



AGA KHAN FOUNDATION

Safeguarding Guidelines

Developing Survivor-Focused
Community-Based Complaints
Mechanisms in Consultation
with Communities

2021-22



Safeguarding Guidelines

Developing
Survivor-Focused
Community-Based
Complaints
Mechanisms
in Consultation
with Communities



Preface

Safeguards are a vital part of all development and humanitarian programs and are key to managing risks, ensuring that interventions do no harm, and that outcomes are sustainable. They are also important in ensuring quality, accountability, and transparency, and in enhancing organizational reputation, legitimacy, and effectiveness.

The Aga Khan Foundation (AKF) seeks to implement policies that are ethical, values-driven, and align with our beliefs and objectives. In an effort to strengthen internal policies to protect AKF's staff and the communities in which it works, AKF has developed a Global Safeguarding Manual that provides a framework for all AKF units. Moving forward, AKF aims to build on, contextualize, and standardize existing best practices and develop a robust approach to ensure the safety of AKF's staff and beneficiaries.

Many organizations have designed and implemented community feedback and reporting mechanisms to enable communities to raise concerns on a range of issues, including safeguarding¹ concerns. However, reports of safeguarding concerns from communities remain low, especially from within vulnerable or at-risk groups. The DFID² -led "Listening Exercise on Victims and Survivor Voices" from October 2018 described poor understanding of the scale of underreporting³ because of difficulty in gathering evidence. However, the evidence that does exist indicates that between 30 - 80% of child victims and survivors do not disclose their experiences until adulthood, with countless others never disclosing.⁴

The development sector has identified a number of barriers to community reporting and recognized that certain groups within communities feel less empowered to report abuse.

¹ Harm and abuse of children and communities that arises because of the behavior of an organization's staff, the design and delivery of its programs, or the implementation of its operations

² DFID, Department for International Development UK, now FCDO (Foreign, Commonwealth & Development Office, UK)

³ No One to Turn To: The under-reporting of child sexual exploitation and abuse by aid workers and peacekeepers, Save the Children, Csaky, C. (2010).

⁴ Disclosing the Trauma of Child Sexual Abuse: A Gender Analysis, Journal of Loss and Trauma: International Perspectives on Stress and Coping, Alaggia, R. (2005)

The September 2018 Violence Against Women & Girls Helpdesk Research Report and the October 2018 DFID-led “Listening Exercise on Victims and Survivor Voices” described the barriers as including deep-rooted power imbalances between communities and aid and development organizations, traditional views of sex and gender, limited understanding of community reporting mechanisms, insufficient processes for safe reporting, lack of trust in the system, perceived impunity of the alleged perpetrator, and inaccessible reporting mechanisms for particular groups.



The 2018 sector crisis led to the development of a reporting toolkit through Bond UK, designed to help address reporting issues by encouraging organizations to respond more effectively to safeguarding reports. Many organizations are reviewing existing complaints and reporting mechanisms to understand their effectiveness and whether they remain ‘fit for purpose’ as circumstances, communities, or contexts change. There remains a gap in knowledge of how power differentials between organizations and communities, and within communities, affect reporting. The evidence on what has been done to reduce barriers is limited with very few evaluations of effectiveness. Innovative beneficiary engagement methods which allow for more open communication can be key in creating more trust between beneficiaries and agencies.

This guideline is the result of a pilot project run by AKF in Afghanistan and Tajikistan in 2020 and 2021, co-funded by AKF USA and InterAction. The aim of this project was to pilot an approach to designing and implementing a community complaints/reporting model that drew on innovative engagement methods and that can be adapted to fit the needs of different communities (and the groups within them) in varying contexts, and that specifically addresses the power dynamics that create barriers to reporting. The project drew on sector best practice and expertise as well as AKF’s own experience in working closely with community groups and committees on localized/ contextualized reporting mechanisms.

This project has been carried out during the Covid 19 pandemic, placing extraordinary demands on all country operations to keep beneficiaries and staff safe. Due to periods of lockdown and movement restrictions imposed by governments across the world the project’s original timeline and scope had to be adapted. The 2021 geopolitical events in Afghanistan have posed additional challenges to the pilot activities in the country.

AKF would like to thank the safeguarding, MERL & programmes teams and leadership of AKF Afghanistan and Tajikistan for their dedication and engagement in this project. The findings of this guideline would not have been possible without their commitment and perseverance.

AKF thanks InterAction for co-funding this important piece of work and for their flexibility and accommodation to the events of 2020 and 2021.

Special thanks go to GCPS Consulting for their expert guidance and the crucial support they have provided AKF throughout the project.



Safeguarding Guidelines

Developing Survivor-focused Community-based
Complaints Mechanisms In Consultation with Communities

SURVIVOR-FOCUSED CBCM GUIDELINES

What's Inside?

Introduction	p06
Developing effective survivor focused CBCMs	p08
Key steps of developing effective survivor focused CBCMs	p12
Interim measures	p36
Glossary	p40
AKF Toolkit Annexes	p41
Further Resources	p41

designed by - Shehzad S. Hussaini (ASH Canada)

SURVIVOR-FOCUSED CBCM GUIDELINES



Introduction

What do we mean by safeguarding

In these guidelines, the term ‘safeguarding’ means the responsibility of organisations to make sure their staff, operations, and programmes do no harm to children and adults at-risk nor expose them to abuse or exploitation.

This term covers physical, emotional and sexual harassment, exploitation and abuse by staff and associated personnel, as well as safeguarding risks caused by design and implementation of programmes and communications. Many organisations now also use this term to cover other forms of harm, beyond sexual harassment, caused to staff in the workplace e.g. bullying and other forms of harassment.

