



## CASE STUDY:

### Medair Southern Sudan Beneficiary Accountability Update for 2009

#### **Introduction**

In December 2008, Medair Southern Sudan (SDS) appointed a Quality Assurance Officer (QAO) to the in-country team. This position had not appeared previously within Medair, and was therefore somewhat 'experimental'. The QAO was tasked with (amongst other responsibilities) being responsible for promoting beneficiary accountability (BA) practices in all SDS projects during the course of the following year (2009).

Having explored Medair's then current approach to BA in Southern Sudan, and having composed a discussion paper on the subject, the QAO developed a BA matrix for each project, which was discussed with project managers, the country director, and the HQ BA focal point. This exercise highlighted several issues: the complexity of overlaying BA responsibilities over other monitoring requirements; the need for buy-in at all levels of the country programme; the importance of communicating a clear overall quality management framework for the organisation; and the necessity of the QAO's role being clearly defined and explained to the team at the earliest opportunity.

After six months, the QAO started to engage in discussions with Medair's head office in Switzerland to contribute to the further development of Medair's quality management framework, whilst continuing to have discussions with SDS project managers. BA was subsequently incorporated into the draft Medair monitoring guidelines; a revised project cycle diagram was developed which indicates how BA practices should be undertaken simultaneously with other monitoring activities (see below); and suggestions were made with regard to reaching and maintaining quality standards within Medair.

By the end of the year, monitoring guidelines were finalised at head office, a monitoring plan template had been added to the e-library documentation and is mandatory for new proposals, and the QAO role had been redefined (as Monitoring & Evaluation Officer) within Medair. In addition, a more robust quality management framework is under development and is planned for release during 2010.

#### **Quality Assurance Officer's Report**

In 2009, Medair SDS made good progress in promoting BA across its projects as a central aspect of its strategy. While strict adherence to the HAP benchmarks proved less appropriate in the context of Medair's programme, they nevertheless served as helpful guides to plan how best to ensure accountability. As such, a work plan - based on the principles underlying the HAP standard benchmarks - was used to plan ahead and track progress throughout the year at different levels of programme management and throughout the project cycle. The work plan enabled goals to be set and activities to be followed up on. However, despite the importance of implementing the tangible activities contained in the work plan, it was recognised that at the heart of ensuring BA lay the attitudes of Medair staff: that being open, inclusive and humble encapsulated true accountability to beneficiaries and to display this was to fulfil the spirit and principles of the benchmarks.

To provide an insight into progress made on the work plan, it is useful to refer to some of the achievements relating to the principles behind benchmarks 3 (participation) and 5 (complaints handling) across each of Medair's three main projects in Southern Sudan; Health Emergency Response, Primary Health Care (PHC) and WASH.

