



# Our commitments to: accountability to beneficiaries and the communities where we work

International Division  
July 2013

**Refusing to ignore people in crisis**

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## Introduction – what is the purpose of this document?

This document sets out what the British Red Cross means by Accountability to Beneficiaries (AtB) and what we are striving to achieve as part of our international work. This builds on the organisation-wide commitment made in 2009, and the more recent (May 2013) acceptance of British Red Cross as the first Red Cross National Society to become a HAP member<sup>1</sup>.

It should be read by programme staff and advisers, and can be shared with other National Societies interested in understanding what AtB means in practice. Further tools will be developed on an on-going basis to support teams to achieve and demonstrate strong AtB as outlined here.

## Why is it important to be accountable to beneficiaries?

The British Red Cross (BRC) is committed to being accountable to all our stakeholders. However, we recognise that we work in an environment where there is often an inherent power imbalance between the Red Cross/Red Crescent and those we aim to assist. As such, we must focus on ensuring we are accountable to our beneficiaries and the communities where we work. This stems from our Fundamental Principles and values that underpin all we do, including the belief that we need to treat people with dignity and respect<sup>2</sup>.

We believe:

- > Those we aim to assist and the communities in which we work have a right to hold BRC and implementing partners to account.
- > By being more accountable to those we aim to assist and other key stakeholders, our programmes will be of better quality, have a greater impact, help crisis-affected communities and individuals recover more quickly and lay strong foundations for sustainable development<sup>3</sup>.
- > Ensuring we are accountable is in line with the Red Cross and Red Crescent Code of Conduct, and will contribute towards realising the Fundamental Principles as part of our work, in particular Humanity and Impartiality.
- > Accountability should not be seen as an extra burden but rather as a core part of how we do business—both when we implement directly and when we support partners.

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<sup>1</sup> The Humanitarian Accountability Partnership (HAP) is a multi-agency membership initiative working to improve the accountability of humanitarian action to people affected by disasters and other crises.

<sup>2</sup> The “Principles and Rules for Red Cross and Red Crescent Humanitarian Assistance” clearly emphasises the importance of accountability to beneficiaries and people-centred action in humanitarian response programmes.

<sup>3</sup> This is supported by research conducted by HAP, Save the Children and Christian Aid (Improving Impact: Do Accountability Mechanisms Deliver Results, 2013), which found evidence of the link between AtB and programme relevance, effectiveness, efficiency, and sustainability.

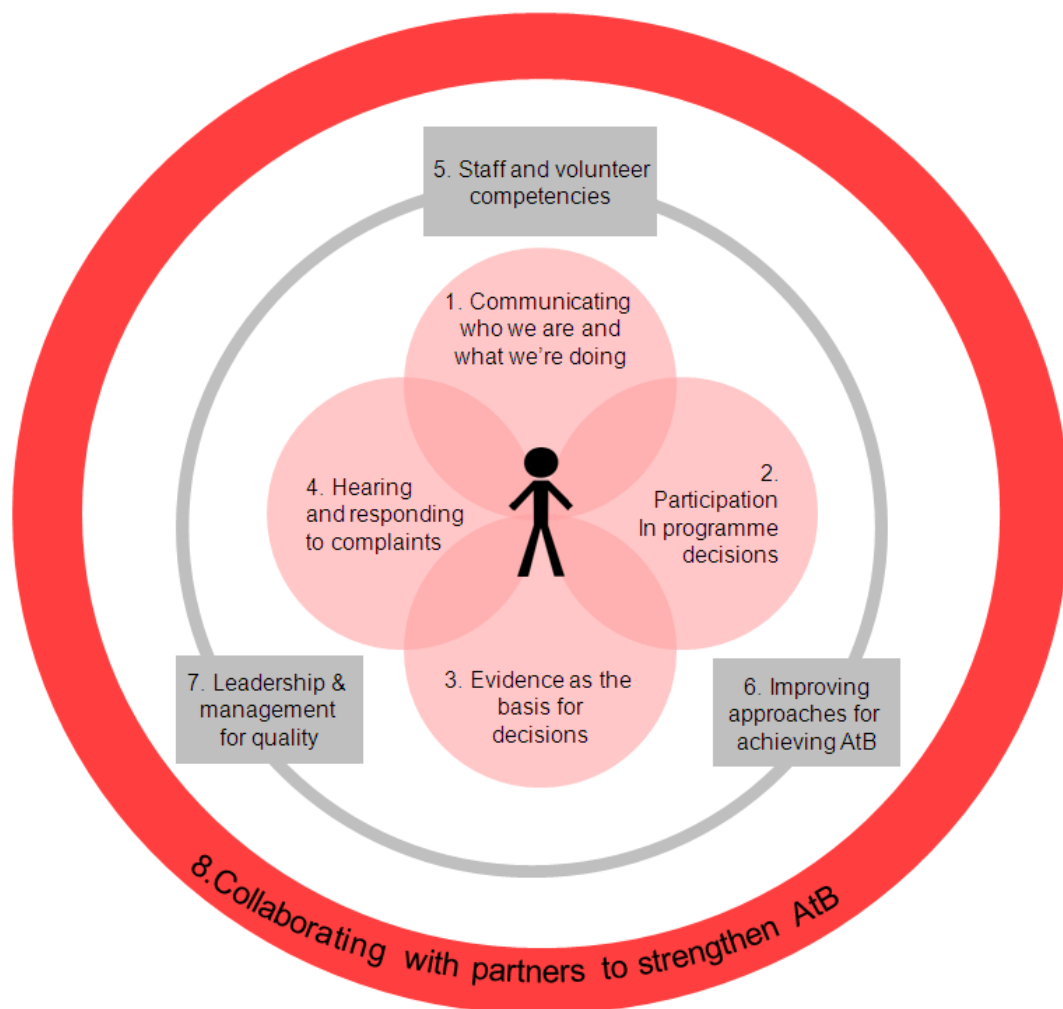
## What is accountability to beneficiaries?

