ACCOUNTABILITY PILOT PROJECT

Evaluation Report

NIGERIA JOINT RESPONSE (NJR)

Executive Summary

Communities and people affected by crisis are at the center of humanitarian action and an effective accountability plan ensures that the fundamental rights of the people are respected and ascertains the adequacy of interventions. The NJR, a consortium of 5 Dutch Relief Alliance (DRA) member organizations and five national partners have been working together for five years to provide life-saving humanitarian assistance to the affected population in Borno state in north-eastern region of Nigeria. The NJR partners provide integrated humanitarian assistance in FSL (Food Security and Livelihood), WASH (Water, Sanitation and Hygiene), Protection, Health, Nutrition and Multi-Purpose Cash (MPC) sectors to affected population of Mafa, Dikwa, Monguno and Gwoza LGAs with funding from Dutch Ministry of Foreign Affairs (MFA).

Using additional funding approved by MFA, the NJR partners designed an "Accountability Pilot" to test the efficacy of voice recorders in enhancing the beneficiaries' access to direct feedback and complaints mechanism on NJR programming. An independent consultant was contracted to evaluate the effectiveness of the accountability pilot project.

The "Accountability Pilot" Evaluation data collection methods comprised of a combination of primary and secondary data. The anonymized feedback collected using the voice recorder were analyzed, primary data collected through key informant interviews (KIIs) and focus group discussions (FGDs) with relevant stakeholders were also analyzed. 132 KIIs were conducted and 12 FGDs and the respondents were drawn from different categories of beneficiaries in the target communities.

The findings indicate that there is need to improve on the response to complaints as some community members expressed discouragement in using the VR because their complaints have not been responded to. Furthermore, there is need to increase the number of VR booths in pilot communities and also scale this pilot initiative in other communities where the NJR is serving.

Key Findings

The voice recorder has been an effective channel the community uses to reach out to humanitarian actors compared to the face-to-face communication and toll-free lines which were most preferred during the baseline study. A review of the anonymized data showed that about 9,028 persons were recorded to have used the VR as an accountability channel between February to November 2020 as against 598 who used the help desk, 36 used the toll-free line and 3 persons who used the face to face mechanism within the same period. The use of VR has invariably increased the participation of the community in the accountability programme.

The awareness of the voice recorder is significantly high in all the 3 LGAs, with Mafa having the highest awareness rate of 92% and the lowest in Dikwa (74%). The level of awareness of the feedback and complain mechanism has also increased significantly against the baseline where suggestion box had the highest awareness rate of about 24%. This is due to intensive sensitization carried out in the pilot communities by the humanitarian actors on the use of the voice recorder.

The voice recorder is perceived to be more confidential than the use of suggestion boxes or speaking to an accountability associate/community leader. About 89.4% of the respondents reported that the recording booth provides privacy where the beneficiaries could give their complaint or feedback. From the baseline study, confidentiality was a major factor in adopting an accountability mechanism and the recording booth addresses this need.

The introduction of the voice recorder has made it easier and faster to give feedback or make requests; especially as the beneficiaries could do this in their local languages. Unlike the use of suggestion boxes where skills in reading and writing are required, the voice recorder fits into the prevailing sociocultural reality of the people where over 90% of the beneficiaries are non-literate.

The FRM channels are mostly used as a means for requesting assistance. Over 95% of the responses on the anonymized feedback/complaints via the toll-free lines and voice recorder channels are request for assistance which are grouped as category 2, according to Save the Children categorization system for

feedback received. The need for food was a dominant request for assistance recorded, followed by the need for capital, shelter and education. Only about 0.02% of the beneficiaries use the channels to report dissatisfaction with activities or request for information.

97% (8,799) of the feedback/complaints via the voice recorder have been closed whereas all feedback or complaints received via other CFRM like the toll-free line, help desk and face to face meetings have been attended to. it takes an average of 4 days for feedback/complaints raised via the voice recorders to be closed. This is due to the large number of complaints/feedback received via the voice recorder as against the toll-free line. The time taken for transcription and also delays in the course of uploading the voice recording to the central server.

The 3% (229) Feedback/complaints still open have been open for about 130 to 315 days. 77% (177) of these feedback/complaints still open are request for assistance, about 22% (79) are allegations of child abuse and sexual exploitations from others, in most cases from household members (category 6, in Save the Children categorization system), while only 0.04% was a report on breach of code of conduct.

Although 97% of the complaints or feedback received on the database have been closed, about 35% of the beneficiaries claimed they have not received any feedback from the implementing actors which is affecting their zeal to continue to use the accountability mechanism. There seem to be a communication gap between the accountability coordinators back to the beneficiaries. There is need to design an effective two-way communication between the implementing partners and the beneficiaries.

The voice recorder has enabled humanitarian actors provide assistance tailored to the needs of the community and for specific individuals. This has strengthened the specification and accountability of the humanitarian response with the communities largely determining how they can be served more efficiently and expressing areas where there are gaps.

The accountability pilot project is inclusive, beneficiaries are not discriminated against based on their gender, age, disability status or culture. However, the design of the recording booth is not appropriate for people living with disabilities. For instance, the booth has flights and narrow doors that makes it difficult for someone using a wheel chair to access the booth. The booth should also be child friendly so that young children can use the channel easily. Paintings or images that encourage child participation can be included on the walls of the booth.

Acronyms

CFRM: Complaints/Feedback Response Mechanism

CHS: Core Humanitarian Standard

FGDs: Focus Group Discussion(s)

KIIs: Key Informant Interview(s)

KAP: Knowledge Attitude and Practice Assessment

LGAs: Local Government Areas

MPC: Multi-purpose Cash

NJR: Nigeria Joint Response

OECD: Organisation for Economic Co-operation and Development

PDM: Post Distribution Monitoring

PLWD: People Living with Disabilities

SCI: Save the Children International

VR: Voice Recorder

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CHAPTER ONE: Introduction

1.1 Background Information

The humanitarian crisis in north-east Nigeria remains one of the most severe in the world with an increasing number of people in need of urgent assistance. In 2020, the consequences of the COVID-19 pandemic further exacerbated the vulnerabilities of people already affected by this insurgency. The number of people urgently in need of assistance rose from 7.9 million at the beginning of 2020 to 10.6 million since the onset of the COVID-19 pandemic. The continued widespread insecurity and hostilities, especially in Borno State, have had serious consequences on humanitarian operations and the civilian population[1].

North-East Nigeria with Borno State as the epicenter of the crisis, continues to face a high level of population movement due to the deteriorating security situation. The 2020 Humanitarian Needs Overview [2] has reported a 4% increase in the number of returnees and a 2% increase in the number of IDPs in Borno state. There has been a high influx of displaced population emanating from attacks and fear of attacks in their places of origin with women and children constituting 81% of the overall crisis population.

