



**Australian Government**

**AusAID**

## **AusAID / NGO Committee for Development Cooperation**

A Joint Committee of the Australian Agency for International Development and Australian Non Government Organisations

### **Notes from the CDC**

### **Highlights of the 111th CDC meeting held on 24<sup>th</sup> November 2005**

Attendance:

#### **NGO Representatives**

Ms Wendy Rose

Mr John Deane

#### **AusAID Representatives**

Mr Dereck Rooker-Smith

#### **Chair**

Ms Ellen Shipley

#### **CPS Representatives**

Ms Jessica Hoverman

Mr Conrad Bulenda

#### **Observers**

Ms Cecily Dignan, ACFID

#### **Apologies**

Mr Jamie Isbister

### **Welcome and Introductory Remarks**

Ms Ellen Shipley, Chair of the meeting, welcomed members to CDC 111.

## **ITEM 1 CDC 110 MEETING**

### **1.1 Minutes of 110 Meeting (Appendix A)**

#### **Information Item:**

Minutes of the meeting held at AusAID on 13 October 2005 as circulated and approved were accepted. An amendment to p5.

## **ITEM 2 STREAMLINING THE CDC**

### **2.1 Streamlining the CDC**

#### **Discussion Item:**

Ms Ellen Shipley outlined the AusAID proposal for streamlining the CDC. She indicated that with the difficulty AusAID had faced in convening CDC members it was expected that regular meetings would be scheduled in April and September of each year.

Ms Shipley proposed the three AusAID members of the CDC to comprise

- The Director of CPS
- The Director of AusAID's evaluation section; and

- The Manager of the NGO Programs.

Ms Shipley then discussed the possibility of having a member of the CDC on the upcoming ANCP review. She indicated that many of the ANCP issues that were originally to be handled at the ANCP review had already been dealt with out of session or at the last meeting of the CDC (more detail covered at agenda item 3). Ms Wendy Rose requested that the CDC have time to discuss ANCP issues. Ms Shipley agreed.

Mr Rookan-Smith enquired whether the previous practice of AusAID Senior Staff giving presentations to the CDC on the broad issues concerning AusAID was considered useful. Mr Deane stated that he believed them to be very helpful when considered for information. He stated that he thought the discussions gave the CDC members something more to feed back to the MIFs. Mr Rookan-Smith stated that with that feedback AusAID would keep the ½ hour discussion as part of the CDC and possibly expand it to answer questions from the members of the CDC where they existed.

The NGO members of the CDC stated that they believed there was a role for the CDC to oversee the ANCP. Mr Deane believed that the role of the CDC equated to being involved in the questions of how, when and why activities could be funded under ANCP. That the questions of eligibility, funding (or IPF) calculations and formats (of ANCP plans etc) should also be referred to the CDC.

Ms Rose stated that she believed the CDC role came in when the NGO members of the CDC wanted to challenge the guidelines of the principles of ANCP. She went on to say that one of the principles that is likely to come out of the ANCP Review is the issue of “Development”. Ms Rose stated the CDC role was about discussing and advising and consulting with AusAID and the MIFs on issues that will get the NGO community exercised. Mr Rookan-Smith indicated that he concurred with the “discussing and advising and consulting” language.

Ms Shipley stated that in the early days for AusAID as it awaited the White Paper outcomes. She indicated that AusAID still didn't know how the specific recommendations in the Gaye Heart/Ellen Shipley paper “Engaging the Australian Community” would be taken up. She went on to say that with the development of Cooperation Agreements the involvement of the CDC had decreased.

Ms Rose stated that the NGO members of the CDC had thought through ACFID's role and believed it to be:

- To report back on the broader impact of the aid program on the NGOs and vice-versa;
- To lobby for increased funding or to comment upon the level of funding;
- DPAC should be engaged as is considered mutually beneficial; and
- To take up issues for NGOs that have complaints.

Both Ms Shipley and Mr Rookan-Smith accepted that proposal.

Ms Shipley stated that she believed the role of ACFID as an observer was to feed information back to their members. That ACFID needed to be aware of trends identified by the CDC in order to consider possible training for NGOs.

Ms Dignan enquired whether the CDC had had a role in Cooperation Agreements. Ms Rose indicated that they had not. Ms Shipley stated that Cooperation Agreements were a further evolution of the NGO window programs. Ms Shipley stated that there was likely to be a greater

separation between Cooperation Agreements and the ANCP as Cooperation Agreements became more complicated and as AusAID tried to align them more with AusAID general processes.

