

## **Beneficiary Communications and Accountability Baseline Assessment Grid**

Institutional Capacity for BCA in Response, Recovery and Development

#### **NATIONAL SOCIETY OVERVIEW**

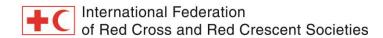
NAME	
STRUCTURE	
# OF VOLs	
# OF STAFF	
# OF BENEFICIARIES	
# OF BRANCHES	
DEPARTMENTS	
FACTS & FIGURES	
CURRENT STRATEGIC OBJECTIVES	
STRENGTHS	
CHALLENGES	
OTHER KEY POINTS	

#### **IFRC DELEGATION OVERVIEW**

STRUCTURE	
CURRENT STRATEGIC OBJECTIVES	
AREAS OF SUPPORT	
MODE OF IMPLEMENTATION	
STRENGTHS	
CHALLENGES	
OTHER KEY POINTS	
PNS OVERVIE	W

#### **PNS OVERVIEW**

NAME	
STRUCTURE	
# OF STAFF	
CURRENT STRATEGIC	
AREAS OF SUPPORT	
OBJECTIVES	
STRENGTHS	
CHALLENGES	
OTHER KEY POINTS	



## **Program Overview**

NAME	
STRUCTURE	
# OF STAFF	
CURRENT STRATEGIC	
AREAS OF SUPPORT	
OBJECTIVES	
STRENGTHS	
CHALLENGES	
OTHER KEY POINTS	

# 5. INSTITUTIONAL KNOWLEDGE, CAPACITY AND COMMITMENT

Institutional and human and financial resources						
	Yes	No	Partially	Details / Evidence		
BC (or community engagement) is included in the NS strategy						
BC activities appear in project and program plans						
Program and field staff know how to build BC into their projects						
If no – program staff want to learn how to build BC into their projects and plans (name all program staff who						

		1	
are committed)			
The senior management team are committed to the BC			
project and to sustaining activities into the long term			
NS is willing to allocate staff to be dedicated or partially			
dedicated to delivering BC activities and have this in their JD			
Budget is already allocated to BC activities			
NS is willing to allocate financial resources to sustaining			
BC activities after the end of the project (yearly			
amount?)			
NS staff and/or volunteers have had BC training			
NS staff and/or volunteers willing to participate in BC			
training			
	1		
Level of information sharing with communities			
Always	Never	Sometimes	Details / Evidence
NS provides educational information to			
communities eg health advice, hygiene, disaster			
preparedness	\		
NS provides information about RC services and			
projects			
NS provides information about fundamental	7		
principles and code of conduct			
Information is provided regularly throughout the			
project			
Information is mainly provided informally & ad			

hoc		
There is more than one regular formal channel of communication used to share information		
Additional effort is made to reach marginalised groups – women, children, elderly, disabled, illiterate)		
Communities are asked how they want to receive information		
Provision of information is an indicator in M&E		
Regular checks are done to make sure information provided is relevant, useful and clearly understood		

Participation and community engagement – beneficiaries have an opportunity to influence program decisions and provide feedback NB – formally means there are clear, planned channels and outcomes are recorded and logged / informally means it is ad hoc, usually just through face-to-face discussions while staff/volunteers are in the community and outcomes are not logged or recorded.

	Formal	Informal	Not at	Details / Evidence
			all	
Communities are consulted about their needs and				
priorities before a project starts				
Beneficiary feedback is regularly collected throughout				
a project				
Feedback channels are advertised and communicated				
clearly to beneficiaries so they know how to feedback				
There is a complaints process				

All complaints are handled and responded to				
Beneficiaries are asked about their needs after an emergency (before items are distributed)				
	Yes	No	S/time	Details / Evidence
Communities play a role in delivering projects				
Feedback is used to make decisions about programs				
The community decide beneficiary selection criteria				
Beneficiary feedback is part of the M&E process				
Beneficiary satisfaction surveys are carried out				
Staff are trained on handling complaints				
Staff and managers regularly spend time in communities getting informal feedback				
Marginalised groups are able to use feedback and complaint systems	1			

## **6. EMERGENCY PREPARDNESS AND RESPONSE**

#### Status

No practice implemented: NP Informal practice implemented in some locations: IFP Formal practice implemented by all: FP

<b>Preparedness Activities</b>	NP (0)	IFP (1)	FP (2)
BCA is included in all major DM			
policy documents including: DM			

Y	

defining the beneficiary selection criteria and distributing relief items		
A feedback and complaints and response mechanism is established		
Post response beneficiary satisfaction survey		1

#### 7. PRIORITY AREAS FOR BENEFICIARY COMMUNICATION SUPPORT

INTERVENTION		TOOLS		
Early warning system		Radio	Newspapers / newsletters	
Building community resilience / DRR		TV	Social media	
Emergency response		TERA SMS	Posters and leaflets	
Health & hygiene education		Automated phone line	Feedback and complaints system	
Behaviour change campaigns		Manned phone line	Listening clubs	
Increase community feedback and involvement in projects		Community theatre		
Programme accountability – AtB support		Mobile cinema		

## 8. Country Overview

DEMOGRAPHICS		HEALTH		
Population		Common diseases	Cholera	
Language(s)		Main cause of death (adult)		

Urban/Rural	Main cau	se of death				
GDP (per capita)	Materna	aternal mortality rate				
HDI	Infant m	ortality rate				
Life expectancy (m/f)	Child mo	rtality rate				
Religion(s)	HIV and	AIDS rate				
Ethnicity	Access to	Access to sanitation				
% of pop. <15	Access to	ccess to clean water				
Literacy	Malaria i	alaria mortality				
Education	Malaria	Malaria				
# of refugees in- country	Malnutrit	Malnutrition				
DISASTER PROFILE						
Type of disaster	Numb	er	No of p	people affected	Deaths	Economic

### **MEDIA LANDSCAPE**

Overview

**SMS** 

**INTERNET** 

**RADIO** 

TV

**WORD OF MOUTH** 

**NEWSPAPERS** 

**MEDIA PARTNERSHIPS** 