The gendered dimensions of displacement have a significant impact on the status of women and girls especially within the context of mobility, fragmentation of households, demoralization and trauma. These dynamics present a generation at risk, with several segments of the young (boys and girls) who are likely to be left behind as a result of their gender, ethnicity, their geographic location and other intersecting forms of discrimination. In the Humanitarian Needs Overview 2020, the Accountability to Affected Populations (AAP) working group stated that IDP women were worried about their children's future, as the lack of opportunity and services could be a recruitment bait into other forms of violent extremism.

The need to give affected populations a voice is enshrined in global commitments, including the Core Humanitarian Standard on Quality and Accountability (CHS) and the Grand Bargain. These commitments underscore the need to improve the understanding and application of accountability approaches across programs. Being accountable to affected people requires building respectful, trusting and collaborative relationships with children and communities through information sharing, participation, and feedback.

The NJR is a consortium of 5 Dutch Relief Alliance (DRA) member organizations and five national partners who have been working together for five years to provide life-saving humanitarian assistance to the affected population in Borno state in north-eastern region of Nigeria. NJR is providing emergency assistance to affected people in 4 Local Government Areas (LGAs) of Borno state and is planning to reach 84.532 affected people in 2020.

NJR partners are providing integrated humanitarian assistance in FSL (Food Security and Livelihood), WASH (Water, Sanitation and Hygiene), Protection, Health, Nutrition and Multi-Purpose Cash (MPC)

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[1] https://www.unhcr.org/nigeria-emergency.html
[2] Humanitarian Need Overview | HumanitarianResponse

sectors to affected population of Mafa, Dikwa, Monguno and Gwoza LGAs with funding from Dutch Ministry of Foreign Affairs (MFA).

The NJR consortium has put in place several channels for affected populations to provide feedback and complaints including phone calls, suggestion boxes, in person communication, help desks and FGDs. Most of these mechanisms (in-person communication, help desks and FGDs) are active ways of searching for feedback, driven by the implementing partners. In areas with a mobile network coverage, beneficiaries can use phone calls as a way to provide feedback at any time. However, in areas where the network coverage is limited, feedback channels are limited to suggestion boxes, which only serves a small portion of the population since 90% of the population in the targeted areas are illiterate.

In 2019, NJR partners piloted the use of voice recorders as a new means of collecting feedback with the aim to increase accountability to affected populations by providing an inclusive channel for community feedback, so as to increase the quality of the overall programme. The voice recorders allow beneficiaries to provide feedback at their own time and convenience. The pilot is being led by Save the Children International Nigeria in partnership with Christian Aid and Tearfund Nigeria. Three local partners JDF, JDPH and CRUDAN are also part of pilot design and are providing community outreach, community mobilization and sensitization services through local volunteers. The pilot was designed to be implemented by SCI in Mafa LGA, Christian Aid in Monguno LGA and Tearfund/CRUDAN in Dikwa LGA. In each LGA, the pilot targeted four locations/communities.

1.2 Project Description

In 2019, the NJR consortium launched an accountability pilot project, to try out new ways of receiving feedback and complaint from the communities of intervention. The new ways tried out include the use of voice recorder and the availability of accountability staff in the communities to collect/provide feedback on complaints and to provide relevant information to communities. The objective of the accountability pilot was to increase Accountability to Affected Populations (AAP) by providing an inclusive channel for community feedback and to increase the quality of the overall programme.

The accountability assistants are expected to enter the data from the audio files into the accountability database on a daily basis via a smartphone. Translators were hired to ensure the feedback and complaints are captured correctly. The design and roll-out of the feedback system was managed by an accountability coordinator who is based at the Save the Children office in Maiduguri. The accountability coordinator analyzes the feedback on a daily basis as it comes in, this is to ensure timely and appropriate response to the community. The accountability officer compiles and analyzes the type of feedback provided through the voice recorder system and through other channels. An analysis of the feedback is then shared with the project leads on a quarterly basis to inform project design. This accountability pilot project, currently implemented in four Local Government Area in Borno state is now evaluated to determine its effectiveness, suitability and scalability in North-East Nigeria.

1.3 Objectives of the Study

The purpose of the evaluation is to assess the accountability pilot project against the OECD DAC criteria and to determine the suitability of the project design in the context of North-East Nigeria. The evaluation also determined the capacity of the NJR partners (both national and international) involved in the accountability programming on design and delivery of the project.

The specific objectives of the evaluation are to:

1   Assess the performance and achievements of the accountability pilot against pilot's objectives and identify factors of success or failure;

2   Make a comparative analysis of the impact of the accountability pilot against locations where the pilot has not been implemented;

3   Evaluate how the pilot has been adhering to CHS benchmarks, Grand Bargain commitments and organizational and DRA commitment to AAP in joint responses;

4   Examine how the ever-changing context in the project area has affected the implementation of the project and how pilot has been adaptive to the operational context;

5   Assess the replicability and scalability of the pilot in general and use of introduced technology in particular;

6   Draw conclusions, lessons learned and recommendations which could inform future programming, policy making and overall organizational learning.

CHAPTER TWO: Methodology and Limitations

2.1 Methodology

The Accountability Pilot Evaluation was done by analyzing data from a combination of primary and secondary sources. The secondary sources included literature on AAP, baseline study conducted on the pilot project, and the anonymized feedback and complaints received through the various CFRM channels. Anonymized feedback via voice recorders, toll-free lines and helpdesk received by SCI were available for analysis. Furthermore, feedback and complaints received through voice recorder by ChristianAid was analysed. Primary data was obtained using key informant interviews (KIIs) from stakeholders of the project and focus group discussions (FGDs) in all three pilot LGAs. The numbers of participants in each FGDs were between 5 - 10 participants drawn from the participating communities in the Local Government Area to ensure an even spread in sampling.

The qualitative data collection tools (KII and FGD) employed open-ended questions to give room for respondents to express their views on the topic of discussion without restrictions within the time frame; which is the best method to comprehend human and social behavior from insiders' viewpoint. The data collectors carefully probed to ensure clarity and precision of information given.

