FEEDBACK AND ACCOUNTABILITY POLICY
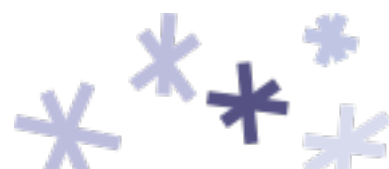
VELA FOUNDATION

(FUNDACJA VELA, ORGANIZACJA HUMANITARNA NA RZECZ OCHRONY I EDUKACJI)

Introduction

Accountability to affected people is at the core of our humanitarian response. We see accountability as a prerequisite for creating space for people to provide feedback about programmes and services, complain about its quality, relevance, and timeliness, or the respect and dignity shown in its delivery. Vela demonstrates its accountability, responsiveness, and respect to stakeholders by informing decisions through community input, commitment to maintaining open communication and trust, and taking responsibility for decisions and actions taken by any party within the organisation in partnerships and projects.

Feedback and complaints are critical in ensuring that we are accountable to the people we assist, the communities where we operate and to our staff, volunteers, and partners. Effective feedback processes within Vela demand a culture of listening to input of any form, reflection, analysis, and adaptation.

This document is based on a series of core standards and practices that humanitarian and crisis response organisations use on an international level. Vela is committed to applying and promoting the Core Humanitarian Standard on Quality and Accountability among others across emergency and long-term humanitarian programming. This document is also informed by Vela's Safeguarding and PSEA policies and encourages co-design and co-implementation with partners and donors to foster local impact.

This document is to be used when Vela operates individually or where no formal inter-agency or joint Feedback and Accountability Mechanisms (FAMs) exist in an operational context. Otherwise, the inter-agency or agreed/ joint FAMs are to be used.

The purpose of this policy is to ensure that Vela is accountable to those we work with, and we work for. It is also to ensure that our interventions are relevant and appropriate to the needs of the communities we serve and respond to their aspirations in a safe way. Finally, we ensure

that the integrity of our interventions is upheld and accounted for, and that trust is built and maintained with our communities and stakeholders.

The aim of the feedback and accountability mechanism (FAM) is to:

1.	Take account: Ensure that both migrants and the communities they travel through have meaningful influence over programme decision-making in a way that is inclusive and non-discriminatory and allows for the voices of the most vulnerable to be included.

2.	Give account: Ensure that crisis-affected people are aware of their rights and entitlements and that we are transparent and clear about who we are, how we work, and what we can and cannot do.

3.	Be held to account: Affected people should have the opportunity to assess what we are doing and how we are providing assistance, to provide feedback that is meaningfully considered and incorporated, and to sanction abuses and poorly delivered assistance, wherever possible. This means that people should also be informed about how we have responded to their feedback.

Our envisaged impact through feedback and accountability mechanisms

Our mission as an organisation is to excel in what we do and empower people to reach their full potential. To do that, we need effective and efficient feedback and accountability mechanisms that will:

•	Build trust between our organisation and our stakeholders

•	Correct and act upon any power imbalances

•	Devise relevant and appropriate interventions where all stakeholders participate

•	Respect communities and stakeholders throughout our interventions

•	Feed our strategic direction with knowledge

We are constantly looking for ways to make our interventions more rapid, effective, safe, and dignified. This policy is necessary to make changes to programmes or to re-strategize our

interventions where needed. For this, our FAM is based on the double-loop model where we place feedback from our stakeholders at the core of our strategy. We think of how it affects our current programming, but also how it can orient our overall approach.

2.   Definitions

A Feedback and Accountability Mechanism (FAM) is defined as "a set of procedures and tools formally established and used to allow humanitarian aid recipients (and in some cases other crisis-affected populations) to provide information on their experience of a humanitarian agency or of the wider humanitarian system. FAMs can function as part of broader monitoring practices and can generate information for decision-making purposes." (ALNAP).

