

# AHP Bangladesh review report and renewed ways of working

Final

November 2022



# INTRODUCTION

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The Australian Humanitarian Partnership (AHP) developed a six-partner consortium program to respond to ongoing humanitarian needs resulting from the protracted Rohingya crisis in Bangladesh. The consortium was designed to draw on the experience and operational capacity of AHP partners and their networks in Bangladesh. The consortium was intended to enable broader geographic reach, better coordination with the key stakeholders and greater collective impact across humanitarian programming for Rohingya and host communities affected by crisis.

The all-partner approach adopted in Bangladesh was developed through a comprehensive in-country participatory design process, led by Humanitarian Advisory Group (HAG) in 2020. It proposed an innovative consortium arrangement, with no single overarching lead agency contracted, but instead a model where collaboration would be facilitated through a consortium management unit (CMU). This management unit was to be established and staffed by CARE, but would be treated as 'independent' from CARE itself. This model depended on the buy-in to original intent, goodwill and partnership commitment of all six agencies, at all levels (field implementation through to country management). To support the effective operation of the consortium the Bangladesh Design AHP document articulated Intermediate Outcome 4.2 (the consortium delivers a more effective response) that was intended to support and track the health of the consortium. Under this outcome, an annual consortium health check was included as a key activity.

## About the review

This consortium review was conducted between June to November 2022. It was focused on the functioning of the AHP consortium in Bangladesh, including review of governance and management (AHPSU; Dhaka Post; Humanitarian, NGOs and Partnerships Division (HPD) Canberra; the CMU; governance committees in Dhaka and Cox's Bazar) and the implementing agencies within the Bangladesh context (Dhaka and Cox's Bazar).

The review is not an evaluation of program quality and implementation, however, acknowledges that issues in the governance arrangements may ultimately impact on the overall performance of the AHP Bangladesh humanitarian program.

## Objectives

The purpose of this review was to consider the ways of working to date and to identify barriers and enablers to collaboration. Specific objectives are to:

- Assess the strengths and challenges of the current consortium arrangement, comparing the design intention with current operational realities
- Propose, socialise and refine a renewed way of working across the consortium intended to improve functioning.

## METHODOLOGY

The review used a mixed methods approach, capturing qualitative and quantitative data (see figure 1). It included a review of key documents such as service agreements, meeting minutes, terms of reference, and the original design documents (Annex A Reviewed documents). In-depth key informant interviews were conducted with stakeholders from all components of the consortium including the Consortium Management Unit (CMU), Dhaka Governance Committee (DGC), Cox's Bazar Steering Committee (CBSC), Australian Reference Group (ARG), Australian Department of Foreign Affairs and Trade (DFAT - HPD Canberra and Dhaka post), Australian Humanitarian Partnership Support Unit (AHPSU) and implementing agencies. The interviews with local implementing agencies were conducted in Bangla by inSights, HAGs national research partner. In addition, 40 consortium representatives completed a survey. The survey was available in Bangla and English. A report was provided to AHP stakeholders based on the data collected and analysed. The report findings and proposed ways of working were explored in two short workshop meetings in November 2022.

Figure 1: Methodology



### Review Audience

The primary audiences for this review are:

- **AHP partners and governance structures (including CMU, DGC, CBSC, ARG) within the consortium:** It is envisaged that findings from the review will form the basis for agreement on ways to ensure the consortium is operating to its potential.
- **AHPSU:** As the holder of the contracts with partners, AHPSU are well placed to provide clarity over roles, responsibilities, and expectations of partners.
- **DFAT (including HPD and Dhaka post):** DFAT can use findings to support the consortium in implementing recommendations.

It is also hoped that the study and recommendations provide useful insight into the functioning of consortiums more broadly.

## **Limitations**

The review was not intended to consider the quality or appropriateness of the design. However, this may have had influence on the effectiveness of the consortium and should be considered in the final evaluation. The review was also not intended to consider the effectiveness of programming as this will also be covered in the final evaluation.

The survey data was limited in utility as a large percentage of responses came back with 'I don't know' responses. This was aligned with the interview data in the sense that interviewees reported limited visibility and communication challenges in the consortium, but also made it challenging for the review team to triangulate data. In other cases, survey data seemed to contradict very strong themes in the interview data and the review team had to use other methods to triangulate findings through follow up conversations or seeking thresholds of interview data to develop findings.

## KEY FINDINGS

The context has presented a very challenging set of circumstances for a new consortium approach. COVID-19 and government restrictions have put a lot of pressure on a group of INGOs and their partners that had not established strong working relationships and protocols prior to extensive lock downs and access challenges.