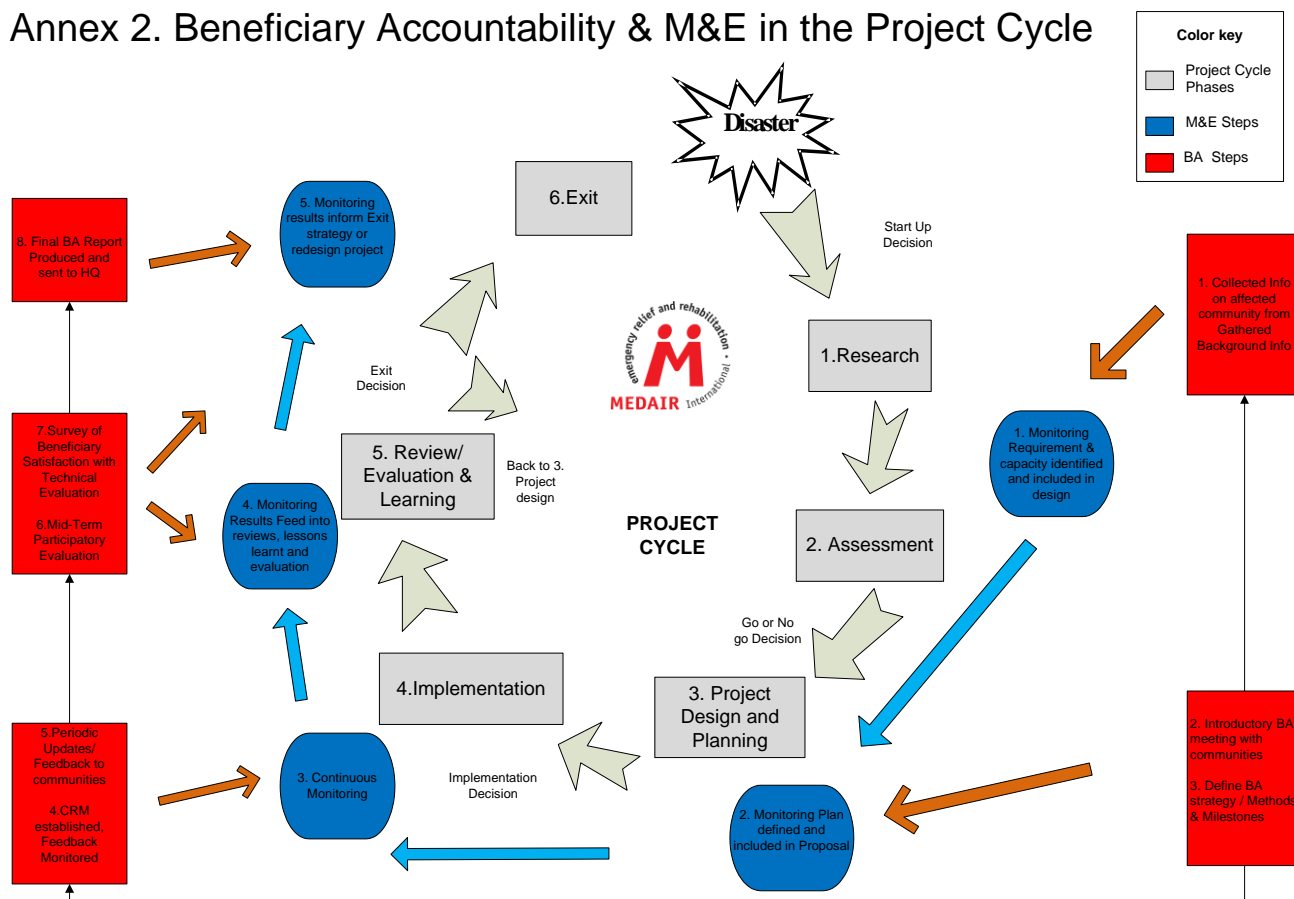
**Promoting participation:** In the area of promoting participation a number of changes were made in 2009 across the respective projects to ensure Medair maintained and strengthened the way beneficiaries were at the centre of its work. And so, for example, the Health Emergency Response Team (ERT) decided it could monitor beneficiary participation better through a HAP-I addition to the Field Visit Report. The new section required reporting on techniques used to ensure the full involvement of beneficiaries and on the means by which all relevant information about project activities was shared. In the PHC project it was decided that participation by patients at supported health facilities should be further encouraged, in spite of the difficulties posed by Medair not being a direct service provider. Patient satisfaction surveys were thus devised and carried out in a way that encouraged a greater connection between the health facility users and its management for the benefit of long-term sustainability. Feedback meetings between Medair and Village Development Committees (VDCs) also served to model participation and transparency among those responsible for the running

of health facilities. In the WASH sector, progress was made through composing checklists to ensure high levels of participation across project activities, especially at community entry and exit stages.

**Promoting good complaints handling:** In the area of promoting good complaints handling the country programme, in 2009, had to review its approach. While the receiving of complaints in its projects had been rare (largely due to communities' general reluctance to raise issues and very low levels of education) it was recognised that a more active form of 'complaints handling' was necessary in some projects in a way that would challenge the more traditional and formal approach. And so, in 2009, the Health ERT started to make greater use of Focus Group Discussions (FGDs) partly for the purpose of handling feedback and/or complaints. In the PHC sector promoting good complaints handling meant raising the profile and importance of good procedures across its supported health facilities. This was done through a Medical Workshop, and meetings with Managers supporting health facility staff. In the WASH sector this involved addressing the issue at the annual WASH conference and promoting the use of FGDs for the raising of, and subsequent dealing with, complaints.

In conclusion, during 2009 Medair SDS has taken many steps to enhance accountability to those it serves. While measuring the extent to which this has been achieved cannot reliably be done, Medair is confident that not only have actions been made that allow for greater downward accountability but, more importantly, a greater corporate awareness of the underlying principles of HAP has been developed. As a result, Medair hopes that a general attitude of openness, inclusiveness and humility has been fostered for the benefit of those Medair intends to serve. In 2010, Medair SDS will continue to prioritise BA in its country strategy, while retaining a HAP focal point to ensure that this takes place.

## Annex 2. Beneficiary Accountability & M&E in the Project Cycle



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