



From Passive Recipients of Aid Towards Active Citizens

Tool 3: Rapid Monitoring Checklist - Distribution Standard Operating Procedures (SOPs)




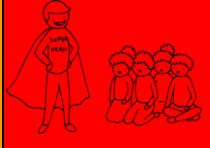
This Rapid Monitoring Checklist - Distribution SOPs should be used before, during and/or after *every distribution*. The SOPs will help you think about all the things you need to do to prepare the distribution with the community, ensure things happen according to plans both at the distribution, and after the distribution.

This Checklist should be used in conjunction with Tool 2 in the AAP Framework – The Active Citizen AAP Scorecard (ACAS) to help you assess the score you give yourself in the columns below. After the distribution, you should use Tool 4: Constituent Voice questions to ask 1. Communities at the distribution and 2. Field Staff, Community Mobilizers / Community Distribution Committees what they thought about how things went on the day. This tool also serves as an ACTION REPORT; it is to be kept by you as an agency to monitor your own progress. The Distribution Report you already send to the Cluster will include some questions on your AAP Scores and progress.






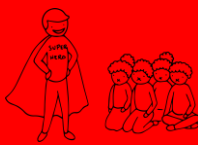
1. Appropriateness to Current Needs & Vulnerabilities	Score 3	SOP Checklist	Yes	3	2	1	0	Challenges & ACTIONS
			Or No					
1.1: Men and Women feel the intervention takes account of their specific current needs and culture (E.g., Regular and systematic needs assessment / sharing assessment information)	Men and women are systematically asked to share information about needs and cultural preferences. We try to adjust the intervention accordingly, and at a minimum explain the challenges to communities.	This intervention is planned with men and women from the community (not only with leaders).						
		We consult with men and women on their preferred time(s) and location(s) and adjust accordingly.						

<p>1.2: Men and Women feel their current capacities, vulnerabilities & protection needs are considered</p> <p>(E.g., skills and knowledge to construct their own shelters).</p>	<p>Men and women are systematically asked to share information about capacities. We triangulate information, and try to adjust accordingly. We ensure extra resources, involvement and / or consideration for the most vulnerable.</p>	<p>We ask men and women about their specific needs, and capacity, which helped inform the intervention.</p>						
		<p>We identified and consulted with the most marginalised and vulnerable people</p>						
<p>1.3: Men and women are actively involved in design of selection criteria and deciding names for Entitlement lists, which are then made public, and they are involved in conducting HH needs assessments.</p>	<p>Men and women are active in criteria design, HH selection processes and HH assessments. Information is triangulated and transparent and Entitlement Lists are made public for people to contribute to freely and safely. Process is monitored, verified and & adjusted.</p>	<p>Men and women were involved in the design and selection criteria.</p>						
		<p>Entitlement lists were made public and community involved in HH assessment (where protection issues were considered).</p>						


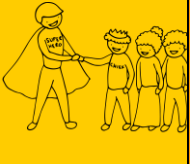

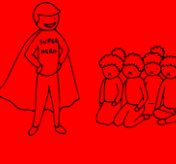
2. Quality Assistance at Right Time	Score 3	SOP Checklist	Yes Or No	3 	2 	1 	0 	Challenges & ACTIONS
<p>2.1: Men and Women - including the most vulnerable and most remote - feel a quality intervention reaches them when they need it most.</p>	<p>Men and women are involved in identifying the most vulnerable and most remote. We proactively and systematically ensure services are high quality and reach those in greatest need. We adjust interventions based on community feedback.</p>	<p>Communities help to identify the most vulnerable people.</p>						
		<p>We deliver items as fast as we could and we communicated any delays to people through multiple channels.</p>						
		<p>At the distribution site we ensure extra support and care for vulnerable groups (pregnant women, elderly and disabled e.g., seating, shaded area, prioritization in queues).</p>						
		<p>The location for the distribution is safe for everyone (we avoid confrontation with host communities, and think about where and how women and children can feel safe.</p>						

3. Localise, Resilience & Do No Harm	Score 3	SOP Checklist	Yes Or No	3 	2 	1 	0 	Challenges & ACTIONS
3.1: Men and women are not negatively affected, are better prepared, more resilient, and less at risk as a result of the intervention.	Men and women systematically share information about the impact of the collective intervention. We listen, learn and adjust together to limit any potential harm and to improve impact. We speak to non-beneficiaries to ensure targeting quality and inclusion.	We do not build up men and women’s expectations, or give people false hope about what we can deliver.						
		We take to time to <i>Actively Listen</i> to men and women to understand the local context and limit any potential harm.						
		We speak to non-beneficiaries (and recognise them also as crisis affected people).						
3.2: Local community based organisations (CBOs) and local authorities have increased capacities to cope and respond to future emergencies.	Local CBOs/ Authorities are given support and capacity building to take ownership of key intervention responsibilities. We systematically monitor their preparedness to respond to future disasters, which is improved as a	We map out local CBOs, and government authorities to assess their potential capacity to be involved in interventions.						
		Where appropriate meet local CBOs, and government authorities, and build their capacity to respond.						





	result.	We systematically support and monitor the quality of response of local CBOs where they have been used.						
3.3: Competing groups and interests are recognised (political economy analysis), understood and efforts made to mitigate potential conflicts are built into design and process.	A wide range of community groups supports a collective understanding and facilitates access. We have processes in place to keep regularly updated and monitor and adapt to ensure we reach the most marginalised and mitigate conflict.	We undertake a hyper-local political-economy exercise to understand better who hold local influence and power.						
		We speak to everyone we need including authorities (and those in authority) to before a distribution to inform them of plans and to mitigate misunderstanding and rumour.						