Complaint is defined as an objection or grievance made by an individual(s) who believes that the organization involved in the delivery of services has failed to meet a stated commitment or who is dissatisfied with any of our activities or services. This commitment can relate to a program or an intervention, beneficiary selection, an activity schedule, a standard of technical performance, a legal requirement, or any other point. Complaints can be categorized into minor, major and sensitive.

Sensitive complaints are those which require the protection of the complainant, because they either feel embarrassment or shame, or fear of reprisal from another person.

Feedback reflects perceptions (positive or negative) from stakeholders about what is and is not working in a project or intervention. Feedback is a positive or negative statement, a concern or suggestion, regarding activities/ services or the whole of an intervention, or the behaviour of staff, volunteers or representatives.

3. Principles

Vela is committed to the following accountability principles:

• Transparency: We provide clear and accessible information about our humanitarian interventions, objectives, and outcomes. Transparency builds trust by keeping stakeholders informed about our operations and decision-making process

• Participation: We actively engage with communities and stakeholders to seek their input and ensure their voices are heard. Participation fosters a sense of ownership among communities and stakeholders, leading to more sustainable and contextually relevant solutions.

• Responsiveness: We respond promptly and effectively to feedback and complaints, taking appropriate action to address concerns. Responsiveness demonstrates our commitment to accountability and reinforces our credibility

• Learning: We use feedback to learn from our experiences, improve our programs, and make informed decisions. Learning from feedback is essential for program improvement and innovation

• Confidentiality: The name of the complainant and the person they complain about will be kept confidential by those involved in handling the complaint.

• Non-retaliation: The person will not lose access to our services as a result of complaining about our program or staff.

• Timeliness: Complaints will be resolved as soon as possible, within a specified and clearly communicated timeframe.

Vela devises feedback mechanisms that reflect the way we want to work with our target groups and stakeholders. Our FAMs follow the below principles:

• Engagement with target populations and other stakeholders from the beginning of an intervention and agreement on how they want to communicate with us.

• Establishment of multiple feedback mechanisms to provide the space and time for people to raise issues and concerns.

- Give options to target groups to use systems they feel familiar and comfortable with

- Localized engagement for direct access to information through field teams

- Engagement and training of field teams

- Formal and informal feedback is equally important

- Use of technology in collecting and compiling feedback

- Bridge the language and cultural barrier through appropriate staffing and training

- Analysis of the local context and the power dynamics that exist within communities

4.   What can people give feedback and complaint about

Feedback and complaints are related to Vela's interventions and conduct.

Vela will address complaints relevant to the following:

- Vela as an organization or through its people has made a commitment that has not been met

- Unfair, inappropriate or incorrect management of resources and services such as:

o   Exclusion of beneficiaries who rightfully are eligible for services

o   Provision of access to services for people who are not eligible for such services

o   Any form of internal or external interference in fair and equitable access to services or provision of services

- Mismanagement of resources available to target groups

- Improper behaviour or misuse of authority by a Vela staff member, partner or contractor. This includes fraud, bribery, SEA, or exploitation

- Threats or damage against Vela's staff, volunteers, partners or contractors or property

5.   FAM Cycle

Our strategic approach to feedback and accountability is analysed as follows:

5.1.   Phase I – Design

Within this phase, the focus is on analysing the local context and implementing all preparatory actions for the start-up phase.

o   Step 1: we actively analyse the local context

o   Step 2: we develop a theory of change and impact, responding to community communication needs, barriers, perceived risks, and preferences

o   Step 3: we select feedback and accountability channels based on community and stakeholder communication preferences and prior knowledge. Within this process we select both static and active channels that support interpersonal and anonymous communication

o   Step 4: we design the feedback and accountability component in the framework of our intervention, with sufficient budget and resource allocation, to support quality start-up, implementation, and close-out