Accountability to beneficiaries is not about what we do but the *way we work*, ensuring that intended beneficiaries are at the centre of our decision making and actions. It has been defined by HAP as “the responsible use of power”, recognising that there is often an inherent power in balance between aid organisations and people affected by a crisis.

For the BRC, **accountability** means taking responsibility for actively **listening** to the needs, concerns and views of the people we support, our partners and the communities that they serve, our donors and our supporters. We are committed to responding to what they are telling us and to **be answerable** to them for the commitments and decisions that we make, and the actions that we take. It means that we strive, through continuous **learning**, to improve the **quality and effectiveness** of our work as we place those that we aim to assist at the centre of this work. At its heart, being accountable is about how we relate to people we support with **dignity and respect**<sup>4</sup>.

The purpose of this document is to outline in more detail what this means in practice and to focus our efforts to improve our accountability to beneficiaries. This document describes our eight specific commitments, the rationale for each, and how each can be achieved when working with communities and partners.

Our eight AtB commitments can be summarised in this diagram:



Key:

Programme-level

Organisational-level

Working with partners

<sup>4</sup> Definition presented to BMAG and BRC Board in December 2012.

At the centre are the people we are aiming to assist. Direct interaction with the people we aim to assist, by staff and volunteers, is generally through programmes so, our four 'programme-level' AtB commitments are depicted in the circles.

Organisational management and systems support the implementation of programmes, and the squares represent our three 'organisational-level' AtB commitments. These are key to ensuring strong AtB is reflected within programmes and across multiple programmes.

The outer red layer recognises that the British Red Cross is part of a wider Movement and often works with other Red Cross/Red Crescent actors and other partners. This layer recognises the different models of working, both formal partnership and more informal collaboration, and how we can strive for strong AtB in each.

#### **Box 1: A note on terminology**

**Community** - for brevity we often refer to the "community." In reality, every community is made up of individual women, men, girls and boys who fall into different social-economic groups. Individuals may be young or elderly, abled or disabled, programme beneficiaries and non-beneficiaries. Communities include local leaders, members of community-based organisations and members of local government. Here community is used to refer to communities affected by or at risk of disaster.

**Beneficiaries** – for brevity this term is used here to refer to the people whom we aim to assist. Other commonly used terms include 'service users', 'programme participants', 'clients', 'people affected by crisis', and 'those we seek to assist'.

**Beneficiary representatives** – this term does not refer to people from local government structures, but instead individuals identified as part of the programme (who may themselves be among the most vulnerable in their community) who are able to represent the needs, views and interests of the more vulnerable people in their community.

**Accountability to Beneficiaries (AtB)**<sup>5</sup> – while AtB is a widely recognised phrase in the RCRC Movement it is important to note that this refers to being accountable to all those in crisis-affected communities where we are working. This includes both beneficiaries and non-beneficiaries in communities where we are working, and potentially the surrounding or host community when working with displaced people<sup>6</sup>.