¹ CHS PSEA Implementation quick Reference Handbook

² Protection from Sexual exploitation and Abuse Statement by the Inter-Agency Standing Committee (IASC) Principals 2015. Note that some people who have experienced harm prefer not to refer to themselves as survivors. The term used should be the choice of the affected individual.

What is a CBCM

A CBCM is a mechanism for enabling and responding to feedback, reports and complaints from communities. It is developed by consulting with communities on what channels they would like to use to provide feedback or make complaints or reports safely, and has a process in place for assessing, referring and following up on those reports once they come into the organisation.

Not all CBCMs are appropriate for safeguarding reports. Some CBCMs are for general reports, but can also handle reports relating to safeguarding. Some CBCMs are set up to specifically elicit and respond to safeguarding reports.

Other terms that may be used to mean CBCM include Complaints and Feedback Mechanisms (CFMs), Complaints and Response Mechanisms (CRMs) and others.

What do we mean by survivor-focused

A survivor focused approach is one in which the survivor’s wishes, safety, and well-being remain a priority in all matters and procedures.

A survivor-focused CBCM is one in which

- ◆ Confidentiality is prioritised at all times
- ◆ Procedures are designed in a way that reduces the risk of re-traumatising the survivor
- ◆ Support services (such as medical, protection and psychosocial support) are mapped in advance of developing the CBCM
- ◆ Channels are provided to safely report safeguarding concerns, designed in consultation with the community and relevant local safeguarding expertise
- ◆ The survivor is supported to access these services, if they wish to do so, immediately as the concern is raised (and not pending the outcome of an investigation or any other processes)

Developing effective survivor focused CBCMs

What needs to be in place

In order to undertake the process outlined in this guidance, your organisation will need to have the following elements in place.



This process is not for organisations at the start of their safeguarding journey, or for those who have a limited timeframe to build a relationship with the community. For those organisations, we have included a chapter on Interim Measures.

Capacity in or an understanding of safeguarding

Your organisation will need to have local expertise in safeguarding, or GBV (gender-based violence), child protection or other related fields. This is necessary to ensure that the consultations are safe and appropriate, and that the questions are designed in a way that will provide space for participants to discuss safeguarding openly, using language and terms which are relevant, and acceptable, to them. Local safeguarding expertise is also important to advise on any particular issues that might arise during the process, such as a disclosure of a serious safeguarding concern, and also to guide the work going forward when the CBCMs are implemented. It will help you in this process if you have already begun

to have conversations with communities about safeguarding issues and what they can expect of you.

Capacity in community consultation

Your organisation will need capacity in community consultation using a participatory approach. Discussing potentially sensitive or personal issues with communities requires careful handling, which can only be done where the organisation has local expertise in community consultation. These skills are also required in order to enable meaningful responses, rather than participants not feeling comfortable to discuss certain issues, or telling the organisation what they want to hear. Often this will mean facilitating the community consultations using a combination of methodologies which work for particular communities or groups e.g. activities for ice-breakers, activities to describe harm and abuse that is being discussed during the consultation, drawing activities for mapping current used reporting routes, as well as question and response approaches.

If possible, it is also preferable to use facilitators with experience in facilitating discussions on GBV (gender-based violence). However, this may not always be possible for all organisations. If this is the case, be aware when developing your questions that you will need to frame sensitive issues in a manner that the facilitator can appropriately manage. This may mean discussing how communities want to report harm and abuse arising because of the organisation, but not probing a level of detail regarding the different forms of harm and abuse and how these could be reported. You will also need to be clear on what you can achieve with this consultation, and what impact that will have on the mechanism you implement. Even with careful consultation and implementation, it is likely that you may not receive reports of particularly sensitive safeguarding concerns such as sexual exploitation and abuse through your CBCMs. This should not prevent you from undertaking this process – there is value in discussing and enabling reports of all kinds, and this will open up the dialogue between you and the community to go deeper into the more sensitive issues.

A reports handling procedure in place

It is absolutely essential that your organisation is ready to receive and handle safeguarding reports before embarking on the process outlined in these guidelines. Failing to respond appropriately to safeguarding concerns may put survivors at further risk or cause additional distress, and will break down the relationship of trust you have developed with the community. Bear in mind that disclosures may be made whilst the consultations are being conducted and you cannot wait to respond to these whilst trying to organise your processes for handling these reports.

Your reports handling procedure should include

- ◆ Confidentiality measures for all aspects of the procedure
- ◆ A clear scope for the types of report that this procedure will handle (for example complaints and feedback related to the organisation's programme delivery and conduct of staff)
- ◆ Designated responsibility with named staff members for receiving, assessing and following up on reports
- ◆ Training for staff on their roles
- ◆ A fast-track system for serious reports including safeguarding, particularly where an immediate response is required to get a person to safety
- ◆ Procedure for referral, including to law enforcement where appropriate
- ◆ A mapping of safe, appropriate, accessible support services for survivors

More information about setting up a reports handling procedure can be found in 'CBCMs and reporting' in the Resources section of these guidelines.

A commitment to, and preferably practice in, accountability mechanisms

It will help this process if your organisation already has accountability mechanisms in place. This means

- ◆ Being transparent about your activities

- ◆ Involving communities in design, implementation and evaluation of your activities
- ◆ Raising awareness with communities of their rights and what they should expect from your organisation
- ◆ Allowing communities to feed back their comments and concerns about your staff and programmes, which are then acted upon

If this is not embedded in your ways of working already, you will need to introduce this concept before raising the issue of specifically reporting safeguarding concerns. In this instance, we recommend a two-step process – firstly to set up and raise awareness of accountability mechanisms, and preferably general CBCMs (ones that handles all types of complaints or concerns). Once that is embedded, you can then introduce more sensitive safeguarding topics, and consult the community on how they would like to report them.