5.2.   Phase II – Start-up

We develop standard operating procedures for feedback and accountability and mobilise staff and resources:

o   Step 5: we develop standard operating procedures for feedback and accountability. Within this process, we map external service providers and establish referral processes for protection concerns and other safety issues. Moreover, we develop data collection and management systems and protocols to protect the identity and confidentiality of people

o   Step 6: we mobilize and train staff on the ground, both on this policy but also on the culture of listening and facilitation to support effective feedback and accountability mechanisms

o   Step 7: we inform our community, donors, partners, and stakeholders. Moreover, we inform communities of our other related policies, i.e. Code of Conduct, PSEA etc., their rights and how to report concerns about misconduct and harm

5.3.   Phase III – Delivery

We implement feedback and accountability mechanisms as follows:

o   Step 8: we collect and analyze feedback from our interventions

o   Step 9: we respond to and act upon complaints and observe hindrances appropriately and efficiently. Complaints related to feedback and accountability are accounted for and responded to. We make real-time and swift adaptations to programming and service delivery to reflect and inform future improvements. Additionally, we monitor levels of satisfaction by our stakeholders and communities to enhance accountability

o   Step 10: the feedback and accountability loop is updated as needed during implementation to optimize benefit and utility

o   Step 11: We triangulate feedback with MEAL data to inform daily management and decision-making

o   Step 12: We conduct feedback and accountability effectiveness checks to ensure channels remain safe, accessible, and trusted by the communities. We also use evaluation to inform programme and organizational learning about effective feedback and accountability mechanisms

5.4.   Phase IV – Close-out

We evaluate the results and feedback as follows:

Step 13: We assess the results of feedback and accountability in comparison to the theory of change and impact.

Step 14: We integrate the feedback and accountability mechanism close-out into the overall programmatic decisions and activities while communicating our close-out plan to our stakeholders and communities

Step 15: We introduce modifications to our feedback and accountability system. We communicate the lessons from all phases to our stakeholders and communities. Depending on the size of an intervention, we may produce a report or infographic of the top learning points from a FAM review. This report will be shared with partners, donors, and stakeholders.

6.   Feedback and Accountability Structure

6.1.   Governance

The Council of the Foundation is responsible for approving this policy. The Board is responsible for revising the current policy and submitting it to the Council for approval. It is also responsible for ensuring the commitment of the Foundation to uphold this policy across all actions and interventions and shaping the organizational culture to support accountability.

6.2.   Management

The General Manager (GM) of the Foundation is responsible for implementing the current policy and reports to the Board on its implementation. Moreover, the GM is responsible for holding the staff to account for effectively implementing this policy and reporting on Feedback and Accountability. Finally, the GM is responsible for training and development of staff on feedback and accountability and streamlining FAM in day-to-day operations. Specifically, the GM:

o   Reviews the context and existing data to determine the communication framework

o   Consults with communities on preferred channels and evaluate their effectiveness, efficiency, and safety

o   Selects appropriate channels

o   Budgets for feedback and accountability within the programme or intervention

o   Allocates clear roles and responsibilities across the field and management team

o   Shares information on feedback channels and processes with stakeholders and communities

o   Receives, acknowledges, and responds to feedback, especially through community channels

o   Escalates sensitive complaints in line with Vela's Safeguarding, PSEA and other relevant policies

o   Monitors the effectiveness, efficiency, and safety of feedback channels and especially their use across all strands of the served communities and stakeholders

o   Adapts programmes based on feedback and complaints received

o   Integrates feedback and accountability mechanisms close-out

The Head of Programmes and Policies provides oversight of the whole FAM process. He/she assumes the wider responsibility for coordinating FAMs across programmes and interventions. He/ she leads the development of SOPs and develops and conducts training. He/she leads the effectiveness check to learn about and improve the accessibility, efficiency, safety, and impact of FAM. Works with teams across the board to establish appropriate mechanisms and controls. Specifically:

o   Oversees the process and implementation

o   Coordinates between the different teams

o   Develops and introduce SOPs and update them as needed

o   Develops communication materials for the mechanism

o   Develops and conducts training on the mechanism

o   Leads monitoring and checking on the effectiveness of the channels and the function of the mechanism and propose improvements

o   Facilitates reflection on effectiveness checks and leads action planning

o   Designs and establishes data management platform

Project Managers or Field Team Leaders provide programmatic / intervention-level support to the implementation and operation of the FAM, including coordinating with the field teams on implementing FAM throughout their daily operations. Moreover, they are responsible for ensuring that communities and stakeholders have access to and trust FAMs by communicating with them on their preferred channels and setting up and managing the implementation of the FAMs. Moreover, they ensure responsiveness to feedback and complaints in decisions on the ground and regular checks on the effectiveness of the FAM.