Table 1: Communities where primary data was collected by Local government

S/No.	Local Government Areas	Communities
1.	Mafa	1. Gyelmari 2. Zannari 3. Simari
2.	Monguno	1. Water board camp 2. Gumsuri 3. Vet. Camp
3.	Dikwa	1. Sangaya 2. Masmari 3. Agric and Flatari camp

Table 2: No of KII and FGDs by stakeholders

Respondents	Method of Data Collection	Location Mafa, Monguno and Dikwa LGAs
Women	KII (8)	Per LGA
Men	KII (8)	Per LGA
Boys (8 – 12)	FGD (3)	1 Per LGA
Girls (8 – 12)	FGD (3)	1 Per LGA
Boys (13 – 17)	FGD (3)	1 Per LGA
Girls (13 – 17)	FGD (3)	1 Per LGA
Aged Male	KII (8)	Per LGA
Aged Female	KII (8)	Per LGA
PLWD	KII (8)	Per LGA
Community/Traditional Leaders	KII (3)	1 Per LGA
Accountability Associates	KII (3)	1 Per LGA
Project team head/ member	KII (6)	Team from each representing organization\ SCI and JDF (Mafa LGA), Christian Aid and JDPH (Mongonu LGA)

		Tear fund and CRUDAN (Dikwa LGA)

2.2 Data Collection teams training

Before commencement of data collection, the field enumerators were trained by the consultant lead researcher virtually via Microsoft teams. During the training, enumerators undertook the entire survey processes, which included participant selection and the actual administration of the questionnaire as well as focus group discussion sessions.

2.3 Sampling of respondents

Purposive sampling was used to select respondents to be interviewed using KIIs and FGDs, as guided by the project team. The initial respondents also served as a starting point and those stakeholders helped identify other relevant stakeholders who were contacted and interviewed upon availability within the fieldwork period. There was a snowball effect on getting more informants for the study.

2.4 Child Safeguarding and participatory activities

In engaging the children for this study, the enumerators were trained on how to use methods such as body mapping for children group between 8-12 years, and dot voting for children between 13 – 17 years old. They were also trained and encouraged to use child-friendly interviewing processes that meet all the necessary research standards.

2.5 Quality Control Measures

This evaluation adapted several quality control measures. The measures were meant to contribute to overall validity and reliability of the evaluation measurements. They included;

i.   Thorough training of survey teams to ensure that interviews were done in a standardized way.
ii.   Review of data collection tools during training.
iii.   Daily review of uploaded data filled questionnaires and daily feedback to the survey teams based on the issues noted.

2.6 Ethical Issues

A number of ethical measures were put in place including but not limited to: ensuring the identity of the participants was subjected to the highest confidentiality level; having informed consent prior to the beginning of any interview. All participants were informed of their right to voluntary participation as well as their right to withdraw at any moment during the interview. More importantly the principle of "do no harm" was observed during the study.

2.7 COVID-19 Safety Measures Adherence

Understanding the challenges of carrying-out such data collection exercise amidst COVID-19, enumerators as part of their training were advised to adhere strictly to the global COVID-19 safety measures such as: embarking on the data collection exercise with hand sanitizers and cleaning their hands often with the sanitizers during the data collection exercise; wearing masks throughout their activities on the field; maintaining 1.5 meter distance between them and the respondents and between the respondents during the FGD.

2.8 Data Analysis

Data collected was analyzed qualitatively using Nvivo 12 software. The research team developed a list of the key variables identified based on the different primary data sources as opposite to the objectives of the analysis and coded them. Data from the KIIs and FGDs was coded and inputted for collation. Analysis and interpretation of findings was done and the secondary sources (documentary) backed-up to validate claims.

2.9 Data Limitations

● Anonymized feedback was not available for all the channels and locations. The data used were feedback from voice recorders from Mafa and Monguno and toll-free lines and help desks from Mafa local government. This limited the depth of comparison possible across the CFRM channels
● Quantitative data was extracted from the baseline study and RTR report without thorough investigations into the collection methodologies for these data and could not confirm absolute reliability.

CHAPTER 3: Findings of the Study

3.1 Desk Review

A comprehensive desk review of relevant documents including the accountability pilot baseline, the RTR report, the KAP report and anonymized feedback was carried out. The information from the desk review guided the design of the data collection tools. It also provided information on policies and activities that contributed to the piloting of the voice recorder as an accountability channel.

3.1.1 Accountability Knowledge Attitude and Practice (KAP) report – Save the Children International (SCI) in Jere, Mafa, Konduga, Kaga , MMC and Magumeri - 2019

1- **Lack of Awareness:** The awareness of the complaints/feedback mechanism is low and this varies across gender and the different age groups. 51% of male and 52% of female between 18-50+ years and 69% of boys and 66% of girls are not aware of any CFRM channels. However, just about 30% boys and 18% girls between 8-12 years are not aware of CFRM channels. Although the awareness is high with children between 8-12 years, there is need to orient the frontline and humanitarian '[/ volunteers on the need to intensify awareness on the accountability mechanisms. The findings also revealed that 45% of the respondents did not use any CFRM channel despite being aware of them due to barriers such as the thought that things will not change, time, safety and confidentiality.

2- **Feedback/Complaints not documented or lost**: The finding from the KAP assessment showed that males, females, and children prefer verbal and face to face accountability mechanisms such as speaking with staff/volunteers and community leaders or using a toll-free line. The choice of face-to-face accountability mechanism is usually prone to being undocumented, especially those made through community leaders. Confidentiality is also an issue with this mechanism.

3- **Need for Confidentiality:** 95% of the male respondents and 96% of the female respondents consider confidentiality as core and very important in designing an accountability mechanism. This is one major barrier to the use of suggestion box and the face-to-face accountability channel

4- **Complaint/Feedback Box**: The use of complaint/feedback box is one of the least preferred accountability mechanisms. This is largely because of the literacy level of the people and this mechanism requires the ability to read and write. Having an accountability associate to help in writing down feedback or complaints also violates their preference for mechanisms that ensures confidentiality.

3.1.2 NJR Accountability Baseline Report done by NJR partners in Dikwa, Mafa and Monguno- 2019

1. There is a significant level of awareness of CFRM in the communities. Out Of a total of 1,012 respondents who are beneficiaries, 70% are aware of a way to share feedback/complaints. Although the awareness level is high, the usage of the CFRM is quite low. This underscores the need for continuous sensitization to increase awareness and an understanding of how accountability mechanisms work across board giving emphasis on non-retaliation and confidentiality.

2. Over 89% of the respondents felt there was a need for confidentiality when giving feedback. The availability of a booth and voice recorder may solve/mitigate the issue of confidentiality enabling beneficiaries provide feedback in privacy

3. Despite the level of awareness, people living in these communities do not make optimal use of the available mechanisms due to barriers such as the thought that things will not change, time, safety and confidentiality. The confidence of communities can be built if responses to issues are provided timely. In addition, feedback on how the suggestions of communities are addressed should be provided to the communities.