**Stakeholders** – refers to individuals or groups at community level who have an interest in the programme, may be affected by the programme, or are key for programme success.

## **What types of work should apply these AtB commitments?**

AtB is about how projects and programmes work with communities, and the support that enables this to happen. Therefore these commitments are applicable to:

- > All international projects and programmes - including but not limited to: emergency response, recovery, and resilience programmes.
- > Work intended to support current and future project and programme implementation - including but not limited to organisational development.

It is recognised that the context will determine the most suitable approach for meeting the commitments, and the extent to which each can be met, in particularly for the programme-level commitments. For example, in some conflict situations sharing details about the date and location of distributions in advance may put staff,

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<sup>5</sup> Alternative terms commonly used by other organisations include: Accountability to Affected-Populations (AAP) and 'downward' accountability.

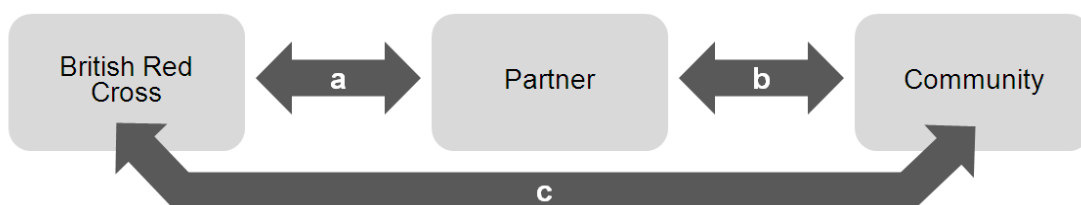
<sup>6</sup> It is expected that as part of planning staff reflect on how each of the commitments is applied in practice to beneficiaries and non-beneficiaries.

volunteers, and beneficiaries at risk of ambush. In the immediate period after a sudden on-set emergency it may not be appropriate to engage communities in participatory programme design processes, when they need to use their time taking immediate steps to re-building their lives.

However, it is also recognised that accountability is particularly important as part of humanitarian work, when there those affected by the disaster often have even less power to influence the response and activities of organisations. In addition, accountability to beneficiaries, leads to better quality programmes which respond to the needs of more vulnerable groups. Therefore, even in emergencies, steps should be taken to meet the commitments as much as the context allows, and approaches employed for engaging with affected-communities should be developed over time, in response to the changing context.

## How should our AtB commitments be applied when working with partners?

The programme-level commitments outline what we consider to be good practice for engaging directly with communities. The organisational-level commitments outline what we consider to be good practice for organisations implementing multiple programmes (whether directly or when working though partners). In a simple partnership model there are a number of relationships and lines of accountability. In essence:



- a) We are accountable to partners and we recognise that this is important. This is covered under our Framework for Cooperation with National Societies<sup>7</sup> and is outside the scope of this document.
- b) Our partners are accountable to communities. In programmes that the British Red Cross supports with partners we are responsible for working with partners to promote and achieve this accountability (both as part of programmes and organisation development work).
- c) We are accountable to communities. While this is realised through the work of our partners, and the support we provide to our partners, there may be occasions when we (supported by partners) have direct links with communities to ensure this accountability.

Recognising that we most frequently work with partners, commitment 8 (see page 13) outlines what this means in practice for our main types of partnership, including bilateral and multilateral partnership.

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<sup>7</sup> BRC's Framework for Cooperation with National Societies outlines how we engage with partners, the parameters of this engagement, and what can be expected in terms of our relationship with partners.

# Our eight AtB commitments in detail

## At programme level...

Our four programme-level commitments are intended to be read and used by staff who are responsible for programme design and management, either directly or through partners.

### **1** **“Communicating who we are and what we’re doing” - We will ourselves, and assist our partners to, share and discuss timely information with beneficiaries and communities, and ensure our operations are transparent.**

*Part of our accountability means proactively providing beneficiaries and community members with timely information so that we are transparent about key programme details and decisions. Information enables communities to make informed decisions about if, how and when to engage with the Red Cross/Red Crescent. The provision of information recognises that beneficiaries and community members are able to make reasoned decisions if given the opportunity to do so. Communities also need information in order to participate in decision making, and to be able to provide meaningful feedback on our work, so effective communication also helps us to achieve other elements of our AtB commitment.*