They also integrate key messages on the FAM into ongoing project communication activities. Specifically, PMs or Field Team Leaders:

o   Support data collection and analysis for community consultations

o   Run data management platform

o   Receive, acknowledge, and respond to feedback

o   Escalate sensitive complaints in line with Vela's Safeguarding, PSEA and other relevant policies

o   Manage and analyze feedback and accountability data

o   Create visuals and reports for data

6.3.   Staff

All staff are responsible for the day-to-day operation of the various channels for receiving and giving feedback, including directly receiving and processing feedback and complaints. This goes hand in hand with appropriate response and accountability to the people concerned. They receive, check, and escalate feedback and complaints and help establish other channels for reporting to ensure confidentiality in reporting. Specifically, staff:

o   Communicate the purpose of the mechanism to communities and stakeholders

o   Receive, acknowledge, and document feedback

o   Respond to feedback via appropriate channels

Sensitive complaints such as harassment, GBV etc., are managed through the relevant policies of the Foundation.

7.   Scope and Scale of FAM

The scope and scale of FAM is decided based on the size and characteristics of the communities we serve and the context in which we are called to operate in each intervention. Referral pathways for feedback and complaints are structured to make it easy for communities

to provide feedback and lodge complaints. At the same time, partners / subcontractors who come in direct contact with our target communities should engage in the referral pathways. The Project Managers/ Field Team Leaders devise an appropriate referral pathway map and structure specific to each location of intervention and submit it to the General Manager for approval. The referral pathway should be devised with input from partners/ subcontractors, members of the communities we serve, and potentially our donors and other external actors where appropriate.

Once the referral pathway for feedback and complaints is approved, it is communicated to involved parties and to targeted populations.

8. Active Feedback Mechanisms

Active feedback mechanisms elicit feedback and complaints from selected participants, determine the timing of information collection and shape the questions to be asked. Some examples of active feedback mechanisms we use are analysed below:

• Informal Feedback – it is a vital tool for our interventions where the context rapidly changes, and it is sometimes challenging to devise and see through other more formal feedback mechanisms. Our field teams share any feedback received from our target groups and stakeholders with the management through the daily online reporting platform. Our management needs access to virtually real-time information on the situation on the ground to be able to make swift decisions to respond to beneficiaries' requests and feedback. We continuously train and support our staff to properly filter and investigate such feedback to ensure the quality of information.

• Exit interviews with staff on the ground who have been familiarized with feedback and accountability throughout their work

• Follow-up interviews to address specific issues and gain more insight into the general feedback already received

- Perception/satisfaction surveys run by representatives of communities and stakeholders

- Focus group meetings where participants are selected to represent the views of their organizations, communities etc., and provide feedback through structured or semi-structured feedback

- Community meetings at regular intervals with representatives of communities, partners, donors, and programme staff where teams share information about programme objectives and activities to enable adaptation

- Community visits/consultations

- Social media can be used both ways. As an active feedback mechanism, it can be used to address a specific group with pre-defined themes

- SMS surveys

- Feedback questions included in other data collection activities

9.   Reactive feedback mechanisms

Reactive or static feedback channels are in place so that any community member can provide feedback or complaints in a way that suits them and on the subject they choose. Some examples of reactive feedback mechanisms we use are analysed below:

- Suggestion / complaints box at service locations to enable anonymous complaints and feedback. Suggestion / complaints box Form is found in the Annex.