4. Information / Participation	Score 3	SOP Checklist	Yes Or No	3	2	1	0	Challenges & ACTIONS
								
4.1: Men and Women have effective information about Rights and/or Entitlements, and Process delivered through multiple effective two-way channels.	Information about Rights & Entitlements and process is aligned to community needs, and shared through multiple channels of their choice. Information needs	The community shares and influences preferred ways (channels) to receive information.						
		We share selection criteria and items to be distributed to both beneficiaries <i>and non-beneficiaries</i> , to ensure a right to question us by all						

	<p>preferred channels, locations and times (e.g., for community meetings), are constantly updated with communities to ensure effective inclusion.</p>		<p>affected people and effective targeting.</p>						
			<p>We consult with the community about preferred times to receive their rights and entitlements.</p>						
			<p>Any changes in date, time location, entitlements (items) are effectively communicated through multiple channels.</p>						
<p>4.2: Everyone feels represented* in decision making throughout the intervention. (e.g., Needs, Rights, Entitlements, Process or Monitoring, shelter design).</p>	<p>There is an equitable representation of groups, actively involved in decision-making. The community is involved with monitoring and adapting process to improve representation.</p>		<p>We identify and consult with the most marginalised and vulnerable people throughout the intervention.</p>						
			<p>We create community Distribution Groups or Committees who reflect the wider community (diversity, gender and ethnic group).</p>						
			<p>We identify and train a representative group from the community (not from the leadership) to act as members of a Distribution Committee / be Community Monitors throughout the process.</p>						




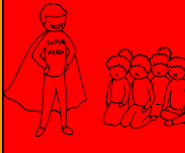
5. Reach & Action on Complaints	Score 3	SOP Checklist	Yes Or No	3 	2 	1 	0 	Challenges & ACTIONS
5.1: Men and Women were consulted and involved in the design, operation and monitoring of feedback, complaints mechanisms (including preferred channels to use).	The community have multiple ways to share complaints and wider information about their lives with us. The systems are co-designed with communities and well promoted. We have minimum SOPs for all mechanisms, and regularly track, review and action feedback.	We work with men and women to agree their feedback channels to reach us throughout the process, and we have developed SOPs for each system, which all staff are trained and staff are responsible for.						
		All ways to reach us (Hotline number, Suggestion Box, Help Desk etc.,) are adequately staffed and resourced as promised to provide a response (including having their own SOPs).						
		We decide with the community the timeframe by which they should receive a response to their question or complaint to us (e.g. within 48 hours).						
5.2: Men and women know how to and can access responsive, safe, trusted mechanisms to	Everyone knows how, and feels able to ask us questions and feels safe to share concerns knowing they will get a timely and	We share information about how to reach us through communities preferred information channels (e.g., Radio, Churches, Clinics,						



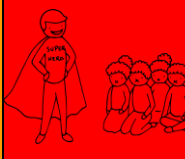
<p>report issues (including on fraud, corruption and abuse). PSEA Referral systems are active.</p>	<p>effective response. We systematically track issues reported, and work with protection actors to respond through established referral pathways.</p>	<p>outreach workers, leaders etc.,)</p>						
<p>5.3: Field Staff and mobilizers are able to engage with and answer questions from communities knowledgeable, effectively and respectfully.</p>	<p>Field staff / mobilizers have information about intervention plans and feel able and confident to engage with people, and answer their questions and share information. We monitor the extent to which we do this systematically, and action as possible.</p>		<p>We track issues arising from multiple channels and ensure we prioritise and action recurring issues.</p>					
		<p>All staff are aware of and trained to deal with reports of Protection and Sexual Assault Exploitation (PSEA), Corruption, and other sensitive issues. Where staff are not trained in correct referral pathways, they will not ask people about sensitive topics, and report any issues arising through their management line.</p>						
		<p>We monitor and track our feedback speed and effectiveness by systematically asking field staff and community how we can improve and be more proactive.</p>						

6. Coordinated Response	Score 3	SOP Checklist	Yes Or No	3 	2 	1 	0 	Challenges & ACTIONS
6.1: Coordination and Collaboration with international and local NGOs / CBOs, local government, community structures are strengthened.	We undertaken local mapping of community groups / agencies and systematically share information (assessments /monitoring) with each other. We collaborate and ensure we do not ask the same people the same questions.	We map Local Government, INGOs, NNGOs and CBOs in the same area of operation, and share information and data already collected with each other.						
		We actively collaborate with local NGOs / CBOs – exchanging learning and capacity with them.						