4. Acceptability and Inclusion: the design of CFRM and channels should show inclusion of the unique needs of people living with disability. 95% of the respondents are open to using voice recorders. They believe it will capture their feedback exactly as they say it, as well as give them the needed confidentiality. However about 5% of the responders with some form of disability expressed concerns on accessing the voice recorder.

5. Seeing that that there is a mix in preference of CFRM across ages and sexes, It is important to have a mix of reactive (helpdesk, voice recorder, toll free lines) and proactive (feedback meetings, focus group discussions) channels of feedback.

3.1.3 Real Time Review, Nigerian Joint Response, May to June 2019

The real time review (RTR) of the NJR project was done in June 2019 in Mafa and Monguno. The research evaluated the implementation of NJR projects against CHS commitments with the aim of improving community participation and challenges relating to NJR staff and partner turn over. When measured against the CHS Benchmark the following were the summary of findings:

CHS 4 Humanitarian response is based on communication, participation and feedback

- 83% of the beneficiaries feel informed about services available, 75% think information is clear enough and 70% feel their views have been taken into account.
- 30% of people feel their views were not taking into account were mostly PLWD, women and girls.
- It was noted by partners that though there is no discrimination for PLWD, the process was not conducive enough to embrace inclusion as PLWD may not be able to present quickly enough at registration points or for information sharing. Also, communication with the hearing impaired is quite difficult.
- It was recommended that group specific sittings to hear PLWD women and girls should be done. Incorporation of sign language for the hearing impaired could also be done for better inclusion.
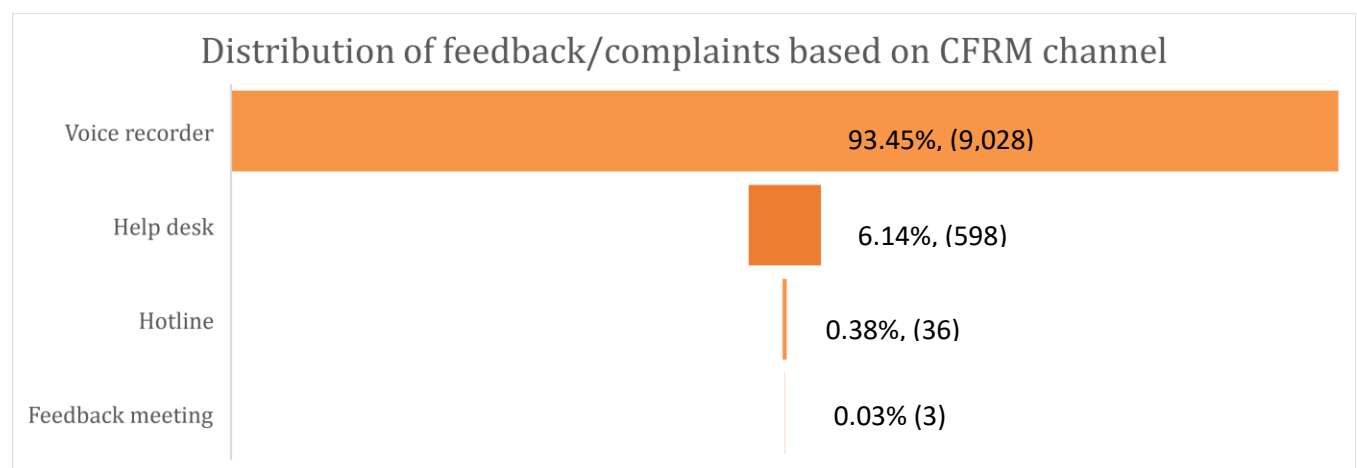
CHS5 Complains are welcome and addressed

About 40% of beneficiaries do not know how to complain if they have problems with project or staff. Partners stated that they find it hard to perceive beneficiary opinion. Though there are multiple CFRM channels with regular follow-up, only about 58% of beneficiaries in Mafa and 62% in Monguno know how to use it. This was attribute to societal and cultural norms such as the Bulama system of communication.

It was concluded that feedback system needs to be strengthened and adapted to alleviate societal and cultural constraints. Suggestions like the use of VR, the town crier system and FGDs were considered as against the use of suggestion boxes which was the FCRM used at that time.

3.2 Analysis of the anonymized data from the CFRM channels

❖ **Distribution of feedback/complaints based on CFRM channel**

Distribution of feedback/complaints based on CFRM channel

Voice recorder	93.45%, (9,028)
Help desk	6.14%, (598)
Hotline	0.38%, (36)
Feedback meeting	0.03% (3)

The analysis of the anonymized feedback from February to November 2020 has shown user preference for Voice recorder. 93% of feedback or complaints received representing 9,028 cases were via the Voice Recorder followed by the help desk 6.14% representing 598 cases. The hotline and feedback meeting were less used as compared to other channels.

**Table 3: Distribution of category of complaint/feedback by CFRM channel**

Category	Description of category	Help Desk	Voice recorder	Feedback Meeting	Hotline	Total by Category
Category 1	Request for information	0	1			**1 (0.01%)**
Category 2	Request for assistance	583	8855		21	**9,459 (97.87%)**
Category 3	Minor dissatisfaction with activities such as missing items from kits, lack of follow-up, etc	2	1			**3 (0.03%)**
Category 4	Category 4 - Major dissatisfaction with activities	0	2	3		**5 (0.05%)**
Category 5	Breaches of save the children code of conduct and/child safeguarding policy such as allegation of inappropriate behaviour or misconduct by save the children or partner staff	0	2			**2 (0.02%)**
Category 6	Allegations of child abuse or sexual exploitation of beneficiaries by non-Save the Children staff or representatives, for instance, a member of the community, staff of other NGOs or the United Nations.	12	75			**87 (0.90%)**

Category o	Positive feedbacks and appreciations from beneficiaries	1	92		15	108 (1.12%)
Total by CFRM channel		598	9028	3	36	9665

The anonymized feedback/complaints on the database are grouped based on the Save the Children categorizations ranging from 0 to 6. The beneficiaries mostly use the CFRM channels as a means for requesting assistance. 97% of the data captured on the anonymized feedback/complaints database are request for assistance, followed by positive feedbacks and then allegations of child abuse or sexual exploitations by non-Save the children staff and then positive feedbacks