Learning: Differing support needs

The methodology in this guidance was piloted by AKF (Agha Khan Foundation) in Afghanistan and Tajikistan, two locations with differing approaches and operating environments. The Afghanistan programme had established safeguarding capacity and experience, as well as decades of experience in community consultation and participatory approaches. The Tajikistan programme had less experience in participatory approaches, as this was a relatively newer approach for the team. Furthermore, although a Safeguarding Manager was in place, there was less experience in implementing safeguarding in programmes.

Both teams were provided with an initial training in AKF's approach to safeguarding, how to conduct community consultations, and how to develop CBCMs. However, it became clear that the Tajikistan team needed further support. This was provided through additional targeted training, sharing of tools (these can be found in Annexes 5 and Further Resources sections on 'CBCMs and reporting' and 'Community consultation and FGDs') and regular check-ins, in order to build their confidence and capacity in undertaking the project.

Key steps for developing an effective survivor focused CBCM

1. Training on safeguarding



2. Training on CBCMs and reports handling



3. Training on community consultations



4. Designing Focus Group Discussion questions and methodologies



5. Piloting questions and methodologies



6. Appointing researchers/enumerators (if using)



7. Review and revision of questions and methodology



8. Full consultation



9. Analysis of results and feedback to community



10. Design of CBCMs



11. Pilot of CBCMs



12. Learning and adapting



How to do each step Training

The first step in this process is to provide training for the staff members who will be implementing the process. This training will need to include safeguarding, CBCMs and report handling, and community consultation. How detailed the training will be in each area will depend on existing capacity, but an overall refresher training in all areas is recommended to kick off the process. This will

- ◆ Bring all staff together who are implementing the process
- ◆ Ensure everyone is on the same page on the key concepts and principles of safeguarding, community consultation and accountability
- ◆ Bring together the key elements of the process, which may not have been combined in your organisation before – for example, community consultation may be the responsibility of a different team than the one responsible for safeguarding

Example training plans are included in the toolkit accompanying this guidance.

Top Tip: Bringing in other teams' expertise

Because this methodology requires skills in different areas of practice (for example safeguarding, community consultation and accountability to affected populations), it can help to bring in expertise from elsewhere in the organisation. During their initial training, both the AKF Afghanistan and Tajikistan teams brought in their MERL (Monitoring, Evaluation, Research and Learning) teams for specific sessions on gathering and analysing data from community consultations.



1. Training on safeguarding

The purpose of this training is to cover the key principles and approaches of safeguarding in the humanitarian and development sector and in your organisation specifically. It should inform those staff members new to safeguarding, and serve as a reminder to staff who may already be familiar with it. It also serves as an opportunity to be clear on what your organisation covers under the safeguarding 'umbrella'.

Suggested topics to cover are:

- ◆ What do we mean by safeguarding? (If your organisation doesn't have a definition, you could use this one: 'The responsibility that organisations have to make sure their staff, operations and programmes do no harm to children or adults')
- ◆ What types of harm are included in safeguarding?
- ◆ What conduct does your organisation prohibit?
- ◆ Why is it important that organisations implement safeguarding?
- ◆ Brief overview of what your organisation has in place to prevent and respond to safeguarding concerns
- ◆ What is your responsibility as a staff member?

This training should also cover what to do if someone discloses a safeguarding concern as part of the community consultations.

This could include:

- ◆ What kind of disclosures might be made (although this would not be exhaustive)
- ◆ How to respond to a disclosure – dos and don'ts
- ◆ How to document and refer the disclosure

Role play can be used to practice receiving a disclosure.

Everyone who will be facilitating the community consultations should undertake this training, including volunteers, researchers, enumerators etc. from outside the organisation

2. Training on CBCMs and reports handling

This training should cover the principles of accountability, and why it is important to seek feedback from the communities we seek to serve. It should explain why it is important to consult the community on how they would like to provide feedback or make complaints to your organisation.

Training on CBCMs could include:

- ◆ What is meant by a CBCM
- ◆ Why it is important to seek and act on feedback from the communities we serve
- ◆ The challenges of encouraging communities to provide feedback and make complaints
- ◆ The structure of a CBCM
- ◆ The principles of a good CBCM
- ◆ Why it is important to consult communities on how they would like to report (leading into session below on community consultations)

This training should also familiarise the participants with how reports are handled in your organisation, so they have a full picture of what will happen once a report reaches the organisation via the CBCM.

3. Training on community consultations

As stated above, it is important your organisation has experience in, and a commitment to community participation in order to undertake this process. Training on community consultations should act as a refresher on techniques, and should weave in the specific practices that are required when conducting consultations on safeguarding and particularly sensitive issues such as Gender-based violence (GBV).

Training on community consultation on safeguarding could include:

- ◆ Methodology. This should include both how the consultations are set up e.g. holding separate Focus Group Discussions (FGDs) for women, men, girls and boys, and other groups in the community such as people living with disability, as well as different approaches to obtaining information e.g. participatory activities for understanding abuse, ice-breaking and reporting routes.
- ◆ Required conduct and ethics for people undertaking the community consultation (including a briefing on your organisation's safeguarding policy and/or Code of Conduct)
- ◆ Facilitation skills for FGDs, with emphasis on how to manage discussion of sensitive issues
- ◆ Interview skills for Key Stakeholder Interviews, with emphasis as above
- ◆ How to take notes
- ◆ How to analyse the data from the community consultations

Role plays are recommended to practice facilitation skills.