There were also significant missed opportunities in the early months of the consortium to establish strong ways of working. These include not going through a partnership brokering process as outlined in the design, missing key inception deliverables such as SOPs for decision making, and failing to set up a dispute resolution mechanism as articulated in the CMU ToR.

Despite these important contextual issues, the consortium has achieved important successes at an operational level and in key technical areas that should not be lost with the focus of this review on the functioning of the consortium itself. Whilst many reflected that it is not always well captured, there is a growing sense of the importance and impact of the work of the consortium at the community level that needs to be celebrated.

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**“Lots of good work – this is not the issue; the issue is them not all coming together.” (AHP agency representative in Cox’s Bazar)**

There is broad acceptance that the governance bodies within the consortium have not functioned as originally intended (in the design) or as articulated in terms of references developed in the inception phase. The survey results reflect further consensus that whilst aspects of the consortium are working, there are significant areas that require strengthening.<sup>1</sup> The challenges do not sit specifically with one governance entity but have been experienced across all levels of governance (ARG, DGC, CBSC and CMU) that has led to a vacuum of leadership. Three key findings of relevance to the whole consortium (in-country and in Australia) provide overarching context for the specific findings that follow:

- The structure is too complex with too many layers. This complexity could have been supported by a strong and vibrant partnership with clear intent to work closely together but this was never embedded in practice.
- There is poor communication across and between the governance levels leading to confusion and lack of transparency.
- Too little attention has been given to the importance of partnership; whilst the benefits of partnership are most evident at the operational levels in Cox Bazar and have led to interesting learning and sharing of practice, the partnership has been undermined and undervalued at the highest levels of the consortium.

The report is structured in three sections:

1. review of governance bodies
2. review of systems and processes
3. proposed renewed ways of working based on the findings of the review.

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<sup>1</sup> 93% of survey respondents believe the consortium is functioning somewhat effectively, however changes could be made to strengthen it.

# SECTION I ROLES AND RESPONSIBILITIES

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The intended roles and responsibilities for each governance body were articulated in the design, and then revised by the responsible committees and re-submitted as inception deliverables in January 2021. The following articulates how the current roles align, or not, with intended roles.

## Dhaka Governance Committee

The intended role of the DGC included:

- high level strategic direction
- *decision-making role*: key decision maker to respond to requests for decisions or recommendations from CMU and CBSC
- *accountability role*: oversight of programmatic and financial performance of consortium
- oversight of planning and budgets
- approval of annual work plans
- ensure continuous improvement of governance and operations

The role for the DGC was ambitious and many of the roles and responsibilities that should have sat within that body have not been realised. There are several reasons for this including potentially unrealistic expectations set in the design, lack of time for engagement and oversight at the country director level, lack of clear hand over and clarity of expectations with change of personnel, and a lack of buy in to the principles of partnership. As a result, there was a decision-making and strategic vacuum that trickled down through the layers of governance in the consortium.

The DGC themselves experience frustration with not receiving information they need and not having any clear dispute resolution mechanisms (see also systems and processes). As a result, they have increasingly managed DFAT funding as individual agencies and directed complaints directly to DFAT post, which has undermined the confidence in the consortium.

As an additional complication, specific roles and responsibilities for the DGC are written into separate plans and protocols that are not reflected in their core ToR. For example, the communications and advocacy plan has a DGC role to obtain sign off from the DFAT representative in Dhaka on all communications and advocacy messaging and materials.<sup>2</sup> The ToRs and process documents submitted at inception do not seem to have been developed in a complementary process.

## Consortium Management Unit

The intended role of the CMU included:

- host consortium processes for design, program quality, information management, communication, and advocacy

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<sup>2</sup> AHP Consortium Joint Comms and Advocacy Plan, page 4

- deliver a strategy and implementation plan for the CMU and consortium wide activities for sign off by DGC
- share quarterly work plans with DGC and post
- facilitate decision making and follow up on actions and agreements (note no decision-making role but accountability role)
- focal point for communication between consortium members and DFAT
- develop and ensure adherence to a communication protocol
- Lead technical units
- Lead on MEAL and research

The CMU has had considerable success in supporting the work of the technical working groups and fostering learning and exchange with operational partners in Coxs Bazar. However, the more central role envisaged for the CMU has been significantly challenged and many of the intended functions have not been realised. Importantly, the considerable time to fill the position of CMU Coordinator left a vacuum for nearly a year whereby a rhythm for engagement and coordination was not set. This was a missed opportunity for the consortium management agency to establish very clear ways of working, undermining a smooth transition for the newly appointed CMU Coordinator.