Although the CFRM channels were mostly used for requesting assistance, the feedback meeting (Face to Face) with the accountability associate and voice recorder were helpful in addressing category 4 complaints on major dissatisfaction with activities.
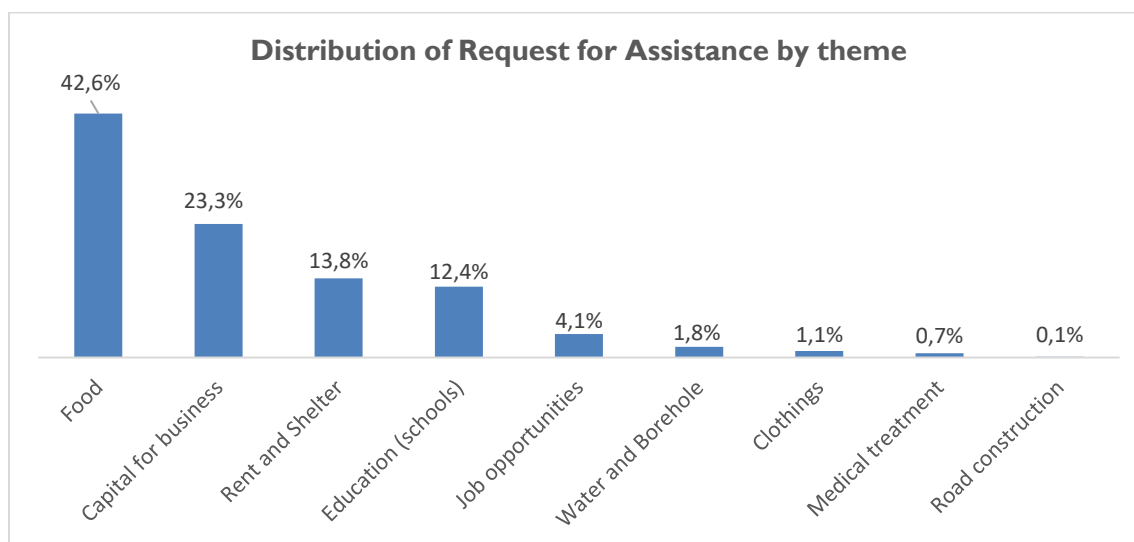
The request for assistance were analyzed and nine (9) types of requests in order of magnitude were identified

   i.   Food
   ii.   Capital for business
  iii.   Shelter
   iv.   Job opportunity
   v.   Provision of water
   vi.   Clothing
 vii.   Medical treatment
 viii.   Road construction

The need for food was a dominant request recorded, followed by the need for capital, shelter and education as shown in the figure below:

❖ **Closing the CFRM loop**

The findings from the anonymized feedback/complaints showed that 97% (8,799) of the complaints received through voice-recorders have been closed. The 3% (229) Feedback/complaints still open have been open for about 130 to 315 days. 77% (177) of these feedback/complaints still open are request for assistance, about 22% (51) are allegations of child abuse and sexual exploitations, while 0.04% (1) are reports on breach of code of conduct. All the feedback/complaints received via the helpdesk, face to face meeting and toll free lines have been closed. This is largely because the beneficiary can be given feedback on the spot. It takes an average of 4 days for complaints raised via the voice recorders to be closed. This could be due to the large number of complaints/feedback received via the voice recorder as against other channels like the toll-free line, help desk and face to face meetings. A lot of time is also required to translate and transcribe the audio files before its uploaded on the server.
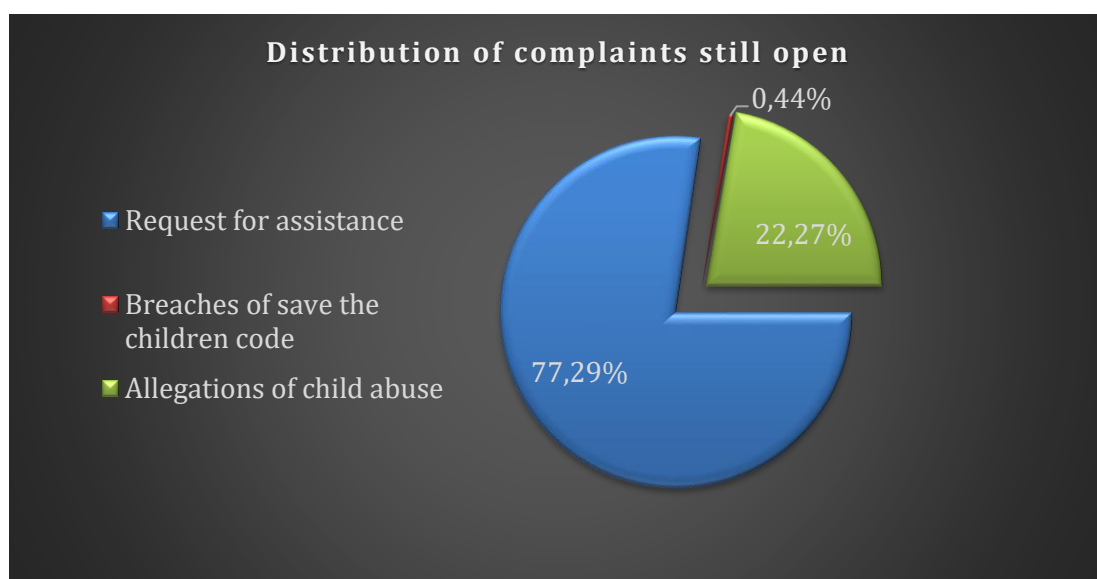
Although 97% of the complaints or feedback received on the database have been closed, about 35% of the beneficiaries claimed they have not received a feedback from the implementing partners.
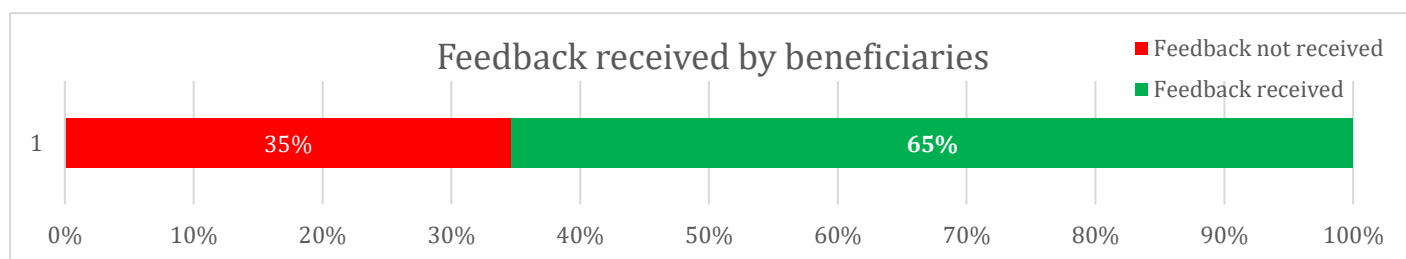
There seem to be a communication gap between the accountability assistants and the beneficiaries. Although, the feedback or complaints are anonymous and it is difficult to reach individuals with a feedback, there is need to design an effective two-way communication between the implementing partners and the beneficiaries as individuals and as a community. The 3% open feedback/complaints could also account for some of the complaint's beneficiaries are yet to receive feedback for

