



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

NAME	
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STRUCTURE	
CURRENT STRATEGIC OBJECTIVES	
AREAS OF SUPPORT	
MODE OF IMPLEMENTATION	
STRENGTHS	
CHALLENGES	
OTHER KEY POINTS	

PNS OVERVIEW

NAME	
STRUCTURE	
# OF STAFF	
CURRENT STRATEGIC OBJECTIVES	
AREAS OF SUPPORT	
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				



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				
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 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				
<p>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.</p>				
	Formal	Informal	Not at all	Details / Evidence
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				

6. EMERGENCY PREPAREDNESS AND RESPONSE

Status

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

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



strategy, contingency plans and SOPS for managing information flow.			
Pre-position stocks are vetted by communities before emergencies.			
Key information about at-risk communities is gathered and regularly updated			
Disaster Committees are formed and trained			
An Early-Warning System is established			
A library of key messages is developed for disasters			
All active staff and volunteers have signed and been trained on the CoC			
Beneficiary-led indicators are included in the PMER framework			
Staff is trained and ready to implement response activities (below)			
Response Activities			
Do No Harm context analysis			
Rapid participatory assessments that integrate qualitative socio-economic information			
Communications Plan written and implemented (program objectives, useful information and CoC)			
Communities participate in			

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

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 cause of death		
GDP (per capita)		Maternal mortality rate		
HDI		Infant mortality rate		
Life expectancy (m/f)		Child mortality rate		
Religion(s)		HIV and AIDS rate		
Ethnicity		Access to sanitation		
% of pop. <15		Access to clean water		
Literacy		Malaria mortality		
Education		Malaria		
# of refugees in-country		Malnutrition		
DISASTER PROFILE				
Type of disaster	Number	No of people affected	Deaths	Economic

MEDIA LANDSCAPE

Overview

SMS



International Federation
of Red Cross and Red Crescent Societies

INTERNET

RADIO

TV

WORD OF MOUTH

NEWSPAPERS

MEDIA PARTNERSHIPS

Draft