Many stakeholders reflected that a key constraint was the lack of accountability to the CMU established through contractual obligation (i.e. the CMU has limited authority to request information or require engagement from partners). However, it is important to note that all individual agency contracts did in fact contain clause 6.1. as detailed below. As a result, it may be more accurate to note that the CMU lacked – or was unable to leverage – appropriate or necessary tools to promote engagement and coordination.

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**“The Recipient is also responsible to provide relevant information to the Consortium Management Unit (CMU) which will be submitting an overarching progress report on behalf of the consortium to The Whitelum Group.” (Excerpt from individual agency Grant Orders, clause 6.1.)**

Two important areas seem to have been overlooked in the operations of the CMU. Firstly, the CMU did not deliver a comprehensive strategy or regularly updated workplans to the DGC as intended. The work plan approved by the DGC, whilst guiding some important progress, was too high-level to meaningfully structure the CMU’s work. As a result, DFAT post has stepped in to clarify the CMU’s focus, which is not necessarily the intended or best use of resources. The CMU has not consistently been an effective focal point for communications. Consortium members described the consortium as a ‘black box’, whereby no one has a clear sense of decisions taken, program progress, or challenges that need to be addressed. It is important to note that whilst the CMU was intended to act as a communication focal point, more senior governance bodies, such as the DGC and ARG were intended to provide the direction, support and accountability for ensuring effective communication, as well as to clarify the parameters and focus of the CMU’s work and provide support and follow-up to undertake its role. A lack of clarity with respect to who the CMU should be reporting into, and accountable to, make the role very difficult. The accountability for performance of key roles and responsibilities in the consortium was not clearly articulated in the design. This may have constrained CMU’s understanding of to whom it should escalate challenges or reach for support where required.

It is interesting to note that the Joint Comms and Advocacy Plan submitted at inception relates mostly to external communication and there are no SOPs regarding communication within the consortium, for example, who should be copied on emails, time frames for responses, or who is responsible for taking and sharing minutes of meetings.

Agencies suggested that clarifying the role of the CMU to ensure they are fulfilling their role, and mitigate any potential overreach would be useful. These agencies would like to see CMU roles and responsibilities clearly focused on coordination and information sharing along the lines of a Secretariat function. It will also be important to minimise the reporting lines for the CMU Coordinator; currently there are numerous stakeholders getting involved in providing direction to the CMU often in contradictory ways. The DGC was intended to provide a directive and supportive role to the CMU, but with rotating chairs and lack of consistent engagement this has not worked in practice. DFAT Post has stepped into a more directive role with the CMU that could be better played by CARE as the contract holder or AHPSU, and in the absence of clear support and direction from the DGC.

### **Cox's Bazar Steering Committee**

The intended role of the CBSC included:

- responsible for discussing and making program recommendations to the CMU and the Dhaka Governance Committee
- Track and report progress against outputs and all indicators
- Facilitate donor reporting by providing information as requested by CMU
- Identify program challenges and recommend action to CMU who then pass these on to the Dhaka Governance Committee
- Approve adjustments to CMU funding or activities (any large or controversial decisions to DGC)

The CBSC is the governance body operating most closely in line with its ToR and is the most effective. Each agency is tracking their program progress and sharing it in the meetings; there are clear examples of cross agency learning in sector and thematic areas. Some agencies would like to see more regular meetings and more consistent engagement of the same agency representatives but given the broad functionality of this body there are parallel calls to ensure the CBSC is more empowered and given more decision-making power at the program level. There may also be a stronger role for the CBSC and localisation lead to ensure the voice of local partners is shared in this forum; currently local partners report challenges in sharing their perspectives and ideas within the consortium. The functioning of the CBSC has been supported by the CMU, such as the CMU's role in chairing the committee's meetings, sharing of minutes, and enabling an environment of cross learning.

### **AHPSU**

The AHPSU is the contract holder with the six individual agencies. Their role outlined in the design included:

- development and management of partner grant orders
- monitoring of program and financial reporting
- technical review of progress and technical reports and financial acquittals
- management of funding tranche payments based on agreed milestones
- facilitation of compliance requirements (fraud, PSEAH)



- provision of targeted technical support to the CMU as required

As the consortium governance has experienced challenges there have been increased expectations of the AHPSU that were not originally articulated in their envisaged role or contract, including an expectation of active management of partners in country. In the absence of proactive leadership by DGC and effective coordination by the CMU, partners are turning to both AHPSU and DFAT post, creating additional confusion as to which party should be resolving challenges and providing decisions.