- Hotline where people submit feedback and complaints or inquire about the status of previous requests and complaints. Programme officers answer calls and implement complaint and feedback management processes

- Social media pages where participants can lodge complaints or provide feedback either in the public eye or in direct message

- Drop-in visits to enable programme participants to speak to staff in person

10.   Appeals Process

The appeals process ensures that participants who expressed concerns or dissatisfaction through one of FAM channels or with treatment of their case can escalate their concerns. This process checks whether the initial decision or response was appropriate and re-evaluates the process already followed to determine whether the original response or decision should be escalated or reviewed again. The appeals process is undertaken by the Head of Programmes and Policies of Vela. Any staff or management member should submit appeals directly to the Head of Programmes and Policies.

11.   Data Management

Feedback and complaints received by all projects and operations are documented and tracked on the online data management system of Vela. Feedback and response are categorised into themes and severity with unique identifier attributed to each incident, feedback or complaint received. The unique identifier is the reference for all parties involved in the management process of the case until closure.

Once feedback or complaint is received, the differentiation between confidential versus anonymous feedback should be made clear to the person who lodges the complaint. The difference is communicated so that one can make informed decisions about sharing personally identifiable information to enable follow-up as needed.

If collection of personal information is necessary to effectively record, acknowledge or manage the feedback or complaint, then consent by the complainant or person who lodges the complaint will be sought.

Limit access to personally identifiable information in the data management system ensures that people with assigned roles can access sensitive data on a need-to-know basis.

The data management system ensures that personally identifiable information is not kept in hard copy. In case hard copies are unavoidable, electronic copies are made and hard copy files are destroyed.

Data files are password protected and restricted access is provided to assigned staff and management.

12.   Communication

Communication to our served communities and stakeholders is at the core of our feedback and accountability strategy. We communicate to communities and stakeholders the FA strategy, how they can access its channels and how we uphold our commitments to safeguarding, safety and security, and the inclusion of community voices in implementation decisions.

Our communication is a two-way process. We unfold our key messaging and actively seek community response to engage in constructive dialogue. We measure our communication channels on a set of criteria as follows:

o   Reach – we ensure that the people deprived or unfamiliar with communication are reached through appropriate reach

o   Inclusiveness – our FAM communication includes messaging that addresses all parts of target communities

o   Mutuality – our FAM communication is an interactive process where we expect a response from communities.