Top Tip: Consulting with children

Consulting with children on reporting abuse must be done by facilitators who are experienced in working with children on sensitive issues. Children should be grouped. This can be according to gender but also according to age or other identity/characteristics so that different questions or approaches can be taken in line with age and capacity considerations. All groups of children will need to understand first what you mean when discussing harm and abuse before finding out from them how they would

report this. It is vital that any consultation with children is done in a safe space, they understand what the consultation will entail and they, and their parents/caregivers, consent to it. Ensure there is someone to hand during the consultations who can support any child that might become distressed and who can support or manage disclosures.

4. Designing Focus Group Discussion and Key Stakeholder Interview questions

The questions for the community consultation are key to the success of the process. Questions should be carefully designed to sensitively and appropriately guide the consultation participants to talking, if they wish to do so, on topics that might be sensitive or difficult to discuss in the context. It is essential that the questions are designed with input from staff who have lived experience of the context, and have expertise in working with the community on safeguarding or related issues such as gender-based violence, or child protection. If using participatory methodologies such as drawing etc. you should be clear on what question(s) the participatory activities are designed to answer so that you facilitate the activity to that end and ask supplementary questions during the activity to be clear on the group's response.

First you will need to decide what you want to find out from the community consultation. This can be developed in the form of Key Questions, for example:

- ◆ How do people complain in this group/context, and what are the barriers?
- ◆ Would they report to your organisation?
- ◆ Are there barriers to reporting to your organisation?
- ◆ How would they like to report to your organisation?
- ◆ How can the process be survivor-focused?

Then you will need to think about what questions you will ask, or what activities you will use, in the community consultation, to generate the information you need. Please see examples on next page.

What we want to know

Suggested questions

How do people complain in this group/context, and what are the barriers?

- Do people complain a lot here?
- What do they complain about?
- What about misconduct of/harm caused by people in responsible positions? Police, doctors, teachers etc.
- Would they report concerns?
- If so, how?
- If not, why not?
- What serious harm might be caused?
- What are particular issues for your group?
- Why would/wouldn't people report?
- What could be in place that would encourage you to report?

Would they report to your organisation?
Are there barriers to reporting to your organisation?

- Do you think these issues could arise in our organisation's programmes?
- Have you heard of anyone experiencing problems?
- Do you think you would report issues if they happened?
- If so, why?
- If not, why not?

How would they like to report to your organisation?
How can the process be survivor-focused?

- What could our organisation do to encourage people to report?
- How could our organisation make people feel safer to report?
- How could we support people reporting during and after reports?
- How should our organisation make reporting safe for people who have been harmed?

You can work on these questions in the language that your team works in, but it is essential that they are translated into the language that the community speaks, if this is different. This should be done by someone who works in that language, and is familiar with the terms and colloquialisms used by that community. The consultation should also be conducted by someone who speaks that language. It is preferable if the

persons who will be conducting the consultation are involved in its design. If not (for example if you are using external researchers or enumerators) they should be thoroughly briefed by your staff on what language to use – and asked for their input as part of that briefing.

You will be piloting these questions and the methodologies, as part of the process, so don't worry if you are not sure whether they will work or not.

Top Tip: Possible participatory activities

There are a number of resources available in the sector which have been designed specifically to use in discussions with different groups on safeguarding (see Annex 5, and Community consultation and FGDs in Further Resources). There are also resources from the child protection sector where methodologies have been used effectively to discuss reporting with both adults and children. The latter have been used for supporting community based protection mechanisms but could be adapted to determine how communities would want to report safeguarding concerns.

Example 1

Ask the group to provide some examples of things they complain about. Write these or use a symbol to represent the issue on separate pieces of paper. On a flipchart paper or suitable format, take a selected number of issues, one by one, and ask the group to draw/map out how they would report that and what they would expect to happen next

Example 2

Draw a blank wall on a flipchart paper and ask the group to identify barriers to them making reports. Write these in the individual 'bricks' on the wall. Then ask the group to work through each barrier and think about how that barrier could be broken down.

5. Appointing facilitators for community consultations

You will need to decide whether your community consultations will be facilitated by staff, or externally, for example through independent researchers or enumerators. Remember that women facilitators should always be used for FGDs with women, preferable with expertise in GBV or other related fields (see Developing effective survivor focused CBCMs: What needs to be in place).

There are advantages and disadvantages to appointing external facilitators to conduct your community consultation.

External facilitators

Communities may feel more able to talk openly with external facilitators. If they are talking with your organisation's staff, they may not feel able to say anything that might be perceived as critical – this may be due to politeness or a feeling of gratitude for the services they have received from the organisation. It may also be through a fear of reprisal – that services might be discontinued if they are seen to criticise the organisation. Using external facilitators helps to mitigate this.

External facilitators will need clear training on the ethos and values of your organisation, what is meant by safeguarding, and expectations of them in terms of conduct. It is recommended that they complete the training outlined in steps 1-3.

Appointing external facilitators has budget implications, and may be beyond the means of your organisation.

Internal facilitators

Internal staff will likely be more familiar with your organisation's approach, and the purpose of your consultation. Using internal staff also means an extra level of 'quality control'. However, as outlined above, communities may not feel able to speak openly with internal staff from your organisation.

Top Tip: Safeguarding those conducting community consultations

Safeguarding also applies to facilitators! It is important to ensure the facilitators' safety whilst conducting consultations on your behalf, whether they are internal or external staff. This should include

- ◆ Mitigation of any security risks
- ◆ Ensuring travel to and from the consultation sites is safe
- ◆ Ensuring that any accommodation provided is safe and appropriate

Ensure that your security assessment considers different risks for male and female facilitators.

6. Piloting questions

After developing your consultation questions and methodologies, you will need to pilot them. This could be done with a small number of focus group discussions and key stakeholder interviews – four to six of each may be a good number. Ensure these pilot consultations reflect diverse groups in the community, so you can test whether your questions work with these different groups.

