PWWSD Accountability to Affected Persons (AAP) Policy and Mechanism

1. Policy Statement

PWWSD is committed to ensuring that all its humanitarian and development interventions are accountable, inclusive, and responsive to the needs, rights, and voices of affected populations, particularly women and marginalized groups. This AAP policy outlines the principles, structures, and mechanisms through which PWWSD ensures transparency, participation, feedback, and redress in its programming.

2. Guiding Principles

- **Participation:** Affected persons are actively involved in the design, implementation, and evaluation of programs.
- **Transparency:** Clear, accessible information is provided about services, rights, and complaint mechanisms.
- **Feedback and Complaints:** Safe, confidential, and accessible channels are available for individuals to provide feedback or lodge complaints.
- **Responsiveness:** Feedback is acted upon promptly, and services are adapted based on community input.
- **Protection and Confidentiality:** All interactions respect the dignity, privacy, and safety of affected persons, especially survivors of GBV.
- **Inclusivity:** Special attention is given to vulnerable groups, including women, girls, persons with disabilities, and displaced populations.

3. AAP Mechanisms

A. Community Feedback Mechanism (CFM)

- **Toll-Free Hotline (1800606060):** Operates 24/7 with trained female counselors providing psychosocial support, legal advice, and referrals.
- **Digital Channels:** WhatsApp, SMS, and social media platforms are used to receive feedback and disseminate information.
- **Face-to-Face Engagement:** Awareness sessions, focus group discussions, and community meetings are conducted regularly.

B. Case Management and Referral System

- Feedback and complaints are logged securely using Kobo Toolbox (interim) and the ONA system.
- Cases are categorized (e.g., service request, psychosocial support, GBV, urgent protection) and referred to appropriate internal or external actors.
- Referral pathways are updated regularly in coordination with the GBV sub-cluster and other humanitarian actors.

C. Monitoring and Evaluation

- MEAL Officer oversees data collection, analysis, and reporting.
- Indicators tracked include call volume, resolution rates, satisfaction levels, and referral outcomes.
- Monthly review meetings are held to assess trends and adapt services.

4. Capacity Building and Staff Support

- All staff receive training on:
    - AAP principles
    - Psychological First Aid (PFA)
    - GBV referral pathways
    - Protection from Sexual Exploitation and Abuse (PSEA)
- Regular supervision and emotional support are provided to frontline staff to prevent burnout and ensure quality service delivery.

5. Community Engagement and Learning

- Focus Group Discussions (FGDs) will be regularly conducted to understand community needs and preferences.
- Community leaders, youth champions, and women's groups will be regularly engaged in promoting services and collecting feedback.
- Lessons learned will be regularly documented and used to improve future programming.

6. Reporting and Accountability

- Periodic reports will be regularly shared with stakeholders, including GBV sub-cluster, summarizing feedback trends, service adaptations, and impact.
- Affected persons will be informed about how their feedback has influenced program changes.