Our key messaging is tightly linked to our core organisational principles and the clear objectives of the intervention on the ground.
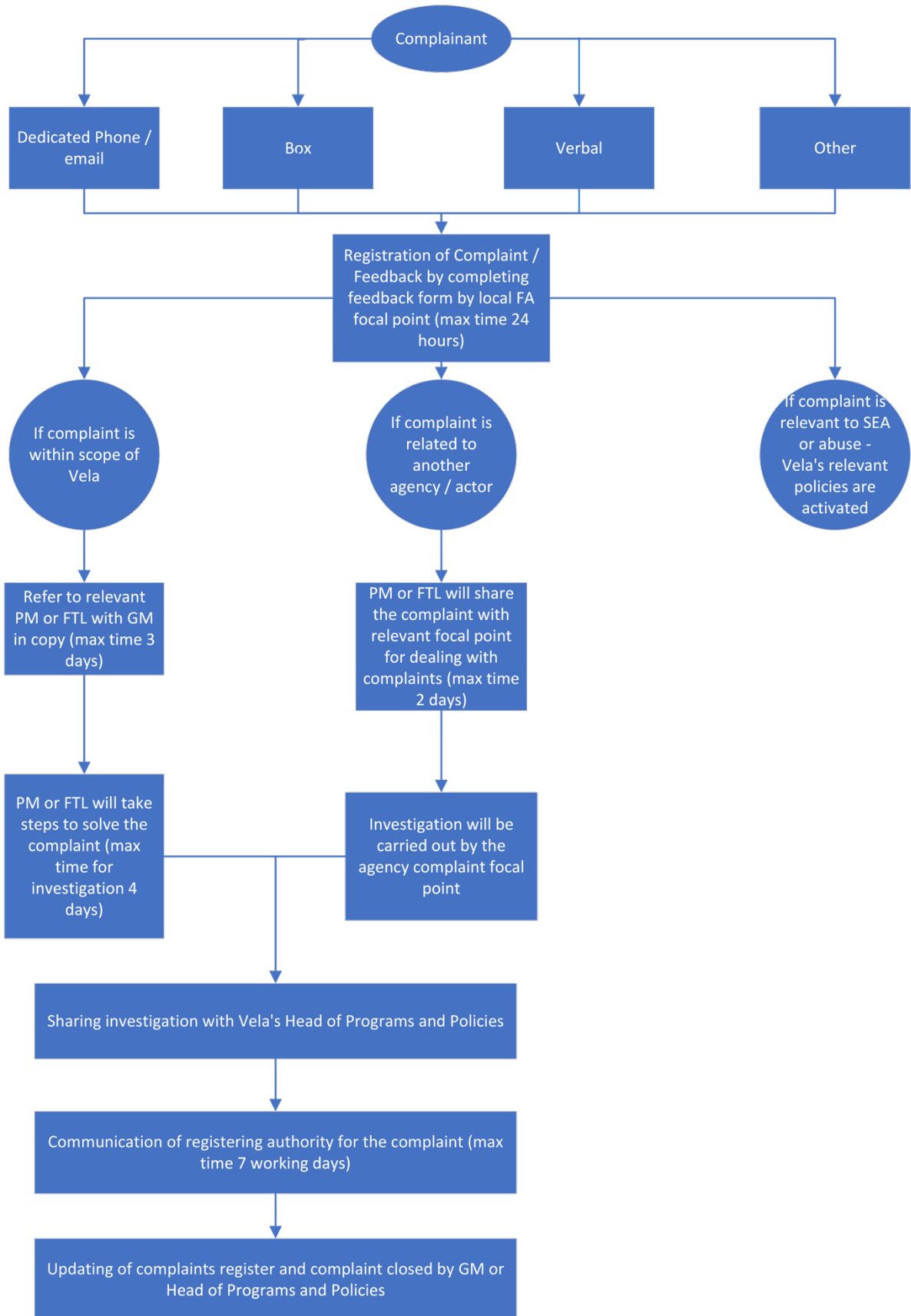
In our communication we highlight:

o   The purpose of FA

o   The process of accessing all FAMs and channels. Stressing how talking to staff directly is always encouraged

o   Timeframes and modes of response for each FAM channel and category

o   The distinction between sensitive and programmatic complaints and feedback, the channels for submitting each type and the expected follow-up

o   Our principles for confidentiality and dignity of complainants, protection of data and potential limitations to confidentiality

o   Our approach to seeking and documenting consent as part of the FAM process

o   How we will store and manage data collected through the FAM process

o   What type of feedback our staff will respond to (i.e. service quality, inappropriate staff conduct, delivery timelines, other dissatisfaction with activities or staff etc.) and what is beyond their ability to respond to.

o   Distinctions between types of feedback and complaints

o   The response timeline and process of feedback and complaints

o   Our other related policies and channels including our code of conduct, PSEA policies for reporting harm and abuse

o   Their rights per population characteristic to have a say in the way assistance is provided and to be informed of the available services

o   Intervention/ project details including objectives, activities and timeline including geographic reach

o   Names and roles of our people on the ground

o   The intervention/ project exit – follow – up strategy

o   Staff conduct and how Vela conducts investigations or serious violations and feedback loop

13.   Feedback Response and Complaints Resolution Mechanism

Feedback and Complaints may take different forms. At Vela, we differentiate between these two general categories, as the response and resolution may differ between them. Below is a process for responding to and resolving both feedback and complaints, however, a more specific approach is targeted for each category in the table at the end of this chapter.