*"I don't think so, because ever since we have been giving our complaints, there have been no response at all, we have been expecting the office to intervene based on our complaints but, we haven't heard from them till now. Some have stopped going to the booth to give their feedback since there have been no response." Respondent in **Mafa***

3.3 Performance and achievements of accountability pilot against pilot's objectives

The performance of the accountability pilot was assessed using the OEDC DAC criteria, to determine the suitability of the project in the context of North-East Nigeria these were the postulations:

❖ Relevance of pilot project

The beneficiaries see the introduction of the voice recorders as timely. They described the VR as a reliable and convenient channel to communicate with the office stating that the introduction of the voice recorder has made it easier and faster to give feedback or make request; especially as they could make it in their local languages. Unlike the use of suggestion boxes where skills in reading and writing are required, the voice recorder fits into the prevailing social context of the people where over 90% of the beneficiaries are non-literate.

From the baseline study, confidentiality was a major factor in adopting an alternative accountability mechanism and the recording booth addresses this need. The booth provides that level of privacy where the beneficiaries could give their complaint or feedback. The voice recorder is perceived to be confidential as against the use of suggestion boxes or speaking to an accountability associate/community leader.

Picture of a Voice Recording Booth in Mafa LGA

Since the voice recorder is perceived to warrant privacy and confidentiality due to the presence of the booths, respondents feel more comfortable giving feedback and also make requests. It is also seen as a quicker means of getting response from the donor organization without them incurring any cost.

*Yes, very relevant, it brought privacy and comfort to us. we can talk without fear of anybody hearing us. We also talk in any language we want. Yes, if you complain about something it does not take time, compare to when we sent letters or inform our camp chairman. New people coming to the camp can assess shelter within a short period of time after sending their complaints. So we feel very happy with this new thing they brought to us. God bless NGO people Respondent in **Dikwa***

*Yes, it is very good we have it, because it makes us reach the office quicker and easier without any cost, we need food and money, it takes money for us to go to the office and give our complaints and needs, but now, using the booth costs us nothing and makes it easier. It enabled the office to know our individual needs. Respondent in **Mafa***

❖ **Efficiency of Recorders**

There has been an increase in the number of feedback/complaints via the voice recorder as against other channels. About 9,028 (93%) feedback/complaints were received via voice recorders between February to November, while about 598 (6.19%) were recorded through help desk. The number of feedback through the hotlines and face to face channels were less than 1%. This increase in number of feedback/complaints have significant effect on how programmes are designed for the communities.

*The introduction of the voice recorder is timely. We have received a lot of interventions like skill acquisition, cash to start up small business, cash for food and I feel we received all these because of the complaints we gave via the voice recorder. VR is relevant. Because it helps connect you to people that can hear your voices and complaints from far away. Yes, I think because of the booths, a lot of partners now visit the host communities. Respondent in **Monguno***

Distribution of feedback/complaints received through the CFRMs

93,41%

6,19%

0,03%

0,37%

■ Help Desk   ■ Voice recorder   ■ Feedback Meeting   ■ Hotline
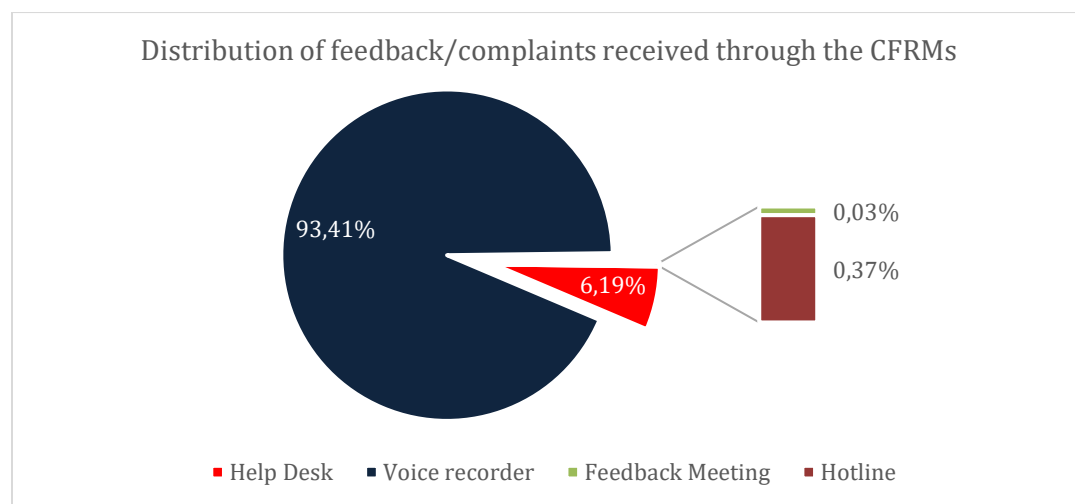
Aside that the voice recorder is relevant to the need of the people in terms of confidentiality and literacy, they also find the recording device easy to use. The voice recorder booths are also positioned in locations that ensures easy and safe access. The beneficiaries have had very little to no difficulty accessing and using the voice recorders. Some of the respondents noted that the booth is at the center of the community and no cost of transport was needed to get to the booths because it is not far from their homes. They also mentioned that since the community is a small one, distance is not a problem and that they don't incur any cost on transportation. However, queues and long wait times at booths pose a challenge of time efficiency.

However, the voice recorder booths are manned by two accountability associates which may not be necessary for cost efficiency. The recording device is easy to use and minimal guidance is required by the accountability associate, hence one associate who is fluent with the local language and can operate the device is all that is needed per booth. For cost efficiency, the accountability associates can be recruited from the community members and each associate positioned at a booth.

> Yes, we have it here in Kilagoru, CRUDAN people brought it. It is a small thing, just like a finger, black in colour. If they press it then you start talking after which they will send it to the Maiduguri office so that they can help us from our present situation, our people are really suffering.