7. Review and revision of questions and process

After you have undertaken your pilot consultation, you will need to revisit your consultation methodology, particularly the questions and activities you had selected.

- ◆ How did the consultation work?
- ◆ Were the right groups consulted?
- ◆ Did the consultation questions, or activities, elicit the information you need to answer the questions you developed in step 4?

Revise your methodology and consultation questions as necessary.

Reflection	Changes made
Safeguarding issues are difficult for people to share, so they chose instead to make overall reflections. However, they did look for individual opportunities to talk to the facilitator	Include more key stakeholder interviews
The time of the FGDs was a bit long. Two hours is a long time for farmers, or people who have children	Make the FGDs shorter
Translation was significant when asking questions about safeguarding. Mistakes were identified	Make changes to translation
Some questions were duplicated	Revise the questions to avoid repetition
Facilitators struggled with the question 'how can the process be survivor-focused'	Further training for facilitators, so they have a better understanding of the questions they are asking
Participants did not immediately understand what facilitators meant by harm and abuse	Include case study examples of safeguarding concerns, and ask participants how they would like to report in each example

8. Full consultation

Once you have revised your pilot consultation, you can roll out the full consultation. The number of focus group discussions and key stakeholder interviews you undertake will vary, but you should undertake enough to cover the different community groups and contexts that your programme serves. Ensure that you are including groups who may be hard to reach, or may have issues in accessing a CBCM, such as

- ◆ Women
- ◆ Boys and girls (see text box on consulting with children)
- ◆ Older people
- ◆ Women-headed households, and people who work in the home

- ◆ People living with disabilities – consider different accessibility issues according to type of disability
- ◆ People of varying SOGIE (sexual orientation, gender identity and expression)
- ◆ Marginalised or at risk groups in the community

Be aware of different intersecting identities and particularly people who fall into more than one of the above categories.

You should also consult other stakeholders who can inform a survivor-focused approach, such as local organisations working on gender-based violence, and local survivor support services. If you are not already working with these organisations as part of your programme, consult other NGOs and CSOs who are working on gender, GBV (gender-based violence), protection or similar issues – they should be able to advise you on who to approach.

These consultations should include where possible organisations working specifically with the communities listed above and other at risk or marginalised groups, or those who need specific approaches.

Further guidance on community consultations can be found in the Resources section of these guidelines.

Top Tip: Sensitising the community

Before conducting the consultations, the AKF Afghanistan team held awareness raising sessions. During these sessions, they briefed the community on the process of Focus Group Discussions, so the community knew what to expect. They also explained what AKF meant by safeguarding at the beginning of each FGD, and also asked permission to discuss the issue. They found that the community was very welcoming of them when they used this approach.

9. Analysis of results and feedback to community

Once the consultations are complete, you will need to analyse the results. Further guidance on analysing results of consultations can be found in the Resources section of these guidelines.

When analysing your data, don't just look at information that directly relates to your questions. Analysis should be led by the data collected, and should capture any trends or information that arises. If there is information that relates to other parts of your programme, you can refer it to the relevant teams for follow up.

Results from the consultations, and planned next steps, should be reported back to the communities who participated. This should be communicated in a way that is accessible and relevant to those specific communities. You should continue to keep them updated throughout the design, implementation and monitoring of the CBCMs.



Case study: Results from the AKF Afghanistan consultation

In the AKF Afghanistan consultations, the clearest trend was the difference between how communities report issues currently, and how they think it would be best to report concerns in a way that is safe for survivors. When asked how they currently report, the top responses for

women and men were very similar, and included:

- ◆ Through the CDC (Community Development Council)
- ◆ In writing
- ◆ Through the District Government
- ◆ Through shuras

The response 'We try to solve the problem ourselves first' also rated highly specifically for women.

FGDs were then asked what they saw as being barriers to reporting. Many first responded by saying 'there are no barriers', but when probed, the top responses for both women and men were the same (albeit in a slightly different order):

- ◆ There is no system for reporting
- ◆ There is no-one local we can share concerns with, and no transport to go to the office to report
- ◆ There is no mobile phone coverage

The latter issue of mobile phone coverage related to a specific location (see below). The female groups did discuss the issue of women not being able to share their concerns, but it was not in the top three most frequently mentioned issues.

As the FGD questions led them to think about reporting sensitive issues, their responses moved from more formal reporting structures, to channels that allowed one-on-one contact with an individual – and, most importantly, allowed for confidentiality. When asked how AKF could make reporting safe for people who have been harmed, the top responses for men were

- ◆ Talking by phone (for locations with mobile coverage)
- ◆ Upholding confidentiality
- ◆ Using complaints boxes
- ◆ Reporting in writing

And for women were

- ◆ Upholding confidentiality
- ◆ Having an honest and trusted staff member as a representative to discuss issues with
- ◆ Using complaints boxes

Whilst most of the suggestions made involved contact with an individual through a confidential channel, the exception was complaints boxes. Complaints boxes can be unpopular with accountability practitioners – the concern is they will be used as a ‘tick box’ intervention, something that can be put in place so accountability is seen as covered. In this context however they could be a good solution, as they are already established and used by communities, and can allow for confidentiality and anonymity.