Ms Shipley stated that ANCP was a pooled arrangement to allow AusAID to extend NGO's own programs on the basis of their community support. She indicated that the Gaye Heart/ Ellen Shipley paper "Engaging the Australian Community" indicated they wanted to make it clear that ANCP would be redefined as being a program for professional development NGOs. The paper proposed new mechanisms for community engagement. Ms Shipley stated that AusAID was looking at a period where they would need to come up with new mechanisms to engage with the community. It is not seen that CDC would be involved in these new mechanisms as they will be undertaken through a competitive processes.

Ms Shipley stated that AusAID would put together a broad set of TOR for the CDC, drawn from the existing ones using the advisory & consultation language used earlier by Ms Rose by the time of the next CDC. Ms Rose stated that this would be necessary as the public would need clear guidance on the role of the CDC to ensure they would not assign the CDC additional/other roles.

Ms Shipley said that AusAID would be able to put something together that would better articulate the multiple ways NGOs can engage with AusAID. The CDC is only one of these. She went on to say that it had been a role for the CDC to comment on NGOPI. She indicated that AusAID was in the process of streamlining the NGOPI and that AusAID did not propose to run the modifications of the NGOPI through the CDC.

Ms Rose requested that Mr Deane inform the new CDC members of their actual role and not what they had heard of their role from other sources. Ms Shipley stated that she thought the confusion may have arisen as new members of the CDC came to the CDC with hearsay on the role of the CDC and the expectations of the community. Ms Rose stated that she believed the CDC was must coming back to the roots of the CDC. She stated that the CDC needed to revisit the language used for the election of CDC members.

## **ITEM 3                      ANCP**

### **3.1      ANCP**

#### **Discussion Item:**

Ms Shipley reminded the CDC that AusAID had been discussing holding an ANCP review for approximately 2 years. That many changes originally slated to be investigated during the review had already been dealt with. These included:

- The elimination of Base Rounds;
- The effective elimination of over-programming;
- That there was no intention to recalculate the IPF as it was performing well and extremely complicated.
- RDE calculations and checks were now being outsourced which had the potential to provide better consistency

Ms Shipley indicated to the CDC that the outstanding issues that would be investigated by the ANCP Review could include:

- The reaffirmation of the value of ANCP;
- The investigation of the implications/benefits and risks of multi-year ADPlans;

- The implications/benefits and risks of removing the distinction between Base and Full.
- Revisiting the April Performance Report to decrease the level of work involved but make it more useful and informative;
- Revising the requirements of the final report and
- The potential of removing emergency appeal funding from RDE calculations.

Mr Rooker-Smith queried whether the issue of joint appeals should also be examined under the ANCP review. Ms Shipley stated that from what she had seen the NGO community was not interested in pursuing the idea. Ms Rose corrected that impression stating that the NGO community was still talking and investigating the issue. She stated that it was important to incorporate Cluster Evaluations.

Ms Shipley stated that she intended to take the findings of the cluster evaluation to the CDC and discussing the implications of the cluster evaluation on ANCP. Ms Shipley stated that she accepted that position but that AusAID was not expecting to have the CDC comment upon the TOR for new cluster evaluations. Mr Deane stated that he believed it was a useful process to have the CDC comment upon the TOR for cluster evaluations.

Ms Shipley stated that it might be possible to have the CDC comment upon TOR out of session. Mr Deane stated that AusAID should give a fixed date for comment by the CDC and for information. Ms Hoverman stated that it would be necessary to have a fixed person consolidate CDC comments for AusAID so that a single CDC position was presented. It was agreed that AusAID will provide TOR for cluster evaluations to the CDC for information out of session. Ms Shipley stated that AusAID needs to make it clear in the CDC TOR the role of the CDC with regard to monitoring and evaluation. She went on to say that there will be a point where AusAID needs to make it clear to the NGO community that the findings of cluster evaluations feed into accreditation.

**Issue: AIDWORKS**

Ms Shipley brought to the attention of the CDC the new information management system (AIDWORKS) in AusAID on 5<sup>th</sup> December 2005. She stated that the roll out will be across the entire agency and will require changes in how AusAID runs. One implication will be that AusAID will not be able to hold as much information as it did previously on what individual NGOs are doing.