> Here the community is not too large, the booth is located at the centre where everyone can access it quickly and easily, no need of walking round or using money to transport like me, it's almost at my doorstep. Respondent in **Mafa**

*It is easy for me to access the voice recorder. The booth is not far from my house. There is a shed there for us to sit and the staff is always there attending to us. Respondent in **Monguno***

❖ **Effectiveness of voice recorders**

To establish the effectiveness of the voice recorders, respondents were first asked about their awareness of the mechanism, since lack of awareness was identified as a major limitation in the use of the CFRM. The awareness of the voice recorder is significantly high in all the 3 LGAs, with Mafa having the highest awareness rate (92%). The level of awareness has also increased significantly from the baseline where suggestion box had the highest awareness rate of about 24%.
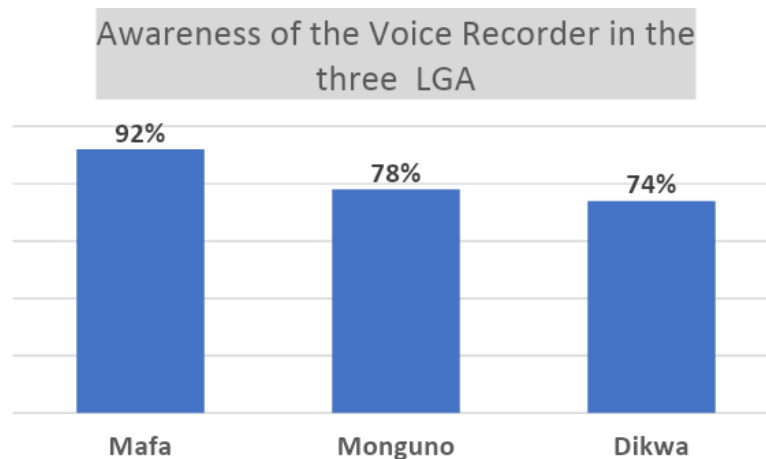
During the interviews, most of the respondents said the voice recorders had been very effective in airing their complaints and needs. However, about 35% of the respondents were not satisfied as they claimed their needs and complaints have not been attended to.

Yes, am aware and I have used it before here. Whenever we go there, we lay our complaints and requests via a device. We record our complaints there and they send it to the office for response. So many people do go there and request for whatever they need at the booth. It is very good we have it. But nobody has ever responded to our request here. Respondent in ***Mafa***

The voice recording booth was not designed to accommodate people living with disabilities. For instance, the booth has flights and narrow doors that makes it difficult for someone using a wheel chair to maximise the privacy of the booth. However, some of the beneficiaries with visual impairment commended the accountability associate for always helping out.

The booth is also not appropriate for children as the plain brown wall do not inspire children to speak. The booth can be made more

child friendly by using paintings or images that encourage child participation and guides them on how the device is to be used

❖ **Impact of the Voice Recorders**

The accountability pilot project using the VR channel has had great impact on the communities, it has helped to tailor the humanitarian assistance to what is appropriate and relevant to their needs. The beneficiaries mentioned how their specific needs were met and intervention designed to suit their prevailing needs because they requested through the voice recorder. For instance, a beneficiary in Monguno mentioned how his community have received skill training and cash to start up business because they requested for such assistance through the voice recorder.

The project has localized the feedback mechanism, beneficiaries are now able to express themselves using their local languages as against the other channels like the feedback forms that require skills in reading and writing of English language. The feedback from the affected populations, being a key indicator for assessment and evaluation of humanitarian response forms part of the commitments of the Grand Bargain.

Beyond access to relevant humanitarian assistance, the pilot communities also affirmed that they have gotten quicker response to their needs due to the use of the voice recorder channel. However, there is a need to improve on the response to complaints as some community members noted that they are discouraged from using VR because their complaints have not been responded to. During the period of study, only about 97% of feedback received were attended to and closed.

> *I have channeled a complaint through the phone recording that my husband was killed and am living with four children and have nothing to do, NGO supported me with food items and some money. Respondent in* **Dikwa**

> *As you can see, there is no benefit, you will go there as many times you can, but you will never see or hear anything from the office. To me the voice recorder is good, but no one of our complaints have been resolved so far, we don't even feel like using it again, check there now, nobody is going there now unlike before, people used to be many there. Respondent in* **Mafa**

❖ **Sustainability of the Voice Recorders**

Review of the effectiveness and efficiency of the VRs in communities, shows that it is socially and environmentally sustainable, as it poses no threat to the environment and has been embraced by a large percentage of the locals compared to other feedback mechanisms like the toll-free lines and the suggestion boxes. The VR as an accountability channel is suitable to the culture and context of the people and its implementation has led to an increase in the community's participation in determining how they are served as against other CFRMs.

For sustainability, accountability associates should often time allow beneficiaries operate the VR themselves.

❖ **Gender and Diversity**

The accountability pilot project is inclusive, beneficiaries are not discriminated against based on their gender, age, disability or culture. Although everyone is allowed to make use of the booth without any kind

of discrimination, the design of the recording booth does not freely accommodate people living with disabilities. The accountability pilot has also ensured that the purpose of the humanitarian action, which is to protect life and health and ensure respect for human beings, is adhered to. Old people are given considerate care by reducing the amount of time they wait on the queue when accessing the VR

> *No. I have not experienced any difficulty. Seeing that I am an old woman, they accord me my respect and don't make me wait too long on the queue.* **Respondent in Monguno**

> *No one is concerned about your culture, to me it's open to every one of us, and whenever we get there the people working there receive us well without discrimination at all. Respondent in* **Mafa**

> *no, there was no problem using the VR, even for old people like us. if you don't know how to use it, they will be there to show you. Respondent in* **Dikwa**

3.4 Impact of the ever-changing context in the project area and adaptation to the operational context

❖ How insecurity affected access to the intervention program

The security situation has effect on the timely response of the humanitarian implementing partners in reaching the communities with assistance. In the case of a security breach in the community, the accountability assistants are usually not available to man the booth. However, the voice recorder booths are in safe places that do not compromise the security of the people.

> *We have not had any issue regarding insecurity for some time now, this community is a big community, and the booth is almost at the centre of this community it is in a safe environment, we can come out at any time and access the booth. Respondent in* **Mafa**

> *The insecurity has affected our intervention in terms of getting quick response. Sometimes people that are coming to support us are been attacked on the road, so it makes the process of support slow, it takes longer time because they will be scared of coming down here to support us. Respondent in* **Dikwa**

> *The insecurity has no effect on interventions at all. We are used to it, except if the person manning the booth isn't there, we are ready to go. Respondent in* **Monguno**

❖ Impact of Covid-19 pandemic on use of voice recorder

The COVID-19 global pandemic has necessitated a reduction of face-to-face interaction with NJR field staff and the need to reduce or eliminate physical meetings. The two months national lockdown due to the Covid-19 pandemic also affected the operations of the accountability assistants manning the booths. Also, the UNHAS flights going to the deep-field locations like Monguno and Dikwa prioritize approval of passengers based on program criticality (life-saving activities). These issues consequently had affected the mode of receiving feedback as well as frequency of FGDs and meetings. From the NJR report of April-June 2020, it was stated that feedback meetings held only in Mafa LGA.