#### Practically this means:

- 1.1 Key information is communicated to beneficiaries and affected communities throughout the programme cycle, including:
  - The mandate of the operational National Society and the Fundamental Principles, expectations for staff and volunteer behaviour (as outlined in the staff and volunteer code of conduct), and contact details.
  - Programmes, including goals and objectives, evaluation reports, project time span and key financial information as relevant.
  - Community entitlements, criteria and processes for selecting people for assistance.
  - Opportunities for affected community members to participate, give feedback and make complaints.
  - Information about our performance, including key progress reports, monitoring and evaluation findings.Information is only withheld from beneficiaries and affected communities if sharing it will compromise the safety of community members, staff, volunteers, or others.
- 1.2 Information is communicated using language, formats, and media that are accessible and understood by beneficiaries and affected communities, including vulnerable and marginalised groups, and an option is provided to hear feedback based on the information shared. Preferred methods for sharing information are identified based on input from the affected community, and teams check if information is reaching the target audience.
- 1.3 Communications activities are incorporated into programme plans, and resources needed to share information are reflected in programme budgets.
- 1.4 Staff and volunteers are identifiable to beneficiaries and affected communities.

#### Example: planning for programme communication

In October 2010, following the 2010 Haiti earthquake, BRC with the Danish RC implemented a cash grant programme to support rural host communities in the South of Haiti who were coping with the large influxes of IDPs from earthquake affected areas in and around Port-au-Prince. In preparation for implementation a communications plan was developed, outlining how key messages would be communicated to selected beneficiaries. As part of this a combination of approaches were used. Posters and hand-outs were developed, announcing the programme, selection criteria and FAQ. In addition SMS was used to inform beneficiaries if they had been selected for school fee payment, inviting them to gather at the local school for more information here BRC staff and volunteers present the programme in more details.

## 2 “Participation in programme decisions” - We will ourselves, and assist our partners to, enable beneficiaries and their representatives to play an active role in programme design and the decision-making processes and activities that affect them.

*People who we aim to assist are the best judges of their own interests. Ensuring that intended beneficiaries and their representatives participate in the design, implementation and monitoring of programmes is at the heart of our commitment to accountability. Involving - and reflecting the views of - beneficiaries and communities in decisions improves the appropriateness of programmes, empowers communities and results in more sustainable outcomes. It also fosters a sense of inclusion and gives a voice to the more vulnerable members of a community.*

### Practically this means:

- 2.1 Programmes specify the criteria and process that will be used to identify beneficiaries.
- 2.2 Programmes analyse key stakeholder groups at community level, and in collaboration with the community identify appropriate beneficiary representatives - including vulnerable and marginalised people - to participate in decision making. The role of representatives (and the wider community) in programmes is jointly agreed and formalised.
- 2.3 The programme proposal outlines how communities and intended beneficiaries have been involved in assessment and design, and will be involved in decision-making throughout the programme. Programme design considers local capacities, and how these will be utilised, and ideally strengthened, as part of implementation.
- 2.4 Processes to facilitate participation are proactively created, starting from the assessment phase. Beneficiaries and community members (including women and men, boys and girls, and people from vulnerable and marginalised groups) are enabled to play an active role in implementation, monitoring and evaluation. At minimum beneficiaries and communities are consulted during assessment, monitoring and evaluation. At minimum beneficiaries and communities are asked for their informed consent during implementation<sup>8</sup>.

### Example: community groups assess and plan for local risks

The Uganda Red Cross Society's (URCS) programme, “Reducing Community Risk and Strengthening Disaster Response”, aims to build resilience in the disaster-prone Mount Elgon region in eastern Uganda. To develop the programme plans, community groups engaged in participatory risk assessments (including environmental risk assessments, and hazard/risk and vulnerability mapping). This was used by the groups to prioritise risks and develop action plans, with associated budget and support needs, which are implemented by the communities themselves, with support from URCS. For example, communities organise flood mitigation activities such as trench digging and tree planting, and URCS provides technical advisory support and procures certain materials that are not obtainable or affordable at community level. Exchange visits between communities are planned so that learning and good practices can be shared, and linkages between the communities and local stakeholders (local government and CBOs/NGOs) will be developed so communities can take the lead in accessing further support as needed.

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<sup>8</sup> Whereby action is agreed based on an understanding of the facts, implications and consequences of the action.