One interesting aspect of the responses was that there was less variation between men and women than might be expected. Women did share their challenges and barriers in reporting, but both the barriers and solutions offered were quite similar to men’s – focusing on confidentiality. The variations noted were more between geographical locations, than the gender of the Focus Groups. Remote communities reported feeling less able to report to a staff member as staff did not visit the programme as often. They also found that phone network coverage was a barrier to reporting. This could reflect the challenge of discussing safeguarding issues, and how to report harm. It suggests that facilitators need to feel confident to probe further, and to be able to create opportunities in terms of time, methodologies and engagement to probe further. It will take time and expertise to build relationships of trust for these issues to be discussed in some depth. The responses may also indicate that for women and men, structural barriers such as inaccessible staff or poor phone coverage would need to be addressed, or solutions offered, before exploring social



barriers. It is recommended that specific monitoring visits are conducted by a Safeguarding Focal Point (or ‘trusted staff member’), to hold discussions with the community based on the participatory consultation model outlined here.

Another notable point was that, although different groups within the community were consulted, issues specifically affecting these groups did not really emerge in the discussion notes. There were general comments about people living with disabilities needing to be considered, but no specific data was obtained on either their challenges, or solutions in terms of reporting. This could be because the same questions were used for all groups. Perhaps a learning is that questions should be targeted to each group, asking about their particular challenges and capacities, and how this can inform design of reporting channels.

Overall, the FGDs generated a large amount of rich data. Whilst it is useful to pull out trends to inform decisions on piloting reporting channels, there is value to be gained from all of the discussions. They contained lots of information and feedback that can be used to inform programming.

Case study: Results from the AKF Tajikistan consultation

A clear trend from the AKF Tajikistan consultations was the way that social norms created barriers for reporting harm and abuse. This was particularly evident in the responses from girls and women. When asked what the

barriers for reporting were, the top response from women and girls was fear of retaliation, followed by equal numbers of responses for

- ◆ We don't know who to talk to
- ◆ You will get a bad reputation for reporting sexual abuse
- ◆ Traditional beliefs on sexual abuse and harassment make it too difficult
- ◆ No-one believes adolescents (reported by adolescents themselves)
- ◆ We are too shy/uncomfortable

When it came to how people would like to report issues to AKF, there was a significant variation between responses from male and female FGDs – in fact there was almost no overlap between the two sets of responses. This serves to highlight the importance of consulting with men and women separately in this process. Broadly speaking, the responses from women focused more on knowledge and awareness raising, and their solutions focused on personal interaction. The men's responses related more to formal systems for reporting.

When asked how they would like to report issues, the top responses for women included

- ◆ Complaints box (but only if an outside person opens it)
- ◆ Hotline number
- ◆ Regular meetings between AKF and the community
- ◆ Training on how to report
- ◆ Raise awareness of their rights so they know what to report

And for men were

- ◆ In writing
- ◆ Through the Head of the Mahalla
- ◆ Face to face meeting with the general manager of AKF

The groups noted however that none of the above channels would work for reports of sexual abuse. (See Reflections from the Tajikistan community consultation).

As part of their consultation with female members of the community, AKF Tajikistan team held two FGDs with girls in the schools that AKF supports. The girls particularly highlighted the cultural barriers related to reporting harm, with the additional concerns of retaliation from teachers if they report. The channels for reporting they suggested were similar to those identified by the women's FGDs.

In addition, the girls identified their parents as a key reporting channel. It is recommended that a similar consultation and implementation process is carried out with parents, to identify and test which channels they would like to use to report concerns that their children have shared with them. This should be accompanied by awareness raising sessions with parents on how they should expect their children to be safeguarded in an educational setting, and how they can raise concerns and hold stakeholders accountable. Schools would also need to be supported to have the necessary safeguarding measures in place. This could be undertaken together with, or by organisations who work on children's rights and child protection.

Note that as the FGDs were confidential, direct quotes are not included in these case studies.



10. Design of CBCMs

Your analysis should tell you how different groups in the community prefer to report their safeguarding concerns to your organisation, and how reporting could be kept safe for survivors. You will need to use this information to design your reporting channels for your CBCM. (For how reports are handled when they come in through these channels, see 'What needs to be in place'.)

When designing your reporting channels, you will need to consider the following:

- ◆ What are the most popular suggestions for reporting channels for each community group you consulted?
- ◆ Do these include, or link with, the ways in which communities typically report concerns? If not, might they just use their 'normal' route despite what your organisation introduces?
- ◆ Are the suggestions that the community has made feasible? Can you implement this as an organisation?
- ◆ Are the suggestions for reporting channels safe, appropriate and accessible? If not, are there measures you can take to make them so?

Choose the most popular reporting channels for each community group, taking the above points into account. It is best practice to choose at least two or three different options to pilot, to give the community different options, and to see what works in practice and what doesn't.

11. Pilot of CBCMs

Once you have put your reporting channels in place, you will need to monitor them to see if they are successful. Bear in mind that sometimes, even though a community has suggested a particular reporting channel, it may not work in practice – that is why it is important to pilot them, and retain a flexible approach to receiving reports.

You will need to decide who is responsible for monitoring the implementation of the CBCMs, and how monitoring information will be collected and analysed.

Here is an example monitoring framework for your CBCM.

Objective	Indicator	Means of Verification	Who will collect data and when
The CBCM is being used	Increase in number of safeguarding reports	Reports database Case documentation	
The CBCM is safe	No harm is caused as a result of reporting, or being involved in a safeguarding case	Interviews with key stakeholders Disaggregated data from reports database	
The CBCM is accessible	The CBCM is being accessed by groups with potential accessibility issues identified in section 8, and others	Interviews with key stakeholders Case documentation Case reviews (if conducted)	
The CBCM is confidential	Information related to reports and cases is only shared with a limited number of relevant staff	Documentation of support services Case documentation Case reviews (if conducted)	
The CBCM is survivor-focused	A mapping of support services is in place Survivor's needs and wishes are taken into account in case management Survivors are not re-traumatised in CBCM processes		

12. Learning and adapting

Learning from monitoring should be fed into CBCM implementation on an ongoing basis, as situations and contexts change, and what works at one point in time might not work in the future. Wider learning from the CBCM process can also be fed into other aspects of your organisation's safeguarding practice, and wider programming.

