership to foster a more inclusive membership of HCTs:** The IASC Guidance on Strengthening Participation
Representation and Leadership of Local and National Actors\(^4\) (July 2021) provides practical recommendations on how local and national actors can be an integral part of humanitarian coordination structures, including emergency preparedness. The membership of HCTs needs to be reviewed and adjusted where necessary. This includes not just ensuring gender balance but, as already established in the standard terms of reference for HCTs, ensuring an appropriate balance in the representation from national non-government organisations and organisations that represent crisis-affected people at HCT and other levels of decision-making. HCs must be supported to implement such guidance by coordination structures at all levels.

2. **IASC Principals commit to explore, support, and build evidence for alternative coordination models, including area-based coordination:** A more inclusive coordination architecture that builds on existing structures - from national to local level - can enable and strengthen local leadership, and help operationalise localisation, nexus collaboration and collective accountability.

3. **IASC Principals to introduce a standard accountability framework for all clusters and inter-cluster coordination groups at the country level:** Based on existing Global Clusters’ tools and linked to the Country Cluster Performance Monitoring and Inter-Cluster Coordination Group Performance Monitoring Review, an accountability framework for coordination bodies must include the integration of accountability commitments within all cluster coordinator terms of reference, the creation of engagement opportunities throughout the humanitarian programme cycle and a greater role of information management working groups in activities and monitoring, with actionable reporting to clusters. Additionally, the framework must establish community engagement/accountability as a standing agenda item at the inter-cluster coordination level and stipulate that there must only be one technical working group on community engagement/accountability per context, integrated, or linked, within government-led coordination fora where possible. This may include risk communication, communication with communities, or other terms. Community engagement coordination for public health emergencies must be linked to or integrated within humanitarian coordination structures once they are in place.

4. **IASC Principals to develop a country-level tracking and measurement system as part of the Humanitarian Response Plan:** Linked to action 1.2, this system will establish independent community engagement monitoring and external accountability audits to guide the HCT. It will link to systems in place by local actors and inform, guide and, critically, demonstrate, not just to what extent affected populations in all their diversity are participating in decision-making processes, but how collective and cluster specific course corrections are occurring based on community feedback. This includes quantifying effectiveness gains as a result of participatory approaches and feedback systems. This should allow for transparent performance comparison between clusters and among concerned agencies.

5. **RC/HCs and HCTs to commit to support the deployment of inter-agency AAP coordinator where needed:** Where there is no system-wide action plan or collective system for accountability in place, this inter-agency coordinator will report to the HC and HCT for a minimum of 18 months. They will work as an effective interface between pillars of the UN system - including development actors and the national government, and local actors. In protracted crises, this presence should include a position filled by a staff member (with opportunities given to affected populations).

6. **IASC Principals to ensure that affected populations and local partners are considered as equal partners:** Local partners should also be considered ‘equal partners’ and given due credit, rather than partners who only implement international humanitarian organisations’ objectives and activities. Rigorous due diligence processes should be put in place for partner selection. This will mitigate the negative impact of power dynamics and help ensure community engagement work carried out by local actors can influence decision-making processes at all levels.

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\(^4\) *IASC Guidance on Strengthening Participation, Representation and Leadership of Local and National Actors in IASC Humanitarian Coordination Mechanisms*
3. **Adequate financing mechanisms/advocacy and inclusive resourcing:** To secure funding that enables accountable responses, donors need to be included in the design of programmatic frameworks. This will ensure that the funding architecture is built to support accountable programmatic frameworks.

**Actions required:**

1. **IASC Principals to request the creation of a dedicated caucus on accountability as part of the Grand Bargain 2.0:** Leverage the Grand Bargain as a coordination forum for donors and humanitarian organisations to identify gaps, and address administrative challenges, such as those preventing effective course correction based on community feedback, and to provide more predictable, systematic and flexible support for collective accountability approaches. After this initial gathering in the first year, donors should convene an annual meeting for the remaining two years to assess progress, take stock of funding issues, and mobilise funds, where needed, to fill gaps in underfunded crises and thematic areas.

2. **IASC Principals to declare accountability to affected people as an underfunded priority in the Central Emergency Response Fund (CERF), and to make CERF and Country-based Pooled Funds (CBPFs) allocations conditional on the effective implementation of the Country Level Accountability Action Plan (1.5).** Include requirements for organisations funded via CERF and CBPFs to demonstrate that communities and local and national actors participate in planning and implementation, and that approaches can and have changed based on community input. CERF and CBPFs to support directly local and national actors, including their indirect costs and capacity development programmes, as leaders and key partners.

3. **IASC members and donors agree to co-finance collective and inclusive community-led approaches to accountability in at least three large-scale emergencies:** One pilot country should be entirely led and managed by women. One pilot should deliver the response through area-based, community-led and validated programming to serve affected populations’ priority needs holistically.

4. **Donors and IASC grant givers provide unearmarked funding in all humanitarian responses, along with 0.5% to 1% earmarked funding to collective accountability systems:** Unearmarked funding allow affected populations to participate in identifying how, where and to which organisation money is allocated and to evaluate the performance of funded organisations. Earmarked funding for accountability systems ensures that international actors have necessary collective self-regulatory capacity and ability to use community insights to guide decision-making.