### **Australian Reference Group**

The Australian Reference Group hold contracts with the AHPSU. Their role outlined in the design included:

- maintain strategic oversight of consortium
- support DGC and AHPSU to decide on reallocation of funds
- review the annual Consortium health check and ensure follow-up action is taken
- raise issues with AHPSU and DFAT as requested by the DGC and/or Consortium Manager.

There is no evidence that the ARG reviewed, discussed or endorsed the draft version of their governance body Terms of Reference in the design and there appeared to be little understanding of their role. The ARG has only recently started to meet regularly and have clear agendas, which has been welcomed. To the knowledge of reviewers, the ARG never requested or followed up on the annual health checks, which would have been an important mechanism to identify governance challenges at an early stage. There is a desire amongst members of this group to have a much stronger connection to the DGC and to have better visibility of collective program impact (rather than an exclusive focus on funding allocations).

### **DFAT (Post and CBR)**

The roles and responsibilities of DFAT (post and Canberra) were envisaged to include:

- contractor of AHPSU
- receive and approve key decisions taken by the consortium
- approve communications and advocacy messaging proposed by DGC (articulated in the comms and advocacy plan)

In practice, DFAT (and in particular, post) have become much more involved in day-to-day operations initially because of delays with commencement, slow programming progress and low expenditure levels of partners. Later, partners began directly approaching post with questions or complaints. This is a challenging position to be in, as DFAT post do not hold the contracts. Partners have become confused as to where decisions are made and DFAT (Post and Canberra) have had to follow up if, when and how decisions have been made, the communication of some decisions from AHPSU and/or make decisions regarding the partnership (for example removal of pooled response fund).

There is a clear need to have AHPSU, DFAT Canberra and DFAT post on the same page. This has been facilitated to some extent by the monthly meetings but could be further strengthened by agreed communications protocols. It is also important to note that the design could have been clearer on DFAT roles and responsibilities.

## SECTION 2 SYSTEMS AND PROCESSES

Critical systems and processes that would support the effective functioning of the consortium have either not been established or are not functioning well. 40% of survey respondents noted the current systems and processes of the consortium are not working well and ranked them as the most concerning issue with respect to consortium challenges. The table summarises the gaps in systems and processes and the resulting impact.

System or Process	Impact of absence
Proposed partnership brokering as mechanism to achieve Outcome 4.2 <sup>3</sup>	<ul style="list-style-type: none"> <li>Limited collaboration and shared intent within the consortium</li> </ul>
SOPs for decision making <sup>4</sup>	<ul style="list-style-type: none"> <li>Lack of clarity in the consortium with respect to decision-making</li> <li>No accountability for decisions</li> </ul>
SOPs for fund allocation	<ul style="list-style-type: none"> <li>Delays and frustration when funding (re)allocation has been discussed</li> </ul>
Dispute resolution process <sup>5</sup>	<ul style="list-style-type: none"> <li>There was no effective way to raise or manage complaints or challenges in the consortium</li> <li>Individual agencies took complaints to the donor that undermined confidence in the consortium</li> </ul>
Induction or briefing processes for new staff	<ul style="list-style-type: none"> <li>With considerable staff turnover at all levels of the consortium there was no centralised briefing or induction that ensured committee members understood their roles and responsibilities</li> <li>Committees operated with little understanding of their responsibilities reducing their effectiveness</li> </ul>
Internal communications processes <sup>6</sup>	<ul style="list-style-type: none"> <li>Key agreements, actions and decisions taken in meetings were rarely communicated across the consortium leading to confusion and lack of transparency</li> </ul>
Annual consortium health check <sup>7</sup>	<ul style="list-style-type: none"> <li>Challenges within the consortium were not identified and addressed in annual checks (until now)</li> <li>There is a very limited sense of partnership that is identified as an issue across almost all stakeholders in the consortium</li> </ul>

<sup>3</sup> AHP Bangladesh Design, page 19

<sup>4</sup> Intended inception deliverable

<sup>5</sup> It was unclear where responsibility for developing this process was allocated. In the CMU TOR there is reference to 'dispute resolution mechanisms that will be developed in country as part of the consortium's standard operating procedures' (CMU TOR page 6)

<sup>6</sup> There was a Comms and Advocacy plan but it didn't have a section on internal consortium communication.

<sup>7</sup> Articulated in the program logic under intermediate Outcome 4.2 to be facilitated by CMU (page 19) and to be reviewed and followed up by the ARG (page 44)

## SECTION 3 RENEWED WAYS OF WORKING

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These renewed ways of working draw on the findings of the review, changes that agencies have already started to put in place to address challenges and on key agreements made in two workshop events in November 2022. They are intentionally focused on the period of December 2022 – mid 2023 with a view to promoting the effective functioning of the consortium to maximise the impact of the agency programming.