Complainant

Dedicated Phone / email

Box

Verbal

Other

Registration of Complaint / Feedback by completing feedback form by local FA focal point (max time 24 hours)

If complaint is within scope of Vela

If complaint is related to another agency / actor

If complaint is relevant to SEA or abuse - Vela's relevant policies are activated

Refer to relevant PM or FTL with GM in copy (max time 3 days)

PM or FTL will share the complaint with relevant focal point for dealing with complaints (max time 2 days)

PM or FTL will take steps to solve the complaint (max time for investigation 4 days)

Investigation will be carried out by the agency complaint focal point

Sharing investigation with Vela's Head of Programs and Policies

Communication of registering authority for the complaint (max time 7 working days)

Updating of complaints register and complaint closed by GM or Head of Programs and Policies

13.1.   Receipt of complaint / feedback

Feedback and Complaints are received through various channels as analysed above. If complaints/ feedback is received through discussion, the staff will complete the complaints form and submit it through the process.

Vela will ensure that the complaint / feedback channels are accessible to all stakeholders, including communities, staff, partners, and donors.

All feedback and complaints are received in an open and respectful manner. Staff must listen, accept the feedback / complaint, and be courteous and respectful. If the feedback is relevant, staff needs to demonstrate commitment to pass on feedback or resolve
the complaint.

Where possible, complaints will be resolved at the time. In the case of feedback, the person who provided the feedback will be asked if they require a response. If not, a commitment will be made to pass on feedback.

13.2.   Logging and Documentation

All feedback and complaints received are logged and documented in a centralised online data management system. Each case entry includes details such as the complainant's name (if provided), contact information, date of submission, nature/ category of complaint, and any supporting documents.

13.3.   Acknowledgement

An acknowledgement of the complaint/feedback is sent to the complainant within three (3) working days of receipt, either automatically by the data management system or by the staff member who received the complaint.

The acknowledgement includes information about the expected timeline for resolution and any additional information or documents required.

13.4.   Initial Assessment

Project Managers or Field Team Leaders, in cooperation with involved field staff, review and assess each complaint to determine its category, validity, urgency, and complexity.

If the complaint concerns harm or abuse, the relevant policies of the Foundation are activated and the said process for addressing the complaint is followed.

Feedback and complaints that require immediate attention or involve serious allegations are prioritized for swift action.

13.5.   Investigation and Analysis

The investigation team, as structured in the initial assessment initiates an investigation into the feedback / complaint, gathering relevant information and interviewing involved parties when necessary. For interviewing involved parties, the Head of Programmes and Policies is informed and advised. The Head of Programmes and Policies makes any modification to the proposed process and approves the interview process. He/she may decide to involve other team members or other interviewees in the process, or even participate in the process or unilaterally implement the interview process if he/she sees fit.

The purpose of the analysis is to identify the root causes of the feedback/ complaint and assess its impact.

When suspicion or discovery of a sensitive complaint, the complaint falls into the Sensitive complaint category where an investigation is mandatory. This will have to be dealt with following the PSEA, Whistleblower Protection and other relevant Policies of Vela before any response to the complainant.

In the case of a complaint that must be investigated and if there is not sufficient evidence to give the appropriate response or to confirm its veracity. For the investigation process of non-sensitive complaints (which are not fraud and breaches of the code of conduct, a temporary

committee is formed by the Head of Programs and Policies and the General Manager who will also invite any other party they deem fit for the purpose to study facts and take a decision.

In case the complaint is outside the scope of Vela, the complaint will be referred to appropriate parties following the existing referral mechanism on the ground. Such complaints will not usually be responded to.

However, for complaints related to the safety and protection of communities we work with, Field Staff and Field Team Leaders will give the complainant information about an agency that is qualified to assist.

13.6. Response Development

Based on the investigation and analysis, the team develops a response plan that outlines specific actions to address the feedback and complaints.

The response plan includes clear responsibilities, timelines, and measurable objectives.