### **3 “Evidence as the basis for decisions” - We will ourselves, and assist our partners to, systematically collect, use, and learn from evidence to inform programmes and demonstrate our impact.**

*Systematically collecting community-level information is key for ensuring programmes meet actual rather than presumed need; measure progress; and identify what impact they are having on the lives of those we aim to assist. Identifying programme learning, and using this as evidence to improve practice, is a core element of accountability and builds on our responsibility to ensure we actively improve programme quality.*

Practically this means:

- 3.1 Programme design is based on: a) assessments carried out with a cross-section of the affected community (including women, girls, men and boys and vulnerable and marginalised groups), and with findings and recommendations reported by sex and age; b) secondary data about communities; c) learning from previous programmes; and d) sector-wide best practice and learning.
- 3.2 Activities, outputs, and outcomes are monitored in order to track progress and change. Changes can be made to programmes based on this.
- 3.3 Periodic programme reviews are carried out with communities and beneficiaries to understand levels of satisfaction with the programme, including people’s perception of value for money. Complementary opportunities are created for communities to provide feedback. Programmes are adapted throughout implementation based on community feedback.
- 3.4 Evaluations are conducted to understand programme results and impact from the perspective of those we aimed to assist. As part of this evaluations assess the extent to which programmes have met these AtB commitments, including assessing community perception of the programme-level aspects (the circles).
- 3.5 Learning from programmes is documented and disseminated.

#### Example: using evidence to refine programme focus during the inception phase

During the inception phase of the Earthquake Preparedness for Safer Communities programme, implemented by the Nepalese Red Cross Society (NRCS), a series of activities were undertaken to identify where in the Kathmandu Valley the programme should focus and community perceptions of risk.

Pre-existing ward-level data was collected on building type and density, population density, and availability of services and facilities (including health, education, security), and used as the basis for calculating a risk score for each ward. Wards with the highest relative risk were then selected as areas for programme implementation. A Vulnerability and Capacity Analysis (VCA) process was then conducted with key community stakeholders in all 66 selected wards to understand the risks faced by communities and actions needed to contribute to greater resilience. These findings from both these processes were used to guide programme activities and focus through adapting the log-frame, and developing appropriate and locally relevant DRR plans.

### **4 “Hearing and responding to complaints” - We will ourselves, and assist our partners to, set up complaints and response mechanisms through which beneficiaries and communities can raise complaints in relation to our programmes and actions, and get feedback about how these will be acted upon.**

*We recognise that despite our best efforts our programmes may include mistakes or errors, and our actions may negatively impact people’s lives. Part of being accountable also involves having the means through which beneficiaries and community members raise complaints about our actions, and having systems that allows us to*



*capture, review and respond to these, with appropriate discretion. Through this we will be able to identify and address problems, and improve the responsiveness and quality of programmes<sup>9</sup>.*

Practically this means:

- 4.1 Programmes establish formal mechanisms to capture, monitor and respond to complaints from beneficiaries and community members. This mechanism is designed with input from community members to ensure it is safe, non-threatening, and accessible to all (including women and men, boys and girls, and vulnerable and marginalised groups).
- 4.2 Staff, volunteers, beneficiaries and other community stakeholders are aware of how community members can raise complaints and expect responses, and their right to do so.
- 4.3 The programme complaint and response mechanism is documented, and answers the following questions:
  - What is the purpose and limitations of the mechanism?
  - How can complaints be raised (including an option for how complaints linked to staff can be raised)?
  - What steps will be taken to deal with complaints (including how complaints will be investigated and in what timeframe)?
  - How will allegations of exploitation and abuse (including allegations of a sexual nature) be appropriately handled?
  - How will complaints be responded to?
  - What will be done to ensure confidentiality, and non-retaliation?
  - How will complaints beyond the scope of the mechanism be handled, and as relevant referred?
- 4.4 Managers ensure complaints are handled systematically, and that responses (to the person raising the complaint) and improvements (to the programme) are made. Complainants are provided with an option to appeal against decisions made in relation to their complaint.

Example: including an appeals process as part of beneficiary selection

In 2006, as part of the recovery from the 2004 Tsunami in Indonesia, BRC began implementing a programme to build 2,200 houses across 12 villages in Aceh Jaya. As part of beneficiary selection an 'appeals process' was built-in, so that people could raise concerns linked to selection and have these addressed (for example, if they felt they met the criteria but had been excluded or if they felt others had been wrongly included). Beneficiaries were selected against set criteria, the list of selected people was displayed in each village, and people were given 15 days to submit an appeal. An Appeal Panel was formed, of BRC staff and external stakeholders, to review each case. In total 143 appeals were received, 37 of which were accepted, many of which came from widows or single parents with young families. Unlike other agencies the BRC programme did not suffer from low occupancy rates of constructed shelters. This was put down to the comprehensive selection criteria used and the selection and appeals process which allowed for community dialogue to ensure accurate lists.