The finalised ways of working are sub-divided into:

- Roles and responsibilities
- Proposed meeting structures, timing and agendas
- Other systems and processes that need to be in place and proposed responsible parties

### Agreed Roles and Responsibilities

The following summarises amendments to roles and responsibilities in the consortium. These have been agreed with the Consortium members<sup>8</sup> as a foundational document for the next eight months.



**Strengthen the role of the DGC and ensure greater communication with the ARG.** This body will be strengthened through a collaborative process of agreeing on and signing off and revised ToR and ways of working during December 2022 (*see proposed agenda*).

Roles and responsibilities:

- Leadership and strategic direction to the consortium including a focus on impact and ensuring linkages back to the overarching program logic
- Timely approval of any amendments to CMU work plans
- Review regular updates from the CMU
- Decisions/responses on any issues/questions raised by the CMU / CBSC / ARG
- Manage risk (review risk management framework in monthly meetings and make any decisions required to manage risk)
- Ensure all appropriate systems and processes in place for effective consortium operation (as per RACI) and report to ARG on the progress with respect to implementing the RACI
- Sign off on advocacy messages to go to DFAT Post
- Facilitate effective communication with the ARG



**Continue the role of the ARG to effectively support the DGC.** The ARG will continue to provide oversight of the program from the Australian perspective and support the DGC to fulfil their role.

Roles and responsibilities:

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<sup>8</sup> Two workshop events were held with Consortium members on 14<sup>th</sup> and 16<sup>th</sup> November 2022

- Support DGC to fulfil its strategic and decision-making role including responding to requests for assistance
- Participate in DGC meetings for part / all the meeting time as requested to understand country level issues and decisions made
- Support consistent communication with DFAT in Bangladesh and Australia
- Manage risk at Australia level and discuss any questions or concerns with DGC
- Hold DGC accountable for ensuring appropriate systems and processes in place for effective consortium operation (with reference to the RACI as required)



**Clarify the role of CARE Australia as the CMU contract holder.** Some CMU and whole-of-consortium administration and governance responsibilities could be more actively supported by CARE Bangladesh (and CARE Australia). This could include:

- Provide draft versions of required systems and processes documents such as dispute resolution mechanism, internal communications SOPs and consult with the relevant stakeholders where necessary
- Socialise agreed systems and processes with consortium members as per RACI
- Be accountable for updated terms of reference and ways of working for all governance groups by end December 2022
- Work with the CMU to provide updated governance documentation to Cox Bazar level agencies and CBSC to ensure that everyone at that level of the consortium has the same understanding of roles and responsibilities
- Support the CMU on delivery of defined elements of its workplan.



**Clarify the scope of the CMU role and responsibilities to focus on delivering outcomes articulated in the CMU work plan.** This should include:

- Finalising the work plan and communicating it to all stakeholders, including presenting it to the DGC and ARG.
- Develop and communicate the schedule of CBSC governance meetings (DGC and CBSC)
- Prepare monthly updates to share with the DGC (updates should include: workplan update; highlights from CBSC and technical/sectoral working group activities and meetings; any requests for decisions/advice from CMU or CBSC).
- Attend monthly DGC meeting and present monthly update
- Support information sharing between the DGC and the CBSC and working groups highlighting any decisions that require action / input.
- Coordinate arrangements for CBSC, and the nine technical and sectoral working group meetings and workshops

- Record and follow up on decisions and actions from CBSC and technical and sectoral working group meetings: this includes attending meetings, taking accurate minutes, distributing minutes to appropriate parties in a timely manner
- Facilitate cross-agency learning, exchange of ideas and collaboration/cooperation on key thematic and programmatic priorities, ensuring agencies are coordinated
- Collect and collate data from agencies to compile consortium narrative reports (progress reports, annual reports and completion report) and in line with agency contractual obligations to provide requested data to the CMU. This process should include convening sense-making workshops with all agencies.
- Support coordinated MEAL and consolidated data processes working with the AHPSU as required
- Communicate AHP program results (including consortium-level achievements, progress against outcomes and sector-wide lessons) through quarterly newsletters, stories and social media posts
- Lead on contracting relevant research as agreed within the CMU work plan
- Manage the CMU budget
- Support agencies, where requested, in their engagement at [NGO Platform meetings in Cox's Bazar](#)

Note: Change in reporting – the CMU proposed to report into CARE to align with contractual accountability (no longer into the DGC).