However, since the resumption of activities, Covid-19 safe protocols, such as social distancing, use of face mask and washing hands are adhered to at the booths before using the VR. Safety measures such as provision of sanitizers for staff and community members before accessing the booth as well as wiping devices after use are also practiced. People are also not allowed to cluster around the booth.

Some community members feel uncomfortable with these protocols. There is also a reduction in the number of people using the booth post Covid lock-down.

> *It makes it difficult to access, because there was close of work for almost 2 months as all workers went home. Some things have changed also due to Covid-19 pandemic, reduction in number of people that take part in activities, observing social distancing and the mandatory use of facemasks which some of them don't like because of difficulty in breathing.* **Dikwa Accountability associate**

> *We implemented washing of hands before accessing the booth, wearing of face mask, maintain closed range distance and using of hand sanitizer before accessing the voice recorder.* **Mafa**

> *At the booth stand we are being asked to wash hands before going in and also use face mask if it is available then you meet the person inside who hands over a device that look like handset to you and show you what to press to record your voice. When you are done recording, he takes the device back from you and send it to the office. There you are at liberty to sit inside the booth and record your complains or move aside if you are not comfortable with the staff.* **Monguno**

3.5 Replicability and scalability of the pilot project

The voice recorder as an CFRM is a solution to some of the core barriers to community participation in the accountability programmes. Some of the barriers like low literacy level, confidentiality, access to network and lack of communication device are taken care of by using the voice recorder as a channel. The several channels that have been tried either falls short in confidentiality, excludes those who are not literate or are impracticable due to poor network.

The sociocultural context and realities in the pilot communities are also similar to other communities requiring humanitarian assistance in Borno state as well as in other states in North east, Nigeria. The literacy level in the North East is very low as compared to other regions in Nigeria which makes the use of voice recorder as an accountability channel suitable and replicable. The beneficiaries in the pilot community have also rated the VR as easy to use, hence, scaling the project will not require so much technical knowledge from the part the part of the users

Although the VR is an easy-to-use device and most of the beneficiaries reported that they can handle the recorder themselves without assistance, an accountability associate will still be needed to oversee the booth, so as to provide a form of security for the recording device and also provide guidance to users when there is need, especially PLWD. The accountability associate will also serve as a feedback agent from the humanitarian partner to the people.

Chapter 4: Lesson Learned and Recommendations

The use of VR increased post lockdown especially as it provided a great alternative for face-to-face feedback when physical meetings are discouraged. This accentuates the need for the retention and scaling of the project. However, there is need to improve on inclusion for PLWD in project design. The project can be scaled to other communities as there is obviously an appetite for uptake.

There is a demand for continuous availability of VR equipment in communities against the rotational availability. For sustainability, accountability associates should often time allow beneficiaries operate the VR themselves.

To sustain the outcome from the VR accountability channel, there is need to improve on the time taken to close the feedback loop. The affected populations expressed the need to know that their feedback is being received, hence community engagement and awareness should also be continued.

Following the findings, the study makes the following set of recommendations:

❖ Scale up the pilot project

The efficacy of the VRs in pilot communities have shown that it is scalable and sustainable in other communities in the northeast region of interest. In scaling the pilot up, the use of voice recorders should be prioritized. While it will be ill-advised to completely discard accountability staff at the booths, having more than one accountability associate will be an overkill. The accountability assistants should be sourced from the community and should have basic skills in usage of the VR and should be able to transcribe/translate from the native language to English. A central accountability coordinator will be needful to coordinate the activities of the assistants and also ensure that feedback to the beneficiaries are communicated.

The booths should be designed in such a way that it is adaptable to people living with disabilities. The booth should also be child friendly so that young children can use the channel easily. Paintings or images that encourage child participation can be included on the walls of the booth.

❖ Improved response to the complaints and feedbacks shared

One of the major challenges for the respondents was the lack of response to their complaints. Hence, there is a need to set up a mechanism that ensure the complainants are communicated on the status of their complaints/feedback. For the purpose of transparency, it is necessary to create an end-to-end communication pipeline that lets respondents know the status of their feedback. This can be done through the accountability partners manning the VR booths. This feedback can be shared at community level since persons mostly report anonymously and it may be impossible to trace them individually. From the analysis of the anonymized feedback, most of the complaints that were not met are those that were outside the mandate of the implementing partner. It is important that partners have set up referral pathways for requests that they cannot address themselves. Proper information about the organisations and the activities (including their scope) should be shared frequently with the communities.

❖ Increased number of VR booths in the communities

Some of the communities have a schedule for accessing the voice recorder because of the limited number of booths. Increasing the number of booths will help accommodate the growing number of complaints/feedbacks and eliminate queues at the VR booth.

❖ Booths should accommodate PLWD and Children

There is a need to improve inclusivity for PLWD and children in the design of the recording booth. The flight in the current design is not suitable for someone using a wheel chair and the door is too narrow for easy access for someone with physical disability. The booth is also an empty uninspiring space, very private but not suitable to welcome children who may want to use the booth. The booths should be designed in such a way that it is adaptable to people living with disabilities. Paintings or images that encourage child participation can be included on the walls of the recording booth.

Chapter 5: Conclusion

The use of VR increased post lockdown especially as it provided a great alternative for face-to-face feedback when physical meetings are discouraged; this accentuates the need for the retention and scaling of the project as it had an unintended positive impact in the longer run. However, there is a need to improve inclusivity for PLWD in project design. The project should be scaled to other communities as there is an appetite for uptake in neighboring communities.

In comparison to already existing feedback mechanisms like complaints/feedback box, help desk, Toll free line, the Voice Recorders are better suited for the sociocultural context and other realities of the pilot communities. The voice recorder is loved by the people because it is easy to use, feedback/complaints can be given using the local languages, quicker and tailored response from the humanitarian actors, and the confidentiality involved in sharing feedback.

This accountability pilot project has helped the pilot communities receive assistance that are appropriate and relevant to their needs. The project has localized the feedback mechanism, beneficiaries are now able to express themselves using their local languages as against the other channels requiring skills in reading and writing. Beyond access to relevant humanitarian assistance, the pilot communities also affirmed that they have gotten quicker response to their needs due to the use of the voice recorder channel.

However, there is a need to improve on the response to complaints as some community members noted that they are discouraged from using VR because their complaints have not been responded to. There is a need to also increase the number of VR booths in pilot communities and to scale this same initiative in other communities where the NJR is serving. In the next stage of the program, VRs can be employed en masse. However, feedback mechanisms like the help desk should also be maintained as it takes into consideration, people living with disabilities, like speech impairments and are unable to talk into the recorder.