Beneficiaries were also later involved in monitoring the pace and quality of construction of their own house. They were also informed how they could complain to field staff in case they are not satisfied with the quality of work on their house.

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<sup>9</sup> Research (HAP, 2007) has shown that complaints and response mechanisms are only effective if communities can also raise feedback, questions and comments (either through the same mechanism or via other channels), and this is respond to these as needed. Our commitment gives emphasis to complaints as, in order to be accountable, programmes need to have in place approaches for hearing and responding to the most difficult cases, and complaints represent a perceived problem that needs to be responded to. It is expected that alongside complaints, feedback, questions and comments is also received.

## Box 2: What is the link between Accountability to Beneficiaries and Beneficiary Communications?

### What is Beneficiary Communications?

'Beneficiary communications' or 'BenComms' is a term coined by IFRC to describe the application of effective communication approaches as part of programmes to provide and receive information with affected communities<sup>10</sup>.

Broadly, communication approaches can support programmes to:

- > Extend the reach of a programme through the provision of timely, relevant and accurate information – for example in Sierra Leone mobile cinema and SMS was used to reach more people with cholera prevention messages.
- > Achieve some aspects of the AtB commitment – for example in Haiti a call centre and radio show provided the opportunity for people to call in with questions, feedback and complaints about Red Cross activities.

BenComms is not new, for example, hygiene promotion commonly employs communication approaches such as house-to-house visits, community meetings, banners and posters. However, the availability of higher tech approaches such as SMS and radio, to complement more traditional methods, offers options for faster communication across a wider area with larger numbers of people.

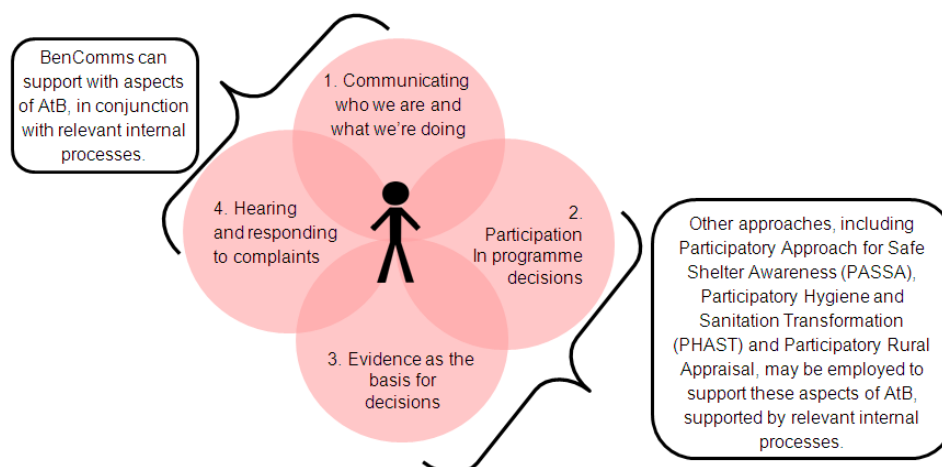
There is increasing recognition that communication expertise, either on an advisory basis or integrated into programme teams, can support programmes in identifying and operationalising appropriate communication channels; developing communications strategy; and developing messages appropriate for the audience.

### What are the key similarities and differences between AtB and BenComms?

Both 'AtB' and 'BenComms' focus primarily on the people we are seeking to assist, as opposed to other stakeholders. In addition both consider approaches for how we engage with community members where we are working, in addition to selected programme beneficiaries.

Through the application of appropriate two-way communication approaches BenComms can support aspects of programme AtB, in particular "communicating who we are and what we're doing", and "hearing and responding to complaints".

However, to fully meet our AtB commitments two-way communication needs to be complemented by other approaches, and internal systems for managing quality. For example, to fully achieve our commitment to hearing and responding to complaints, internal processes are needed to systematically manage and handle complaints in addition to two-way communication with communities. As such, BenComms can be thought of as one of the building blocks that contribute to achieving AtB.



<sup>10</sup> The IFRC definition is: "Beneficiary Communication aims to save and improve lives through the provision of timely, relevant and accurate information and support an environment of transparency and accountability through the creation of feedback mechanisms" (2011).