Top Tip: Possible Participatory Activities

Case Study: Reflections from the AKF Afghanistan community consultation

In terms of methodology, the AKF Afghanistan team noted that timing was tight, and the number of FGDs was a bit high. This also presented challenges in analysing the data, which took many days. This could be cut down, without losing the richness of the data. The team recommended that the person whose responsibility it is to analyse the data, should be included in training the enumerators (community consultation facilitators). They know what kind of data they will need from the process, and can guide the training to deliver it. The team also found a day-to-day review of the data as it was gathered was useful, as the process could be adjusted to get the information they needed.

Support from the Regional and National offices was also much appreciated. The National office communicated with the Regional offices to explain the process, which meant they were very supportive. The quality of the enumerators was also identified as key to the success of the process. AKF hired professional data collectors whom it had used for a long time - in

some cases up to eight years - so AKF could rely on the quality of the data collection.

In terms of the consultations themselves, the team reflected that it was a good idea to include elders, religious leaders and shura members in the consultations. It gave an equal chance for all groups in the community to speak. As discussed above, the consultations also targeted vulnerable and marginalised people who had previously had less opportunity to interact with AKF. The team appreciated the opportunity to hear from these particular groups, and the groups themselves welcomed the opportunity to be listened to.

Overall, the AKF Afghanistan team found that the process itself was really useful in building trust with the communities they worked with. The communities appreciated that AKF was asking them about their concerns and how they would like to report. The team reflected that communities 'appreciated this, and the way we gave them space to speak, and that we were writing down what they were saying'.

The team did note that FGD participants took the opportunity to 'complain about everything!', but they learnt from their stories. The team reflected that it was a listening and learning process for them too.



Top Tip: Possible Participatory Activities

Case Study: Reflections from the AKF Tajikistan community consultation

The key challenge for the AKF Tajikistan team was the complexity of what the process was aiming to achieve. As the team had not conducted these kinds of consultations before, they were introducing a range of concepts to the community for the first time – their right to be protected from harm caused by NGOs, that idea that AKF was interested in and welcomed their feedback, and that they could suggest channels through which issues - including safeguarding - could be reported. In a relatively short consultation time, this was a lot to take on board and discuss, and the process was really just a starting point. It might have been easier to first introduce the idea of CBCMs for general reports and feedback, and once those systems were established, to then approach the issue of safeguarding. Further space for discussion and consultation would be required to move towards issues of sexual exploitation and abuse and other serious harm, and how these should be reported.

Community participation and consultation can be a relatively new concept in Tajikistan, as it emerges from its post-Soviet legacy. The project could have benefitted from more support and guidance to develop their capacity in community consultation, and more rigour and structure as the process was underway.

Additionally, not all of the team who were undertaking the FGDs attended the initial training on safeguarding and CBCMs. It is important that all the stakeholders involved in the process area understand all the component elements (safeguarding, CBCMs, community consultation, accountability), as they are all interlinked.

There was also learning from the consultations themselves. Firstly, the team learnt not to start discussions by asking if everyone was happy with AKF implementation. Asking for this kind of feedback means you essentially become the CBCM yourself! The purpose of the consultations should be to ask about what reporting channels should be in place, rather than directly soliciting feedback, which can derail the discussion.

The team found that the participants in the FGDs were open and thoughtful in their discussions. However, as this was the first time that the team had discussed these concepts with them, they might have benefited from some participatory exercises. These exercises serve the purpose of introducing the subjects of the consultation, and allowing for a more in depth and structured unpacking of the issues. Some examples can be found in the Possible Participatory Activities tip box, and in the Further Resources section.

Overall, the Tajikistan process generated a lot of valuable learning, and has opened the space for dialogue with the community about safeguarding issues.



Interim measures

These guidelines describe a full consultation and roll out process, to enable you to best understand how communities would like to report, and how to enable them to do so. However, you should not wait until this process is complete to put measures in place to enable safeguarding reports. Or, your organisation simply may not be in a position to complete this process – either because the relevant capacity isn't in place, or the operating model or timeframe of your programme does not allow it. This section will outline some suggestions for interim measures you can put in place.

Here are some examples of some types of programmes where interim measures might be needed.

Type of programme	Example
Short-term activity in new or different area	<ul style="list-style-type: none"> • Rapid distribution • Assessment • Research project
Time-limited programme	<ul style="list-style-type: none"> • Short term humanitarian response • Interim measures while conducting consultation process in these guidelines
Programme with limited contact with community	<ul style="list-style-type: none"> • Advocacy programme
Remotely operated programme	<ul style="list-style-type: none"> • Programme operating in area of insecurity • Programme affected by pandemic

The key elements that need to be addressed by any interim measures are:

- ◆ Informing the community on what they can expect from you in terms of conduct of staff & safety of programmes

- ◆ How can they safely report if they have any concerns or complaints about conduct of staff & safety of programmes

As with the full process, it is essential that you have a reports handling procedure in place in your organisation, to effectively deal with any reports that come in.



Informing the community on what they can expect from you in terms of conduct & safety

The information you share with the community, or people you are seeking to assist, should be based on your safeguarding policy or Code of Conduct. If you do not have one, you should include

- ◆ What is prohibited behaviour for your staff and associated personnel. The IASC (Inter-Agency Standing Committee) Six Core Principles on Sexual Exploitation and Abuse (see Resources section) are a good starting point, and are already translated into approx. 100 languages
- ◆ That your programme, or activity (such as distribution) should not cause them harm or put them at risk of harm
- ◆ That reports will be kept confidential, and what will happen once your report has been made

It is essential that this information is provided in the relevant local languages.