**Maintain existing scope of the AHPSU role and responsibilities** to provide support to the CMU and increased communication with DFAT.

- develop and manage partner grant orders
- oversight of budgets and expenditure including advice and analysis on expenditure and management of funding tranche payments based on agreed milestones
- ensure adherence to compliance requirements (fraud, PSEAH) through making sure any breaches are appropriately managed
- Provide targeted technical support to the CMU as requested by the CMU, including support on delivery of defined elements of workplan
- technical review of progress and technical reports and financial acquittals
- Meet regularly with DFAT CBR and Post to ensure clear communication on consortium agreed work plans, reporting, tranche payments
- Manage communication with CMU and consortium partners on contract and reporting issues in a timely manner with DFAT in copy. All reporting requests (narrative and financial) should continue to come through the AHPSU with Post in copy so that they understand what has been requested
- Support CARE Australia to develop a simple dispute resolution mechanism



**DFAT (Post and Canberra) to support functioning of the consortium in Australia and in Bangladesh through originally articulated roles in design.** This should include:

- Managing contract with AHPSU

- Conduct in-country monitoring visits and engage on political and whole of response issues in consultation with partners
- Approve final budget (re)allocations
- Refer partners to the DGC and/or TORs as required



**Maintain the CBSC roles and responsibilities and consider how to increase the voice of local partners in the decision-making**

- Discuss and make program recommendations to the CMU that can be communicated to DGC and where necessary, the ARG
- Track and report progress against outputs and all indicators
- Facilitate donor reporting by providing information as requested by CMU
- Identify program challenges and recommend action to CMU who then pass these on to the DGC
- Recommend adjustments to CMU funding or activities to DGC
- Elevate the voice and perspectives of local partners in CBSC meetings.

**Proposed meeting structures**

Meeting	Convener/organiser	Chair	Minutes taken	Minutes shared by	Minutes shared to	Time frame	Notes
<b>CBSC Monthly meeting</b>	Chair	CMU Manager	TBC	CMU Manager	AHPSU to support consolidation and sharing with the ARG/DGC	Within one week and prior to ARG/DGC meetings	
<b>DGC monthly meeting</b>	Chair	Rotating basis (currently CARE until end December, STC from Jan -June 2023)	TBC	TBC	All meeting attendees, ARG, CMU, CBSC and DFAT Canberra and Post and AHPSU	Within one week	A summary version of minutes shared with DFAT and AHPSU highlighting decisions for their visibility or for sign off A representative from the ARG will attend some of the meeting
<b>ARG monthly meeting</b>	CARE Australia	CARE Australia	TBC	CARE Australia	All meeting attendees, DGC, CMU, DFAT Canberra and Post, and AHPSU	Within one week	A summary version of minutes shared with DFAT and AHPSU highlighting decisions for their visibility or for sign off
<b>DFAT Canberra / DFAT Post / AHPSU meetings</b>	Chair	DFAT CBR	AHPSU	AHPSU	All meeting attendees	Within one week	

## Proposed meeting timings

Sequencing of meetings whereby they inform each other will greatly assist with communications and decision making. Please see proposed below.

	Week 1	Week 2	Week 3	Week 4
CBSC Monthly meeting		<i>To feed into and inform ARG/DGC</i>		
ARG monthly meetings			<i>To feed into and inform DGC/AHPSU/DFAT</i>	
DGC monthly meetings				<i>To feed into and inform AHPSU / DFAT</i>
DFAT Canberra / DFAT Post / AHPSU monthly meetings				

## Proposed meeting agenda (DGC)

*\*The first meeting following the review will include: agreeing on the ToR; format for meetings (chair, length, participation, frequency of meetings, participation of CMU and ARG reps); process for reaching decisions if there are disagreements and internal communication protocols (process for minutes; who will share minutes; who minutes will be shared with). As a result, this meeting may require approx. three hours and ideally be held prior to the end of December 2022.*

1. *Review of ToR and sign off, agreement on how to manage disputes, communication protocol for DGC, such as what information the DGC shares and what information the DGC receives (for first meeting – for subsequent meetings start with a quick summary of roles of responsibilities especially if new members)*
2. Update from ARG representative
3. Update from CMU including update from CBSC, progress against CMU work plan and any questions to/ decisions required from governance body
4. Discussion / decisions on any points raised by CMU
5. Linkages to strategy: how do updates align with strategy and program logic (areas of program logic that require more focus/ input for next month or Q)
6. Risk review
7. Review of systems and processes (progress on establishing key systems and processes / outstanding required actions and responsible parties)
8. Consortium health
9. Summary of key agreements / actions
10. Summary of key points to share with DFAT

## Systems and processes

In December 2022, this review suggests putting in place simple versions of the following systems and processes to support the operation of the consortium for the next eight months.