## At organisational level...

Our three organisational-level commitments are intended to be read and used by staff who are responsible for programme and organisational management.

### **5** “Staff and volunteers competencies” - We will ourselves, and assist our partners to, ensure staff and volunteers have the competencies needed to meet these AtB Commitments.

*Our staff and volunteers all have a role in implementing or supporting accountability to beneficiaries – from implementing teams who interact with beneficiaries daily, to support teams who develop and maintain the organisation systems, to senior management who steer our strategy. We will only be able to achieve our AtB commitment if we build teams with the right knowledge, skills, behaviours and attitudes.*

#### Practically this means:

- 5.1 We have defined and documented the competencies (knowledge, skills, behaviours and attitudes) that staff and volunteers need to have in order to realise strong AtB in activities. These are reflected in job descriptions, and the recruitment process. Staff and volunteers reflect the diversity found at community-level.
- 5.2 We have in place, and all staff and volunteers have signed and understand, a staff and volunteer code of conduct which specifies:
  - Not exploiting and abusing people, including sexual exploitation and abuse
  - Being sensitive to the local culture
  - The responsibility of staff to report abuses.
- 5.3 We have in place a performance management system that enables managers to review and act on staff and volunteer performance related to knowledge, skills, behaviours and attitudes needed to achieve our commitment to AtB. Staff and volunteer development opportunities are provided to improve on competencies required to effectively achieve the AtB commitment.

### **6** “Improving approaches for achieving AtB” – We will ourselves, and will assist our partners to, review and improve approaches for strengthening AtB.

*We recognise there are different approaches that could be used to deliver on these AtB commitments across our organisation and programmes. Improving our practice also involves collecting evidence to understand our progress in achieving the AtB commitment throughout our work, and using this to reflect on and adapt our approach to improving AtB.*

#### Practically this means:

- 6.1 We will review our performance against these AtB Commitments on a regular basis, at least every two years, and identify what needs to be improved to strengthen practice.
- 6.2 We will ensure relevant evaluations include an objective to assess progress in delivering on our AtB commitments.
- 6.3 We will document existing good practices and develop new approaches to support programmes to implement the AtB commitment appropriately in their contexts, sharing between contexts, and championing learning.

## 7 “Leadership and management for quality” - We will ourselves, and assist our partners, to put in place policy and process that places intended beneficiaries at the centre of decision making, and ensure these AtB commitments are modelled in organisational ways of working.

*Leadership is key for ensuring we systematically realise our AtB commitment across all our work. As an organisation we have a number of commitments intended to improve the quality of programmes as experienced by affected-communities. Clarifying what these are, how we are currently implementing these, and what needs to be strengthened will lead to stronger practice. In addition we cannot hope to deliver our AtB commitment in programmes if we do not demonstrate relevant aspects of AtB in our organisational systems - for example if we are not strong at receiving and responding to complaints internally (from staff and volunteers), then it is likely to be harder to work with staff and volunteers to design an appropriate programme complaints mechanism for external stakeholders. By ensuring that our internal systems reflect our AtB commitments we will build a culture of accountability that will support consistent, flexible programme systems.*

### Practically this means:

- 7.1 We develop an Accountability Framework to clearly articulate our commitments that influence the quality of programmes, how these are currently implemented, and what we need to improve to strengthen our how we achieve these. We will ensure our Programme/Project Cycle Management<sup>11</sup>, International Management Methodology<sup>12</sup>, and partner approach support the implementation of these commitments.
- 7.2 The strategies that guide our work are explicit in our commitment to demonstrate our accountability to beneficiaries.
- 7.3 We review new programmes and work streams through an AtB lens, to ensure our work puts those we are aiming to assist at the centre.
- 7.4 Our organisational way of working with staff and volunteers models our AtB commitments. Specifically:
  - Organisational information, e.g., annual reports, strategic plan, programme plans are made available (except in circumstances that could compromise our work) in formats that are accessible to staff and volunteers.
  - Staff and volunteers are encouraged to participate in organisational decision making fora, including general or national assemblies, strategy development, and programme planning.
  - Staff and volunteer feedback is used to strengthen internal ways of working.
  - Our staff and volunteers understand how to raise complaints and the process for response within our organisation.

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<sup>11</sup> The Programme/Project Cycle Management (PCM) is BRC's International Division recommended approach to project cycle management consisting of four phases: assessment, planning, implementation, and evaluation & closure. It also includes project preparation (Concept) and follow-up (Post-closure).