Ms Shipley indicated that CPS was using the roll out of the new AIDWORKS system as an opportunity to streamline its own processes. CPS still needed this type of information for its reporting purposes but, as the ANCP was such a small part of AusAID's general business, it was not cost effective to design the new system around the peculiarity of ANCP.

Ms Shipley briefly outlined the proposed new ANCP ADPlan format and stated that the result of these changes was that there would be less scrutiny of the ADPlans upon their submission.

Ms Rose said that the CDC would need to make it clear to the NGOs that at accreditation AusAID will need to be able to get information held by the NGOs whenever and where ever. Ms Hoverman informed the CDC that AusAID would increasingly have to go back to the NGOs for information to answer specific queries as they arose as a result of the streamlining of the ADPlans. Ms Shipley stated that CPS would need to get clearance from AusAID Senior Management that AusAID will hold less data in-house on the workings of the ADPlans.

Ms Shipley went on to say that if an NGO was unable to provide the *ad hoc* information requested by AusAID, because they didn't have the systems to be able source the information, then the NGO's accreditation would be at risk.

Ms Shipley informed the CDC that AusAID would be writing shortly to an NGO regarding the consistent lateness of reports which is in breach of their contractual obligations and could possibly result in a loss of their accreditation. Ms Rose stated that she didn't believe anyone on the CDC would have a problem with AusAID taking this approach.

Mr Rooker-Smith enquired how many projects were multi-year planned. Ms Rose stated that NGOs try to look at three (3) year projects. She stated that smaller NGOs have difficulty under ANCP as they have to design single year projects as they do not have sufficient capital to support the project themselves.

## **ITEM 3                      Other Business**

### **3.1      Other Business**

#### **Discussion Item: References to AusAID by NGOs**

Ms Hoverman raised the issue of the language that is being used by NGOs on their Websites and with their partners regarding being Accredited or having DGR status being misleading. Mr Deane stated that there was a role for the CDC to put that information out to members. He requested that AusAID provide the CDC with the words that needed to be promulgated and those that were being used by the NGO community. He stated that he thought it might be an issue for the Code of Conduct.

Ms Shipley indicated that this would not be able to be done prior to the next CDC as the current workload for CPS coming out of the 111<sup>th</sup> CDC included:

- Drafting new TOR for the CDC;
- Finalising the changes to ADPlan formats;
- Issues for Cooperation Agreements.

Ms Shipley stated that at the next CDC the issue of appropriate language would be looked at.

#### **Discussion Item: White Paper Release**

Ms Shipley informed the CDC that the White Paper Core Group recommendations to the Minister for Foreign Affairs would be published on the AusAID website.

#### **Discussion Item: Other Accreditation Issues**

Ms Rose queried whether CDC members were able to give advice to members going through accreditation. Mr Deane stated that this was acceptable so long as they were not paid for the advice and the support provided was declared to the CDC.

Ms Shipley stated that there was an expectation that ACFID will provide some advising to NGOs on accreditation. She indicated that AusAID did not have any specifics on the type of support that was provided but believed that at that time it was fairly general advice. Ms Dignan stated that ACFID was doing this at the moment and visiting some agencies and reading their profiles. ACFID was suggesting a buddy system.

Ms Rose indicated that some consultants had been hired for a couple of days to write policy documents and that this was not helpful as the policies needed to be in place and practiced for them to be acceptable at accreditation.

**Discussion Item: Business of next CDC Meeting**

Mr John Deane enquired what the timing of Accreditation submissions meant for the timing of the next CDC. Ms Shipley indicated that with a March/April timing it might be possible to hold electronic/remote CDC meetings for non-contentious reviews. She went on to say that there were likely to be contentious ones coming up and for those meetings a formal face-to-face CDC would be necessary. Ms Shipley made it clear that AusAID would not pre-judge whether the CDC considered a review to be contentious or not but that this decision would be one for the CDC to make. Ms Shipley stated that CDC Meetings would be called dependent upon the workload for the CDC.

Ms Shipley went on to state that the next CDC would look at:

- the issue of the wording used by NGOs to describe themselves and their relationship with AusAID; and
- the issue of matching funds;

The CDC agreed that the next CDC face-to-face meeting would be held in Canberra on Wednesday the 5<sup>th</sup> of April.

**Information Item:**

AusAID thanked the members of the CDC stepping down for the wonderful work they had done. AusAID gave especial thanks to Ms Wendy Rose for her exceptional and long standing engagement on the CDC.