System or Process	Proposed steps
SOPs for decision making <sup>9</sup>	<ul style="list-style-type: none"> <li>Review and revise draft RACI (pending)</li> </ul>
Dispute resolution process <sup>10</sup>	<ul style="list-style-type: none"> <li>Put in place a simple process where final dispute resolution / mediation sits with the AHPSU</li> </ul>
Induction or briefing processes for new staff	<ul style="list-style-type: none"> <li>This can be provided as a one pager with a system in place to have the CMU provide a briefing / meeting with anyone new that joins consortium</li> </ul>
Internal communications processes <sup>11</sup>	<ul style="list-style-type: none"> <li>Suggest a section added to the existing comms and advocacy plan that summarises some of the steps outlined above</li> </ul>
Annual consortium health check <sup>12</sup>	<ul style="list-style-type: none"> <li>This process constitutes a review. It has been recommended by many stakeholders that six-month engagement workshop would be welcome to build relationships and to present successes of consortium / celebrate impact.</li> </ul>

<sup>9</sup> Intended inception deliverable

<sup>10</sup> It was unclear where responsibility for developing this process was allocated. In the CMU TOR there is reference to 'dispute resolution mechanisms that will be developed in country as part of the consortium's standard operating procedures' (CMU TOR page 6)

<sup>11</sup> There was a Comms and Advocacy plan but it didn't have a section on internal consortium communication.

<sup>12</sup> Articulated in the program logic under intermediate Outcome 4.2 to be facilitated by CMU (page 19) and to be reviewed and followed up by the ARG (page 44)



## Guidance for RACI implementation

- **RESPONSIBLE:** for developing the deliverable or completing the task
- **ACCOUNTABLE:** for ensuring the task is done: asking for updates/ setting deadlines
- **CONSULTED:** for providing input or feedback
- **INFORMED:** people you want to keep in the loop

**Timeline:** Roles and responsibilities, internal communications, and dispute resolution process activities should be finalised by end of December/early January.

**Roles and responsibilities:** Each governance body will finalise its own ToR, they may choose to consult with different governance bodies at their discretion. CARE Australia as the CMU host agency will review, ensure alignment and sign off on all ToRs.

Task	CMU	CBSC	DGC	ARG	Individual agencies	CARE as CMU host agency	AHPSU	DFAT
<b>Roles and Responsibilities</b>								
Update and sign off on ToRs based on renewed ways of working)	R (for CMU ToR)	R (for CBSC ToR)	R (for DGC ToR)	R (for ARG ToR)		A	I	I
Agree on meeting format and participation (chair, length, participation, frequency, representation e.g. CMU, ARG etc)	R (for CBSC meetings)	C (for CBSC meetings)	R (for DGC ToR)	R (for ARG ToR)		A	I	I
Agree on how meeting decisions will be shared (minute taker, who will share minutes, who will receive minutes, and who will follow up)	R (for CBSC meetings)	C (for CBSC meetings)	R (for DGC meetings)	R (for ARG meetings)		A	I	I
Socialise updates to governance ToRs and ways of working	C	C	R	C		A (by Dec 2022)		

Task	CMU	CBSC	DGC	ARG	Individual agencies	CARE as CMU Host Agency	AHPSU	DFAT
<b>Systems and Processes</b>								
<b>Dispute Resolution Process</b>								
Draft the Dispute Resolution Process	C	C	A	A		R	C	C
Finalise the Dispute Resolution Process			A	A		R		
Socialise the Dispute Resolution Process	R (by Dec 2022)	I	I	I	I	A	I	I
<b>Induction or briefing processes for new staff</b>								
Draft the Induction Process	C	C	A	C		R	C	I
Finalise the Induction Process			A			R		
Socialise the Induction Process	R (by Jan 2023)	I	I	I	I	A	I	I
<b>Internal Communications</b>								
Draft Internal Communications Flow Chart	C	C	A	C		R	C	C
Finalise Internal Communications Flow Chart			A			R		
Socialise Internal Communications Flow Chart	R (by Dec 2022)	I	I	I	I	A	I	I