<sup>12</sup> The International Management Methodology (IMM) describes BRC's standardised procedures for decision making, authorisation, accountability and information management for the International Division; it includes PCM. It relates to, but is distinct from, the corporate annual planning and reporting process.

## Beyond BRC...

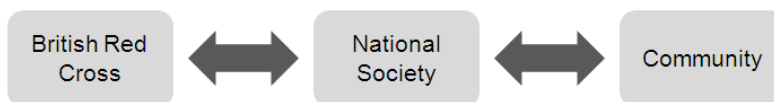
This section sets out our commitment to achieving AtB when we work in different partner models, and is intended to be read and used by those working with partners.

### 8 “Collaborating with partners to strengthen AtB” - We commit ourselves to work with partners to raise awareness of, strengthen commitments to, and support the realisation of AtB.

*As a member of the Movement, and part of the international humanitarian system, we are never working in isolation. Our accountability to beneficiaries often depends on others, and in order to realise our commitment, it must be reflected in the support we provide to partners. In addition, as we believe AtB is a crucial component of good programming, we will also look for opportunities in our collaboration with other organisations to advocate for and influence practice beyond our formal partnerships.*

In recognition of the different ways in which British Red Cross works with partners ‘what this means in practice’ is divided into three broad modalities frequently seen in our work.

**a. ‘One removed’ partnerships** – when we transfer resources to another organisation who is directly implementing programmes. We are one removed from directly implementing. This includes many bilateral partnerships and may also apply to consortia. For example:



Practically this means:

8.a.1 We will agree our expectations with regard to accountability to beneficiaries and communities with partners in a clear and collaborative way. Specifically we will agree:

- How partners will meet Commitments 1-4, plus:
  - When partners will refer certain complaints received from communities to us.
  - How we will with the partner jointly monitor and evaluate programmes.
- How partners will work towards Commitment 5-7, as relevant for partnership activities.
- Support planned to enable partners to deliver on beneficiary accountability.
- Expectations of what we need in terms of reporting, monitoring and evaluation, and identification of key milestones/indicators on accountability to beneficiaries.

8.a.2 We will provide support needed to enable partners to strengthen their AtB in-line with Commitments 1-7, including in recognising existing good practice and areas for improvement. Support may focus on:

- Organisation development – to strengthening practice across a number of programmes.
- Specific programmes – to support AtB in one specific programme.

8.a.3 We will, with the partner, create opportunities to speak directly with communities and the individuals the partner organisation is aiming to assist, in order to hear feedback and understand the impact the programme is having on people’s lives as part of visits, mid-term reviews and evaluations.

**OR**

**b. 'Two-removed' partnerships** – when we transfer resources to an organisation, who supports another organisation, who in turn is directly implementing programmes. We are two-removed from implementing. For example:



Practically this means:

We recognise that in these types of partnership we are still identifying what our role is in influencing AtB, and what we can realistically do, especially as part of emergency appeals. Practically:

8.b.1 We will identify opportunities to promote good practice in the immediate term when working in partnership. This may be through providing feedback appeals or providing skilled staff.

8.b.2 We will identify opportunities to influence the ways of working of common multilateral partners. This may be through influencing tools, guidance and other core documents, or through contributing to training and skilled staffing as part of rosters.

**OR**

**c. Informal partnerships** – when we work alongside other organisations towards a common goal, but there is no formal MoU or transfer of resources.

Practically this means:

8.c.1 We will share our commitment to AtB and advocate for stronger practice beyond our work.

## Annex 1 – What are the links with the HAP 2010 Standard?

| BRC's AtB commitments                            | HAP 2010 Standard benchmarks  |
|--|---|
| 1. Communicating who we are and what we're doing | Benchmark 3: Sharing information  |
| 2. Participation in programme decisions          | Benchmark 4: Participation  |
| 3. Evidence as the basis for decisions           | Benchmark 4: Participation &<br>Benchmark 6: Learning and continual improvement |
| 4. Hearing and responding to complaints          | Benchmark 5: Handling complaints  |
| 5. Staff and volunteers competencies             | Benchmark 2: Staff competency   |
| 6. Improving approaches for achieving AtB        | Benchmark 6: Learning and continual improvement                                 |
| 7. Leadership and management for quality         | Benchmark 1: Establish and deliver on commitments                               |
| 8. Collaborating with partners to strengthen AtB | Across all  |