7. Continuously / Rapidly Learn & Improve	Score 3	SOP Checklist	Yes Or No	3 	2 	1 	0 	Challenges & ACTIONS
7.1: Community perceptions and assessment of quality of shelter/NFI Quality is systematically and actively sought.	The community actively works alongside us to systematically assess the quality of interventions. We systematically triangulate, track and action people's views (including discussing why we may not be able to do what is asked).	We actively and systematically consult men and women to receive feedback on items distributed.						
7.2: Communities can expect delivery of improved assistance as organisations continually and rapidly learn from experience and reflection and react to conversations with communities.	We agree standards with the community. Men and women are encouraged to hold us to these standards, through systematic and proactive conversations. Communities rapidly monitor with us, and we collectively & systematically strengthen learning and improve interventions.	We have agreed standards the community can expect for our intervention with the community.						
		We regularly hold FGDs and KIIs with the community to get their feedback on progress.						
		We invite the community to ask us questions about the intervention and to nudge us to meet agreed standards.						
		We Actively Listen, Rapidly Respond and Always Learn throughout the intervention and						

		adjust when we can to make things better for communities.						
7.3: Agencies commit to AAP through AAP inducted and skilled staff and budgets. Teams (led by AAP Ambassadors). Agencies hold regular feedback analysis and action meetings, and report next steps with communities.	We have an operational AAP Commitment. All staff including mobilizers are AAP inducted. This scorecard is used to design interventions, monitor and systematically take corrective action. We regularly monitor our progress over the life of programs. Staff systematically meet men and women to exchange information and discuss action plans.	Our organisation has signed the AAP Commitment.						
		All staff have signed HR AAP Code of Conduct that includes AAP commitments.						
		We have a representative in the AAPA Working Group, and they regularly meet and share and learn from other IPs.						

8. Staff Quality Mutual Respect	Score 3	SOP Checklist	Yes Or No	3 	2 	1 	0 	Challenges & ACTIONS
8.1: Communities feel Field Staff and Mobilizers are skilled, respected, and responsive to their needs.	Field staff / mobilizers come from the community where possible and are inducted into AAP approaches. Communities lead design of safe ways to discuss issues about staff. We systematically monitor community perceptions of staff. All channels to reach us have SOPs that include active and safe referral pathways.	Staff and mobilizers have been inducted into AAP before the intervention, and know how to speak respectfully to people at all times.						
		We took extra care to identify and support the elderly, PLW, disabled, and other vulnerable groups in transporting items, or shelter construction.						
		Distribution sites are well mapped in advance, and on the day they are organised with ropes and banners and all staff are identifiable with ID badges and agency visibility.						
8.2: All Staff and Mobilizers feel they are actively listened to by more senior staff, respected by communities, safe in the field, and well inducted and trained.	Managers proactively and systematically listen, learn and provide feedback to all staff on their concerns and rapid learning on interventions. All staff receive training on AAP and good engagement practices.	Rapid PDM is conducted on the day of the distribution, including Field Staff de-brief.						
		We feel listened to when we speak to our managers about ideas to improve the quality of distributions.						

<p>9. Effective Efficient Ethical</p>		<p>SOP Checklist</p>	<p>Yes Or No</p>	<p>3 </p>	<p>2 </p>	<p>1 </p>	<p>0 </p>	<p>Challenges & ACTIONS</p>
<p>9.1: Communities are aware of resource use and deem this to be effective, efficient & ethical.</p>	<p>Communities are aware of financial information about interventions and have information about our mandate and commitment to AAP and quality. We actively seek ways to ensure communities can hold us to account safely and we are open to answering and taking corrective action as needed.</p>	<p>We have shared details about our distribution including financial information, and people can feel free to ask us questions about this.</p> <p>We have shared information and people can ask us about our mandate.</p> <p>We have communicated that men and women should feel safe to report issues regarding use of funds or mis-use of items or services delivered.</p>						
<p>9.2: Communities are aware of agencies commitment to AAP, which have been integrated into HR processes, SOPs, Strategies, Monitoring.</p>	<p>Communities support the development of AAP design in interventions and Program Cycle Management. The community systematically monitors progress of program quality with us.</p>	<p>We have shared information about our approach to distributions and people can ask us questions if they feel we are not on track.</p>						

Things for Distribution Team to Take for Every Distribution

- Drinking water / Food
- First aid kit (distribution team should have at least one member trained in First Aid)
- Megaphone - with pre-recorded messages (Q&A from staff and community if possible, local non-political music and drama to calm the atmosphere and pass the time)
- Safety equipment such as gloves, rubber boots
- Rope / warning tape for perimeter lining and to organise people in rows and through a distribution pathway.
- Camera (beneficiaries should be consulted for their consent prior to taking their pictures)
- Flash lights
- Whistles
- Visibility tarps - agency visibility / criteria / items people are entitled to
- Area map
- Final distribution list
- Tokens
- Any Items needed for Tool 4: The Community Monitoring of the Distribution (to be designed by the AAP Ambassadors based on feasibility).