## ANNEX A REVIEWED DOCUMENTS

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- Australian Humanitarian Partnership, *AHP III Bangladesh consortium MEAL framework*, [Inception deliverable]
- Australian Humanitarian Partnership, *AHP consortium risk assessment register*, [Inception deliverable]
- Australian Humanitarian Partnership, *AHP Rohingya response, DFATIII: communications and advocacy plan*, [Inception deliverable]
- Australian Humanitarian Partnership, *AHP Rohingya response content calendar*, (excel document), [Inception deliverable]
- Australian Humanitarian Partnership, *Australian Bangladesh consortium: statement of purpose & terms of reference of the consortium management unit*, [Terms of reference]
- Australian Humanitarian Partnership (2020), *Bangladesh design AHP*
- Australian Humanitarian Partnership, *Cox's Bazar steering committee terms of reference*, [Terms of reference]
- Australian Humanitarian Partnership, *DFAT AHP Rohingya crisis phase III: Dhaka steering committee (DGC) terms of reference*, [Terms of reference]
- Australian Humanitarian Partnership, *Gender action plan: AHP Bangladesh consortium III*, [Inception deliverable]
- Australian Humanitarian Partnership, *Joint consortium implementation plan*, (excel document), [Inception deliverable]
- Australian Humanitarian Partnership, *Localisation action plan: AHP Bangladesh consortium III*, [Inception deliverable]
- Sarker. JM, *Australian Humanitarian Partnership III disaster risk management and localisation thoughts*, 14/08/2021 [Written feedback/reflections]
- Australian Government, *Service orders 73162/60; Provision of support unit services for the Australian Humanitarian Partnership including the Disaster READY program*, Department of Foreign Affairs and Trade [Contract document]
- Consortium email, CARE, *Re: AHP Bangladesh consortium reporting timeline and workshop agenda*, Email 07/07/2022, [Email]
- Consortium email, CARE, *Re: AHP Bangladesh consortium reporting timeline and workshop agenda*, Email 05/08/2022, [Email]
- Consortium email, CARE, *Re: AHP Bangladesh consortium update*, 01/07/2022, [Email]
- Consortium email, CARE, *Re: For feedback: AHP governance review inception report*, Email 20/07/2022, [Email]

- Consortium email, CARE, *Re: We would welcome any comments and/or suggestions latest by Tuesday, 31 May*, Email 27/05/2022, [Email]
- CBM, Inclusion Advisory Group, Australian Aid & World Vision (2021), *Disability inclusion action plan*, [Inception deliverable]
- CMU, (2022) *AHP Consortium Management Unite Workplan*.
- Meeting agenda, *AHP III Bangladesh Consortium: Australian partner meeting*, 23/06/2021
- Meeting minutes, *AHP Bangladesh ANGOs meeting*, 09/05/2022, [Minutes]
- Meeting minutes, *AHP Bangladesh ANGOs meeting*, 01/04/2022, [Minutes]
- Meeting minutes, *AHP Bangladesh ANGOs partners meeting*, 02/12/2021, [Minutes]
- Meeting minutes, *AHP Bangladesh Australian reference group (ARG) meeting*, 07/06/2022, [Minutes]
- Meeting minutes, *Cox's Bazar steering committee meeting*, 18/03/2021, [Minutes]
- Meeting minutes, *Cox's Bazar steering committee meeting*, 25/04/2021, [Minutes]
- Meeting minutes, *Cox's Bazar steering committee meeting*, 02/06/2021, [Minutes]
- Meeting minutes, *Cox's Bazar steering committee meeting*, 05/09/2021, [Minutes]
- Meeting minutes, *Cox's Bazar steering committee meeting*, 29/09/2021, [Minutes]
- Meeting minutes, *Cox's Bazar steering committee meeting*, 27/10/2021, [Minutes]
- Meeting minutes, *Cox's Bazar steering committee meeting*, 30/11/2021, [Minutes]
- Meeting minutes, *Cox's Bazar steering committee meeting*, 09/02/2022, [Minutes]
- Meeting minutes, *Cox's Bazar steering committee meeting*, 04/04/2022, [Minutes]
- Meeting minutes, *Cox's Bazar steering committee meeting*, 17/05/2022, [Minutes]
- Meeting minutes, *Dhaka governance committee meeting*, 28/02/2022, [Minutes]
- Meeting minutes, *Dhaka governance committee meeting*, 30/05/2022, [Minutes]
- Meeting minutes, *DFAT III AHP Consortium Program: Consortium management unit & Cox's Bazar steering committee*, 02/06/2021, [Minutes]
- Meetings overview, *Dhaka governance committee meetings summary*, [Meetings overview – DGC]
- The Whitelum Group Email to DFAT, *Re: Grant order 3-15*, 23/06/2020, [Email]
- The Whitelum Group (2017), *Australian Humanitarian Partnership – Administrated grant agreement 73162-3*, [Contract document]