13.7. Communication with Stakeholders

Vela communicates the response plan to the complainant, or person who lodged the feedback, ensuring clear and transparent communication throughout the process which includes a provisional timeframe.

Regular updates are provided to the complainant as the response plan progresses. The teams ensure that when providing updates or a response, it is done in a conflict-sensitive and gender-sensitive response manner and does not cause harm to the complainant.

13.8. Resolution and Action

Vela takes the necessary actions to resolve the complaint, including making changes to interventions, policies or procedures as needed. The investigation team provides such suggestions to the GM and the Head of Programmes and Policies. In turn, the President of the

Board decides on these programmatic changes. For policy changes the president submits to the Council for final approval.

13.9. Follow-up and Monitoring

The investigation team in coordination with the General Manager monitors the progress of the response plan to ensure that actions are taken as planned. Regular follow-up with the complainant or the person who lodged the feedback may be conducted to verify their satisfaction with the resolution.

13.10. Closure and Feedback Loop

Once the complainant acknowledges their satisfaction with the resolution, the complaint is considered closed. The team ensures that the feedback loop is closed by informing the complainant of the outcomes and actions taken.

13.11. Feedback and Complaints Handling Practices

Table: Different characteristics of feedback and complaints handling process

	Feedback	Complaint
Need for a Response	A response is optional	Require a response and are a priority for action. Refer to serious issues that require redress
Ways of sharing comments with the organisation	Can be given formally or informally	The complainant can choose to address as an issue/ grievance directly to the FAM without first informing field staff

Types of actions that may be taken by the agency in response	Adjustments may need to be made based on feedback	A clear system for investigating the complaint and taking appropriate action is needed
General content	Opinions, concerns, suggestions, and advice that can be adopted, challenge or disregard as appropriate, an opinion shared for information, a more informal statement	Formal expression of discontent about someone or something and/ or allegation of misconduct
	Less specific	A specific grievance
	Can be positive or negative	Complaints mean that things may have gone wrong
	Generally, to do with minor issues	
Specific content	Comments on a programme or intervention	The quality of the programme work (considered non-sensitive). This may include, but is not limited to timeliness, comfort, ease, and privacy, where relevant, lack of appropriate equipment and non-fulfilment of promises
	Frequently asked questions about projects and services;	Staff and volunteer behaviour (considered

	inquiry; suggestions; appreciation; questions/ request for information about projects or services not related to the intervention	sensitive). This may include but is not limited to: staff/ volunteer misconduct, allegations of corruption, nepotism of favouritism, allegations of sexual abuse or exploitation, aggressive or threatening behaviour, discrimination, indifferent treatment, or other form of disrespect for the community and its customs. Sensitive complaints may also be about role and actions of the management

14. Compliance and Oversight

Vela has a system in place for monitoring compliance with this policy and assigning responsibility for oversight and accountability within the organisation.

15. Working with partners

When working with partners we ensure the following:

•   Partners have a clear understanding of this policy and its expectations and minimum standards that come with it

•   Vela is ready to provide support, training, capacity building, resources and tools as required to enable them to adopt this policy

•   Vela can perform monitoring and quality control of field operations vis-à-vis FAM

• Vela will regularly review FAMs and data and will support partners in informing their decisions based on FAM data.

When working with partners and subcontractors, the Foundation's expectations are clearly communicated and cover the following:

• Ensuring partners/ subcontractors have a clear understanding of this and other policies to ensure the Foundation's expectations are communicated before and during engagement

• Providing technical support, capacity building and resources and tools to partners/ subcontractors as required to ensure they meet the minimum standards before engagement

• Ensuring partners/ subcontractors accept the Foundation's continuous monitoring of quality in FAM and other relevant policies throughout an intervention

• The Foundation may provide the tools to partners/ subcontractors to engage in meaningful FAM for the joint engagement/ intervention if requested

• Partners/ subcontractors may be requested to participate in reviewing the effectiveness of the FAM and to contribute to efforts around improvement