Here are some suggestions on how to provide this information, depending on the type of programme.

Type of programme	Suggestions on awareness raising
Short-term activity in new or different area	<ul style="list-style-type: none"> • Leaflet included in distribution • Posters in distribution site
Time-limited programme	<ul style="list-style-type: none"> • As above • Agenda item in meetings with community • Through community leaders or elders • Through selected Focal Points from team conducting activities (eg. researchers, enumerators, incentive workers, volunteers etc.)
Programme with limited contact with community	<ul style="list-style-type: none"> • Clear messaging on organisation's website • Reference in communications materials (and publications, eg. 'X organisation is committed to safeguarding/Do No Harm in its work. Please contact us with any concerns')
Remotely operated programme	<ul style="list-style-type: none"> • Leaflet included in distribution • Posters in distribution site for partners to display • Selected partner Focal Points briefed on communicating message in community meetings etc.

How can they safely report if they have any concerns or complaints about conduct of staff and safety of programmes

This should be a way of reporting that is safe and confidential, but within the means and capacity of your organisation to provide.

Here are some suggestions on reporting channels, depending on the type of programme. Note that not all of these will be possible or appropriate in different contexts. The most important factor to consider is whether the reporting mechanism is safe for survivors and those reporting concerns (if different).

Type of programme	Suggestions on reporting channel
Short-term activity in new or different area	<ul style="list-style-type: none"> • Mobile phone number, answered by trained staff in nearest district/regional office
Time-limited programme	<ul style="list-style-type: none"> • Staff member who works in community appointed as Focal Point • Designated confidential mobile phone number, answered by trained staff • Utilising existing structures, such as child-friendly spaces or women's groups
Programme with limited contact with community	<ul style="list-style-type: none"> • Mobile phone number, answered by trained staff in nearest district/regional office, with times when phone is staffed that are communicated with community • Complaints form on website
Remotely operated programme	<ul style="list-style-type: none"> • Implementing partner supported to confidentially, safely and appropriately receive and refer reports • Trusted third party trained to confidentially, safely and appropriately receive reports – for example church or other religious institution, or community group • Mobile phone number, answered by trained staff in nearest district/regional office

Glossary

Accountability mechanisms

Accountability towards affected people (AAP) is the process of using power responsibly. AAP is taking account of, and being held accountable by, different stakeholders, primarily those who are affected by the exercise of such power. Accountability mechanisms are processes and procedures that enable communities to hold organisations to account

AKF

Aga Khan Foundation

CBCM (Community-Based Complaints Mechanism)

A system blending both formal and informal community structures, built on engagement with the community where individuals are able and encouraged to safely report grievances – including SEA incidents – and those reports are referred to the appropriate entities for follow up

CDC (Community Development Council)

Local government structures set up in rural villages in Afghanistan to implement funding for infrastructure and development projects

Community consultation

A structured process in which communities are invited to share their opinions and feedback on a specific subject or subjects. Consultations can use various different types of participatory methodologies. Community consultations should involve all sections of the community, including those who might not traditionally be consulted, such as children, women, older people, people living with disabilities, and marginalised groups

FGD (Focus Group Discussion)

A qualitative data collection method that engages a group with shared characteristics, and is led by a trained facilitator

Mahallah

An Islamic congregation or parish

Participatory approach

An approach in which communities are involved (should they wish to be) in the design, implementation and impact measurement of programmes and projects which affect their lives.

Safeguarding

In the humanitarian and development context, safeguarding means the responsibility of organisations to make sure their

staff, operations, and programmes do no harm to children and adults at-risk nor expose them to abuse or exploitation

Shura

A committee of elders convened in communities for conflict resolution

AKF Toolkit

Annexe 1 - Reports handling mechanism

Annexe 2 - Training Plan Tajikistan (face to face)

Annexe 3 - Training Plan Afghanistan (online)

Annexe 4 - Guidance on FGDs Afghanistan

Annexe 5 - Participatory Consultation Methodologies

Annexe 6 - Example FGD questions Afghanistan

Annexe 7 - Example FGD questions Tajikistan

Selected further resources

Safeguarding

HLA Safeguarding Essentials

Online training Safeguarding

Resource and Support Hub

Safeguarding Matters Online training

CHS Alliance PSEAH

Implementation Handbook

IASC PSEA website

Bond Safeguarding website

Community awareness raising on safeguarding

IASC Six Core Principles in more than 100 different languages

How to communicate

safeguarding and PSEA messages to communities during Covid-19

CBCMs and reporting

IASC Best Practice Guide

Inter-Agency Community-Based

Complaints Mechanisms

ALNAP Closing the Loop

Guidelines

CHS Complaints Mechanisms

& Covid 19 Guidance

Oxfam studies on Factors

Influencing Misconduct Reporting

Community consultation and FGDs

CRS Guidelines on Focus Group Discussions

Empowered Aid tools on participatory research

Survivor-focused approaches

Pocket guide to supporting survivors of GBV

The Aga Khan Foundation (AKF) is part of the Aga Khan Development Network (AKDN), a group of private development agencies working to empower communities and individuals, often in disadvantaged circumstances, to improve living conditions and opportunities, especially in Africa and Asia. Its agencies work in over 30 countries for the common good of all citizens, regardless of their gender, origin or religion. Its underlying impulse is the ethic of compassion for the vulnerable in society.



AGA KHAN FOUNDATION

For further information: Aga Khan Foundation (AKF),
1-3 Avenue de la Paix, 1202 Geneva, Switzerland.

Tel: +41 22 909 7200 Fax: +41 22 909 7291

E-mail: info@akdn.org

Website: <http://www.akdn.org/akf>